# HIV EPIDEMIOLOGY

## Annual Report 2024

### San Francisco

Department of Public Health
Population Health Division




# HIV Epidemiology

## Annual Report **2024**

San Francisco Department of Public Health
Population Health Division

HIV Epidemiology Section

**September 2025**

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San Francisco Department of Public Health
HIV Epidemiology Section
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102 USA

Phone (628) 217-6335
Fax (415) 431-0353

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|---|---|
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| Program Coordinators | Viva Delgado, MPH*<br>Alexis Gallardo, MPH<br>Patrick Norton, PhD*<br>Sophia Raynor* |
| Data Managers/Epidemiologists | Dharma Bhatta, PhD, MPH<br>Jennie CS Chin, MBA<br>Nia Deot, MS<br>Kathryn Lin, MPH*<br>Hermella Misiker, MPH<br>Jacklyn Wong, PhD |
| Staff | Ashley Alvarado-Quiroz*<br>Ryan Gratton*<br>Vivian Huang*<br>Carolyn Kay<br>Kalli Leal*<br>Annie Lui<br>Armando Vasquez<br>Joseph Sweazey, MPH |
| Consultant/Researcher | Nancy Hessol, MSPH |

(In alphabetic order by last name)

* Staff contributed to this report but no longer worked in the HIV Epidemiology Section, ARCHES Branch as of September 2025.

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# A Abbreviations

| | |
|---|---|
| API | Asian/Pacific Islander |
| ART | Antiretroviral therapy |
| CAB-LA | Long-acting cabotegravir |
| CD4 | CD4 T-lymphocyte |
| CDC | Centers for Disease Control and Prevention |
| DOXY | Doxycycline |
| HCV | Hepatitis C virus |
| LINCS | Linkage, Integration, Navigation and Comprehensive Service |
| MSM | Men who have sex with men |
| MSM-PWID | Men who have sex with men and who also inject drugs |
| NDI | National Death Index |
| OOJ | Out-of-jurisdiction |
| PEH | People experiencing homelessness |
| PEP | Post-exposure prophylaxis |
| PLWH | People living with HIV |
| PrEP | Pre-exposure prophylaxis |
| PWID | People who inject drugs |
| RPV | Rilpivirine |
| SFAF | San Francisco AIDS Foundation |
| SFDPH | San Francisco Department of Public Health |
| SFZGH | San Francisco Zuckerberg General Hospital |
| STI | Sexually transmitted infection |
| TWSM | Trans women who have sex with men |
| TWSM-PWID | Trans women who have sex with men and who also inject drugs |

# Executive Summary

In 2024, 146 new HIV diagnoses were reported among San Francisco (SF) residents; a 4.3% increase from the 140 diagnoses reported in 2023. New diagnoses in men who have sex with men (MSM) remained stable over the past 5 years and accounted for 83% of all new diagnoses in 2024. Trans women who have sex with men and people who inject drugs (PWID) accounted for 5% and 7% of new HIV diagnoses, respectively. Notably, new diagnoses increased in Black/African American individuals, rising from 27 in 2023 to 40 in 2024 (48% increase) and in cis women, rising from 14 in 2023 to 26 in 2024 (86% increase). Most new diagnoses among cis women were attributed to heterosexual contact. Cis women were more likely to be aged 40 years or older at diagnosis than cis men in 2024: 54% of cis women, compared to 28% of cis men.

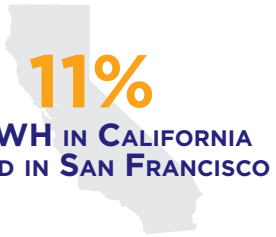
By care status, the proportion linked to care within one month in 2023 and 2024 was 94%. Among those diagnosed in 2023, the proportion retained in care and the proportion virally suppressed within 12 months of diagnosis was 76% and 87%, respectively. Viral suppression within six months of diagnosis in 2024 was 79%. People experiencing homelessness (PEH) were less likely to be virally suppressed within 12 months of diagnosis compared to those who were housed in 2023 (68% vs. 91%, respectively).

People living with HIV (PLWH) in SF are aging: 75% of PLWH were aged 50 and up and 48% of PLWH were aged 60 and up in 2024. The higher proportion of older adults partially accounts for the increasing trend in annual deaths. Sixty percent of deaths were among those aged 60 years and older in 2023. HIV, drug overdoses, and heart disease were the top three underlying causes of death from 2020 to 2023. Overdose deaths climbed from 10% in 2012-2015 and 13% in 2016-2019 to 20% in 2020-2023.

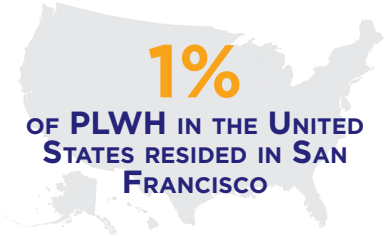
Pre-exposure prophylaxis (PrEP) use has increased among all age groups between 2015 and 2024 and has been consistently higher among younger age groups (25-34 years and 35-44 years). Despite significant declines in new HIV infections over the past 10 years, progress in ending the HIV epidemic has slowed and disparities persist, reflecting the need for ongoing efforts to reach all populations at risk for and living with HIV with equitable, stigma-free prevention and care services.

# 1 Overview of HIV in San Francisco

**15,400**
**San Francisco residents were diagnosed and living with HIV as of 12/31/2024**



**11%**
**of PLWH in California resided in San Francisco**



**1%**
**of PLWH in the United States resided in San Francisco**

By the end of 2024 there were 15,400 residents of San Francisco living with a diagnosis of HIV (Table 1.1). San Franciscans represented 11% of the total number of people diagnosed and living with HIV infection (PLWH) in the state of California and 1% of PLWH in the United States. In 2024, there were 146 people diagnosed with HIV in San Francisco, 62% of whom were cis men who have sex with men (MSM). The total number of PLWH declined each year from 2016 to 2024 and annual deaths have been greater than number of diagnoses from 2018 to 2023 (Figure 1.2). As PLWH live longer lives, the proportion of people aged 60 and older increased from 35% in 2020 to 48% in 2024 (Table 1.2).

Among the 15,400 San Francisco residents at time of diagnosis, 8,445 were still living in the city based on their most recent available address (Table 1.4). People who reside outside of San Francisco (Out-of-Jurisdiction, OOJ) can be diagnosed with HIV at San Francisco facilities and testing sites. The annual number of OOJ residents diagnosed in San Francisco trended downward since 2018, accounting for 19% of people diagnosed by San Francisco providers in 2024 (Figure 1.3). The total number of PLWH with a known current San Francisco address was 11,552 by the end of 2024 (people diagnosed OOJ made up 27% of these PLWH; Table 1.4). Among all current San Francisco residents living with HIV, the demographic characteristics of people who were diagnosed OOJ are similar to those of people who were diagnosed in San Francisco, except that San Francisco residents diagnosed OOJ were younger than those diagnosed in San Francisco (51% age <50 years vs. 27%, respectively).

In 2024 the proportion of Latine/x diagnosed with HIV was 32% while Whites and Black/African Americans each accounted for 27% (Table 1.5). Though cis men made up the largest share of diagnoses each year, in 2024 the proportion of diagnoses among women increased to 18% and was 6% among trans women. The proportion of diagnoses in the 30-39 year old age group continued to increase and was 40% in 2024. The proportion of MSM diagnosed declined over time, from 75% in 2015 to 62% in 2024.

## Table 1.1 Characteristics of people living with HIV and people newly diagnosed with HIV in San Francisco, California and the United States

| | | People Living with HIV | | | People Newly Diagnosed with HIV | | |
|---|---|---|---|---|---|---|---|
| | | San Francisco[1] 2024 (N=15,400) | California[2] 2023 (N=143,254) | United States[3] 2023 (N=1,133,768) | San Francisco[1] 2024 (N=146) | California[2] 2023 (N=4,948) | United States[3] 2023 (N=39,285) |
| Gender[4] | Cis Men | 91% | 86% | 77% | 75% | 81% | 81% |
| | Cis Women | 6% | 12% | 23% | 18% | 15% | 19% |
| | Trans Women | 3% | 2% | -- | 6% | 3% | -- |
| | Trans Men | <1% | <1% | -- | <1% | <1% | -- |
| Race/Ethnicity | White | 55% | 33% | 27% | 27% | 21% | 23% |
| | Black/African American | 11% | 16% | 39% | 27% | 15% | 38% |
| | Latine/x | 22% | 42% | 27% | 32% | 57% | 34% |
| | Asian/Pacific Islander | 7% | 5% | 2% | 14% | 5% | 2% |
| | Native American | <1% | <1% | <1% | 0% | <1% | 1% |
| | Other/Unknown | 4% | 4% | 5% | <1% | 2% | 3% |
| Transmission Category[5] | MSM | 74% | 66% | 58% | 62% | 51% | 66% |
| | TWSM | 2% | 2% | -- | 5% | 3% | -- |
| | PWID | 5% | 5% | 10% | 7% | 5% | 6% |
| | MSM-PWID | 13% | 6% | 5% | 6% | 3% | 4% |
| | TWSM-PWID | 1% | -- | -- | 1% | -- | -- |
| | Heterosexual | 4% | 15% | 25% | 15% | 22% | 24% |
| | Other/Unidentified | 1% | 6% | 2% | 3% | 16% | <1% |

1 San Francisco data were reported through March 13, 2025 for HIV diagnoses through December 31, 2024. San Francisco 2024 new diagnoses may be revised due to case reporting delays. Death reporting was incomplete for 2024; the number of San Francisco PLWH may be revised downward.

2 California data were reported through December 31, 2024 for HIV diagnoses through December 31, 2023. California Department of Public Health, Office of AIDS, California HIV Surveillance Report - 2023. Released on April 21, 2025. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx. The number of California's new diagnoses did not include people with unreported race and ethnicity.

3 U.S. data were reported through December 31, 2024, and reflect HIV diagnoses through December 31, 2023. U.S. data reflect unadjusted numbers for 50 states, 6 territories and freely associated states and can be found in Tables for the HIV Surveillance Report: HIV Diagnoses, Deaths, and Prevalence, 2023. Centers for Disease Control and Prevention. Published April 29, 2025. Accessed June 11, 2025. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html. U.S. racial/ethnic group data for new diagnoses only reflect people with racial/ethnic group information.

4 U.S. gender category data were not released separately for transgender people. U.S. data for cis men included all males at birth and cis women included all females at birth.

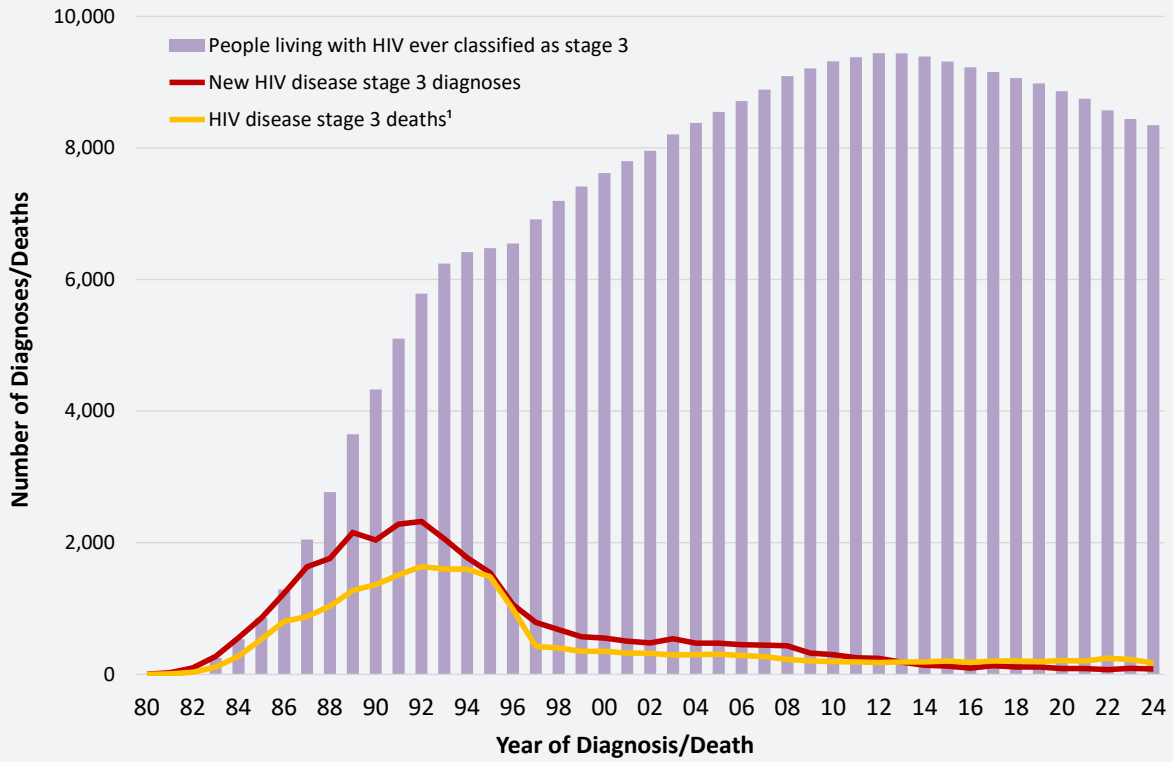
5 U.S. transmission category data for adults and adolescents were statistically adjusted for missing values and not released separately for transgender people.

## Table 1.2 Trends in people living with HIV by demographic and risk characteristics, 2020-2024, San Francisco

| | | 2020 | 2021 | 2022 | 2023 | 2024[2] |
|---|---|---|---|---|---|---|
| | | Number (%) | | | | |
| | Total[1] | 15,904 | 15,801 | 15,652 | 15,484 | 15,400 |
| Gender | Cis Men | 14,538 (91) | 14,432 (91) | 14,295 (91) | 14,133 (91) | 14,042 (91) |
| | Cis Women | 914 ( 6) | 912 ( 6) | 900 ( 6) | 890 ( 6) | 897 ( 6) |
| | Trans Women | 443 ( 3) | 447 ( 3) | 447 ( 3) | 449 ( 3) | 448 ( 3) |
| | Trans Men | 9 (<1) | 10 (<1) | 10 (<1) | 12 (<1) | 13 (<1) |
| Race/Ethnicity | White | 8,951 (56) | 8,848 (56) | 8,713 (56) | 8,585 (55) | 8,496 (55) |
| | Black/African American | 1,861 (12) | 1,829 (12) | 1,786 (11) | 1,754 (11) | 1,752 (11) |
| | Latine/x | 3,398 (21) | 3,422 (22) | 3,449 (22) | 3,450 (22) | 3,455 (22) |
| | Asian/Pacific Islander | 1,032 ( 6) | 1,047 ( 7) | 1,053 ( 7) | 1,064 ( 7) | 1,076 ( 7) |
| | Native American | 58 (<1) | 59 (<1) | 61 (<1) | 61 (<1) | 61 (<1) |
| | Multi-race | 596 ( 4) | 588 ( 4) | 582 ( 4) | 562 ( 4) | 552 ( 4) |
| | Unknown | 8 (<1) | 8 (<1) | 8 (<1) | 8 (<1) | 8 (<1) |
| Age in Years (at end of each year) | 0 - 24 | 88 ( 1) | 65 (<1) | 63 (<1) | 63 (<1) | 62 (<1) |
| | 25 - 29 | 319 ( 2) | 288 ( 2) | 266 ( 2) | 222 ( 1) | 190 ( 1) |
| | 30 - 39 | 1,685 (11) | 1,611 (10) | 1,524 (10) | 1,439 ( 9) | 1,359 ( 9) |
| | 40 - 49 | 2,695 (17) | 2,539 (16) | 2,406 (15) | 2,310 (15) | 2,260 (15) |
| | 50 - 59 | 5,517 (35) | 5,259 (33) | 4,924 (31) | 4,554 (29) | 4,170 (27) |
| | 60 - 69 | 4,121 (26) | 4,322 (27) | 4,533 (29) | 4,727 (31) | 4,900 (32) |
| | 70+ | 1,479 ( 9) | 1,717 (11) | 1,936 (12) | 2,169 (14) | 2,459 (16) |
| Transmission Category | MSM | 11,634 (73) | 11,573 (73) | 11,496 (73) | 11,400 (74) | 11,353 (74) |
| | TWSM | 268 ( 2) | 274 ( 2) | 280 ( 2) | 281 ( 2) | 283 ( 2) |
| | PWID | 851 ( 5) | 826 ( 5) | 792 ( 5) | 770 ( 5) | 753 ( 5) |
| | MSM-PWID | 2,116 (13) | 2,079 (13) | 2,029 (13) | 1,977 (13) | 1,945 (13) |
| | TWSM-PWID | 171 ( 1) | 169 ( 1) | 163 ( 1) | 164 ( 1) | 161 ( 1) |
| | Heterosexual | 652 ( 4) | 661 ( 4) | 665 ( 4) | 665 ( 4) | 678 ( 4) |
| | Other/Unidentified | 212 ( 1) | 219 ( 1) | 227 ( 1) | 227 ( 1) | 227 ( 1) |

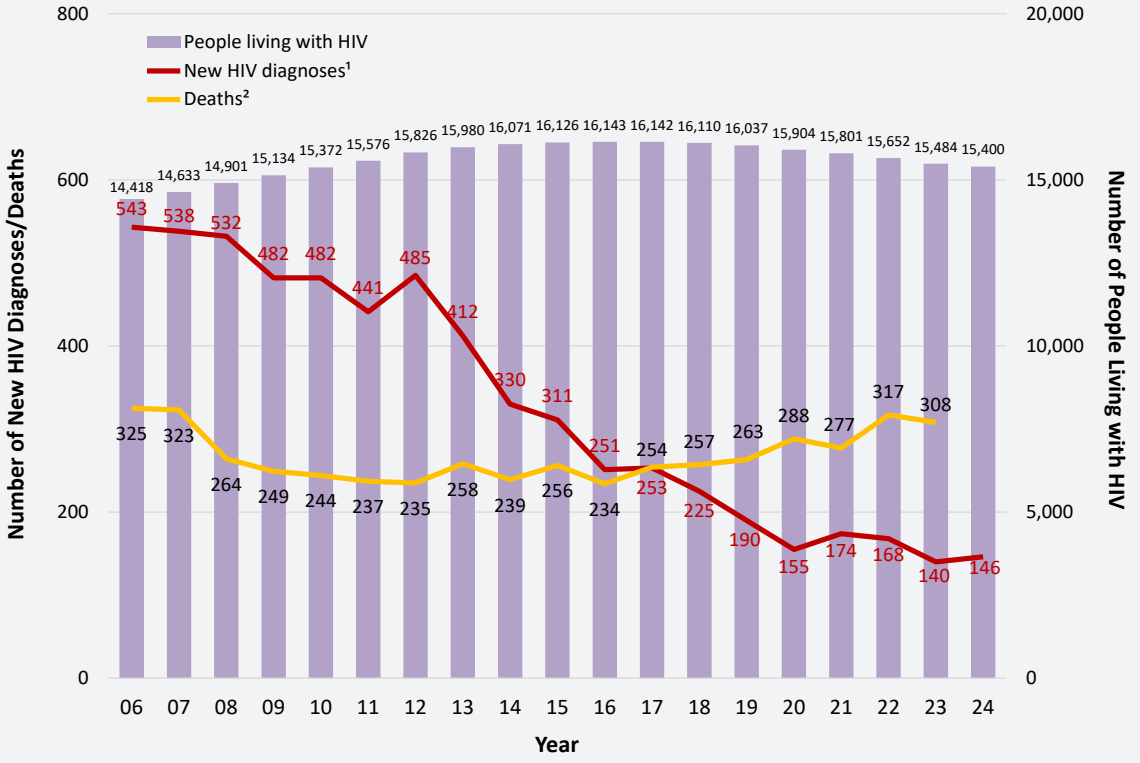
1 People living with HIV at the end of each year.
2 Provisional numbers will be revised when death reporting for 2024 is complete.

## Figure 1.1 HIV disease stage 3 (AIDS) diagnoses, deaths, and prevalence, 1980-2024, San Francisco




1 Death reporting for 2024 was not complete.

## Figure 1.2 HIV diagnoses, deaths, and prevalence, 2006-2024, San Francisco




1 See Technical Notes "Date of Initial HIV Diagnosis."
2 Death reporting for 2024 was not complete.

## Table 1.3 Characteristics of people living with HIV through December 2024, San Francisco

| | | | White | Black/African American | Latine/x | Asian/Pacific Islander & Native American | Multi-Race | Total Number[1] |
|---|---|---|---|---|---|---|---|---|
| | | | Number (%) | | | | | |
| Cis Men | Transmission Category | MSM | 6,753 (82) | 840 (64) | 2,549 (83) | 853 (85) | 357 (73) | 11,353 |
| | | PWID | 148 ( 2) | 146 (11) | 63 ( 2) | 24 ( 2) | 17 ( 3) | 398 |
| | | MSM-PWID | 1,201 (15) | 219 (17) | 340 (11) | 82 ( 8) | 103 (21) | 1,945 |
| | | Heterosexual | 31 (<1) | 58 ( 4) | 53 ( 2) | 19 ( 2) | 6 ( 1) | 167 |
| | | Other/Unidentified | 53 ( 1) | 40 ( 3) | 55 ( 2) | 20 ( 2) | 6 ( 1) | 179 |
| | Age in Years (as of 12/31/2024) | 0 - 24 | 7 (<1) | 4 (<1) | 28 ( 1) | 5 ( 1) | 3 ( 1) | 47 |
| | | 25 - 29 | 25 (<1) | 32 ( 2) | 70 ( 2) | 21 ( 2) | 5 ( 1) | 153 |
| | | 30 - 39 | 352 ( 4) | 166 (13) | 472 (15) | 152 (15) | 35 ( 7) | 1,177 |
| | | 40 - 49 | 835 (10) | 152 (12) | 636 (21) | 245 (25) | 104 (21) | 1,973 |
| | | 50 - 59 | 2,176 (27) | 308 (24) | 868 (28) | 311 (31) | 150 (31) | 3,815 |
| | | 60 - 69 | 3,060 (37) | 424 (33) | 742 (24) | 191 (19) | 132 (27) | 4,552 |
| | | 70+ | 1,731 (21) | 217 (17) | 244 ( 8) | 73 ( 7) | 60 (12) | 2,325 |
| | | **Cis Men Total** | **8,186** | **1,303** | **3,060** | **998** | **489** | **14,042** |
| Cis Women | Transmission Category | PWID | 124 (53) | 137 (43) | 58 (26) | 13 (15) | 17 (47) | 349 |
| | | Heterosexual | 103 (44) | 166 (53) | 150 (67) | 66 (78) | 16 (44) | 501 |
| | | Other/Unidentified | 8 ( 3) | 13 ( 4) | 15 ( 7) | 6 ( 7) | 3 ( 8) | 47 |
| | Age in Years (as of 12/31/2024) | 0 - 24 | 1 (<1) | 3 ( 1) | 2 ( 1) | 0 ( 0) | 1 ( 3) | 7 |
| | | 25 - 29 | 0 ( 0) | 7 ( 2) | 10 ( 4) | 2 ( 2) | 2 ( 6) | 21 |
| | | 30 - 39 | 18 ( 8) | 32 (10) | 35 (16) | 6 ( 7) | 5 (14) | 96 |
| | | 40 - 49 | 38 (16) | 49 (16) | 49 (22) | 24 (28) | 9 (25) | 170 |
| | | 50 - 59 | 71 (30) | 72 (23) | 50 (22) | 23 (27) | 12 (33) | 228 |
| | | 60 - 69 | 79 (34) | 108 (34) | 48 (22) | 19 (22) | 5 (14) | 260 |
| | | 70+ | 28 (12) | 45 (14) | 29 (13) | 11 (13) | 2 ( 6) | 115 |
| | | **Cis Women Total** | **235** | **316** | **223** | **85** | **36** | **897** |
| | | **Trans Women Total** | **73** | **130** | **166** | **53** | **26** | **448** |
| | | **Total** | **8,496** | **1,752** | **3,455** | **1,137** | **552** | **15,400** |

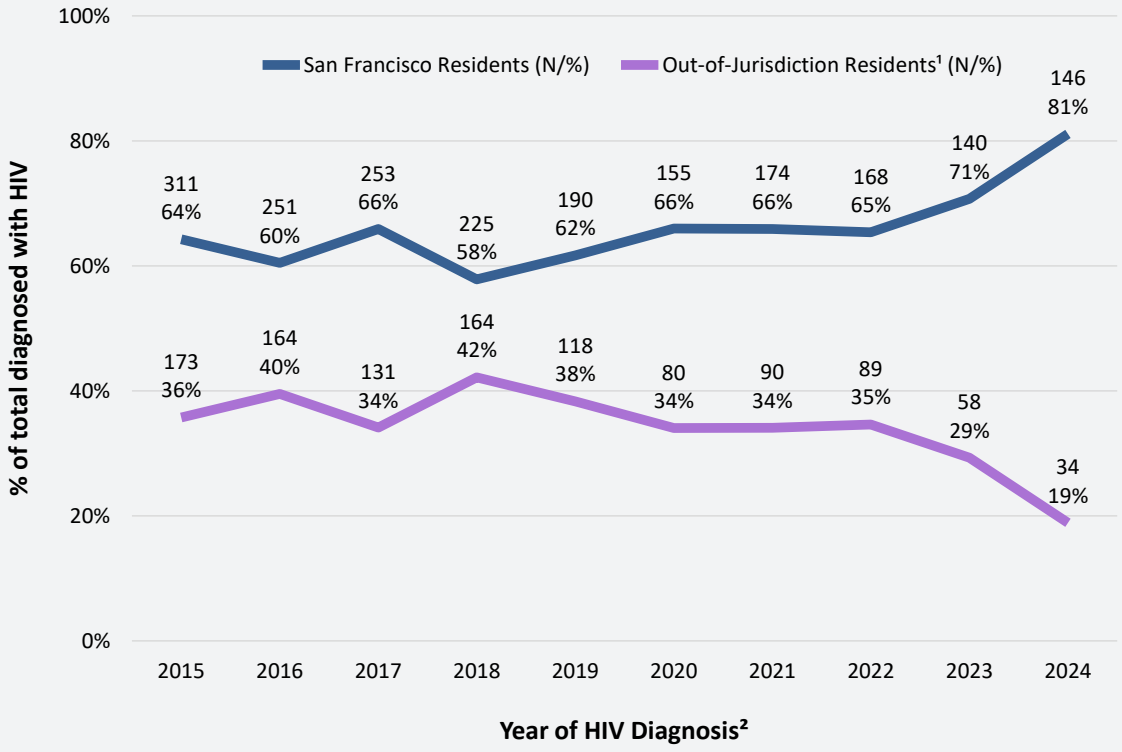
1 Includes people whose racial/ethnic information was not available. Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

## Table 1.4 Characteristics of people living with HIV through December 2024 by residence status, San Francisco

| | | | PLWH who were SF residents based on most recent address[1] (N=11,552) | |
|---|---|---|---|---|
| | | PLWH who were SF residents at diagnosis | SF residents at diagnosis | OOJ residents at diagnosis |
| | | Number (%) | | |
| | **Total** | **15,400** | **8,445** | **3,107** |
| Gender[2] | Cis Men | 14,042 (91) | 7,519 (89) | 2,832 (91) |
| | Cis Women | 897 ( 6) | 608 ( 7) | 125 ( 4) |
| | Trans Women | 448 ( 3) | 308 ( 4) | 148 ( 5) |
| Race/Ethnicity | White | 8,496 (55) | 4,149 (49) | 1,404 (45) |
| | Black/African American | 1,752 (11) | 1,041 (12) | 466 (15) |
| | Latine/x | 3,455 (22) | 2,208 (26) | 858 (28) |
| | Asian/Pacific Islander | 1,076 ( 7) | 725 ( 9) | 167 ( 5) |
| | Other/Unknown | 621 ( 4) | 322 ( 4) | 212 ( 7) |
| Age in Years (as of 12/31/2024) | 0 - 24 | 62 (<1) | 43 ( 1) | 20 ( 1) |
| | 25 - 29 | 190 ( 1) | 132 ( 2) | 108 ( 3) |
| | 30 - 39 | 1,359 ( 9) | 854 (10) | 699 (22) |
| | 40 - 49 | 2,260 (15) | 1,277 (15) | 760 (24) |
| | 50 - 59 | 4,170 (27) | 2,225 (26) | 763 (25) |
| | 60 - 69 | 4,900 (32) | 2,511 (30) | 591 (19) |
| | 70+ | 2,459 (16) | 1,403 (17) | 166 ( 5) |
| Transmission Category | MSM | 11,353 (74) | 5,947 (70) | 2,330 (75) |
| | TWSM | 283 ( 2) | 194 ( 2) | 104 ( 3) |
| | PWID | 753 ( 5) | 502 ( 6) | 104 ( 3) |
| | MSM-PWID | 1,945 (13) | 1,071 (13) | 321 (10) |
| | TWSM-PWID | 161 ( 1) | 111 ( 1) | 43 ( 1) |
| | Heterosexual[3] | 678 ( 4) | 466 ( 6) | 118 ( 4) |
| | Other/Unidentified | 227 ( 1) | 154 ( 2) | 87 ( 3) |

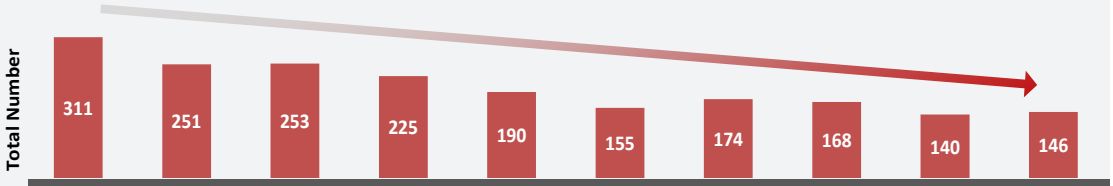
1 See Technical Notes "Residence and Receipt of Care for PLWH."
2 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
3 Includes female presumed heterosexual.

## Figure 1.3 San Francisco residents and out-of-jurisdiction residents diagnosed with HIV in San Francisco, 2015-2024




1 See Technical Notes "Out-of-Jurisdiction Residents Diagnosed with HIV."
2 See Technical Notes "Date of Initial HIV Diagnosis."

## Table 1.5 Trends in people diagnosed with HIV by demographic and risk characteristics, 2015-2024, San Francisco




| | | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Gender | Cis Men | 88% | 85% | 87% | 87% | 83% | 81% | 77% | 85% | 81% | 75% |
| | Cis Women | 9% | 10% | 11% | 8% | 9% | 11% | 13% | 8% | 10% | 18% |
| | Trans Women | 2% | 5% | 2% | 5% | 7% | 7% | 9% | 7% | 8% | 6% |
| | Trans Men | 0% | <1% | 0% | <1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Race/Ethnicity | White | 39% | 36% | 33% | 27% | 31% | 26% | 32% | 27% | 36% | 27% |
| | Black/African American | 14% | 13% | 16% | 18% | 16% | 18% | 15% | 14% | 19% | 27% |
| | Latine/x | 28% | 31% | 32% | 43% | 37% | 42% | 38% | 45% | 31% | 32% |
| | Asian/Pacific Islander | 13% | 17% | 13% | 10% | 11% | 11% | 11% | 10% | 14% | 12% |
| | Native American | <1% | 0% | 1% | <1% | 2% | 1% | 2% | 2% | 0% | 0% |
| | Multi-race | 6% | 3% | 5% | 3% | 3% | 1% | 2% | 2% | 0% | 1% |
| Age at HIV Diagnosis (years) | 0 - 17 | 1% | <1% | 1% | <1% | 0% | 0% | 0% | 1% | 0% | 1% |
| | 18 - 24 | 14% | 18% | 12% | 16% | 11% | 14% | 9% | 12% | 16% | 11% |
| | 25 - 29 | 25% | 21% | 18% | 20% | 17% | 17% | 20% | 21% | 14% | 16% |
| | 30 - 39 | 29% | 31% | 34% | 32% | 37% | 32% | 34% | 29% | 35% | 40% |
| | 40 - 49 | 21% | 15% | 20% | 19% | 16% | 17% | 20% | 23% | 19% | 16% |
| | 50+ | 10% | 14% | 15% | 12% | 19% | 19% | 17% | 15% | 16% | 15% |
| Transmission Category | MSM | 75% | 68% | 61% | 63% | 66% | 63% | 49% | 63% | 63% | 62% |
| | TWSM | 2% | 4% | 1% | 3% | 5% | 6% | 6% | 7% | 6% | 5% |
| | PWID | 5% | 9% | 10% | 12% | 6% | 9% | 10% | 7% | 6% | 7% |
| | MSM-PWID | 9% | 9% | 13% | 12% | 8% | 9% | 13% | 10% | 10% | 6% |
| | TWSM-PWID | <1% | 2% | 1% | 1% | 3% | 1% | 3% | 0% | 2% | 1% |
| | Heterosexual | 8% | 8% | 8% | 7% | 9% | 8% | 12% | 8% | 9% | 15% |
| | Other/Unidentified | 1% | 1% | 6% | 2% | 3% | 4% | 6% | 6% | 4% | 3% |

1 Data included people diagnosed with HIV in any stage and reported as of March 13, 2025. Percentages may not add to 100 due to rounding. See Technical Notes "Date of Initial HIV Diagnosis."

# 2 Trends in HIV Diagnoses

**NEW HIV DIAGNOSES DECLINED FROM 2015 THROUGH 2024**

From 2015 through 2024, trends in the number of new HIV diagnoses by racial/ethnic group showed an overall decline (Figure 2.1). During this time, Whites accounted for 32% of new diagnoses while Latine/x accounted for 35%. In 2024, the numbers of Black/African Americans and Latine/x diagnoses increased from 2023. When taking into account population size, HIV diagnosis rates (per 100,000 population) of cis men in 2024 increased for Black/African Americans and Asian/Pacific Islanders (APIs) (119 among Black/African Americans, 12 among APIs) (Figure 2.2). The 2024 diagnosis rates for Latine/x and Whites were 60 and 16, respectively. Across racial/ethnic groups, most cis women had lower diagnosis rates (Figure 2.3) compared to cis men (Figure 2.2). Diagnosis rates increased for Black/African American, Latine/x and White women in 2024, with Black African/American women experiencing the largest increase compared to women of other racial/ethnic groups (from 25 to 60 per 100,000 population).

The majority of cis men diagnosed with HIV during 2015 through 2024 were MSM and the number of diagnoses among MSM declined from 232 in 2015 to 91 in 2024 (Figure 2.4). The number of cis men who acquired HIV through heterosexual contact gradually decreased during this time period; in 2023 and 2024 there were no cis men who were confirmed to acquire HIV through heterosexual contact.

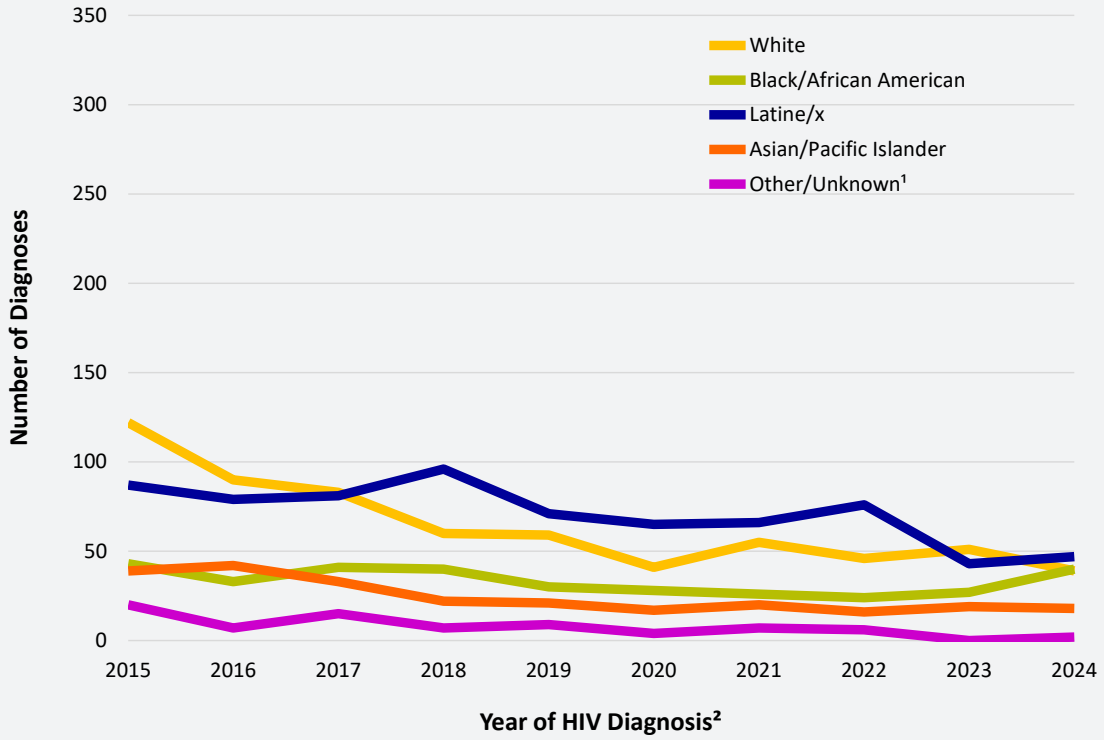
Among cis women during 2015 through 2024, heterosexual contact remained the most frequent transmission category and increased from 11 in 2023 to 21 in 2024 (Figure 2.5). In the last 10 years, the number of cis women who were people who inject drugs (PWID) and diagnosed with HIV gradually declined from 11 in 2015 to 4 in 2024.

Among cis men during the years 2020 to 2024, the proportion of diagnoses among those aged 30-39 years increased, accounting for 45 % of 2024 diagnoses in cis men (Table 2.1). The age distribution among newly diagnosed cis women was older than cis men in 2022 to 2024, with cis women who were 40-49 years accounting for 19% and cis women who were 50 years and older accounting for 35%.

Of the 933 San Francisco residents diagnosed with laboratory-confirmed HIV during 2020 through 2024, 166 (18%) were diagnosed at stage 0 (an indicator of recent HIV acquisition) and 717 (77%) at stages 1-3 (Table 2.2). Fifty (5%) could not be staged due to not having a documented CD4 T-lymphocyte (CD4) test ≤ 3 months after their HIV diagnosis. The proportion of stage 0 diagnoses was highest among trans women, people aged 13-24 years at time of diagnosis, and men who have sex with men and who inject drugs (MSM-PWID). Late HIV diagnosis is defined as having a stage 3 (AIDS) diagnosis within three months of laboratory-confirmed HIV diagnosis. The proportion of people newly diagnosed with late-stage HIV ranged from a high of 18% in 2020 to 13% in 2022 (Table 2.3). In 2024, the proportion of late diagnoses was highest among APIs and people aged 50 years and older.

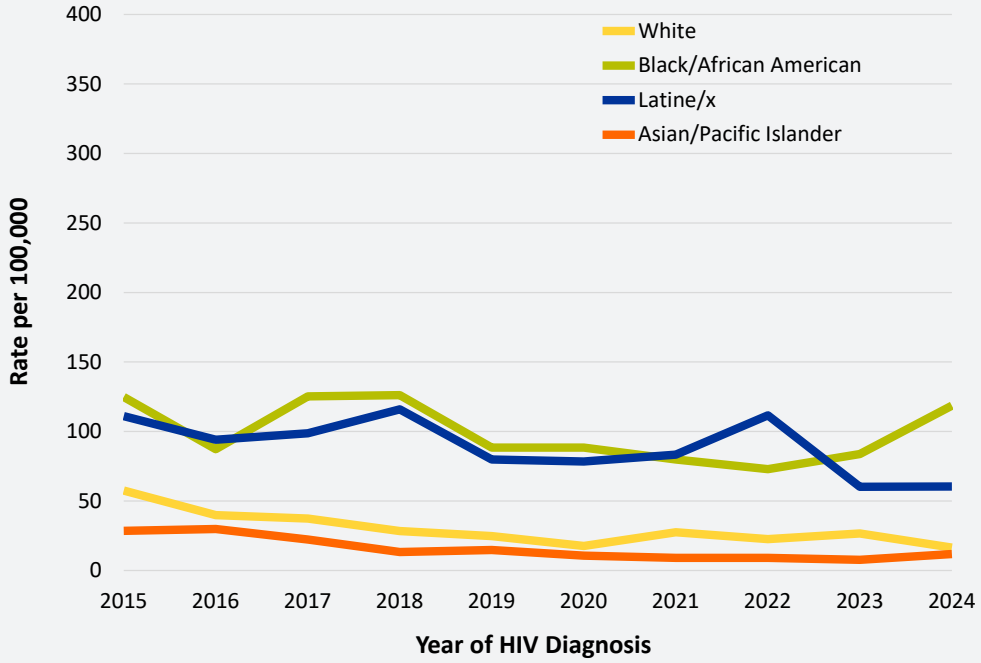
## Race/ethnicity

**Figure 2.1 Number of people diagnosed with HIV by race/ethnicity, 2015-2024, San Francisco**



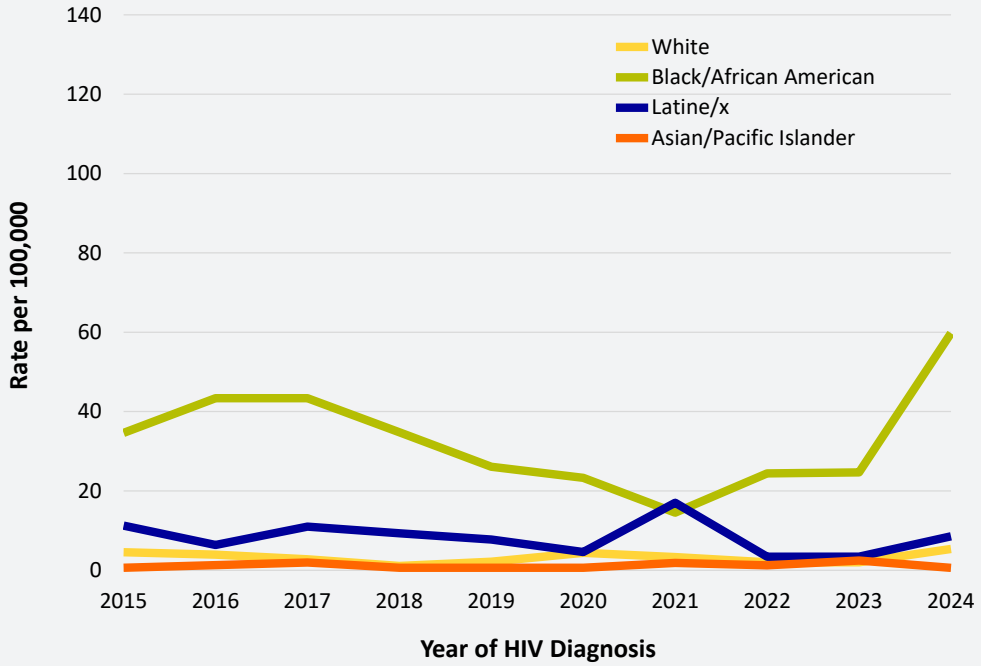

1 HIV diagnoses in the "Other/Unknown" racial/ethnic category included 22% Native Americans, 77% multi-race, and 1% unknown.
2 See Technical Notes "Date of Initial HIV Diagnosis."

## Figure 2.2 Annual rates[1] of cis men diagnosed with HIV per 100,000 population by race/ethnicity, 2015-2024, San Francisco




1 See Technical Notes "HIV Case Rates and HIV Mortality Rates." Includes people with HIV by year of their initial HIV diagnosis. Rates for Native Americans and multi-racial new diagnoses were not calculated due to small numbers.

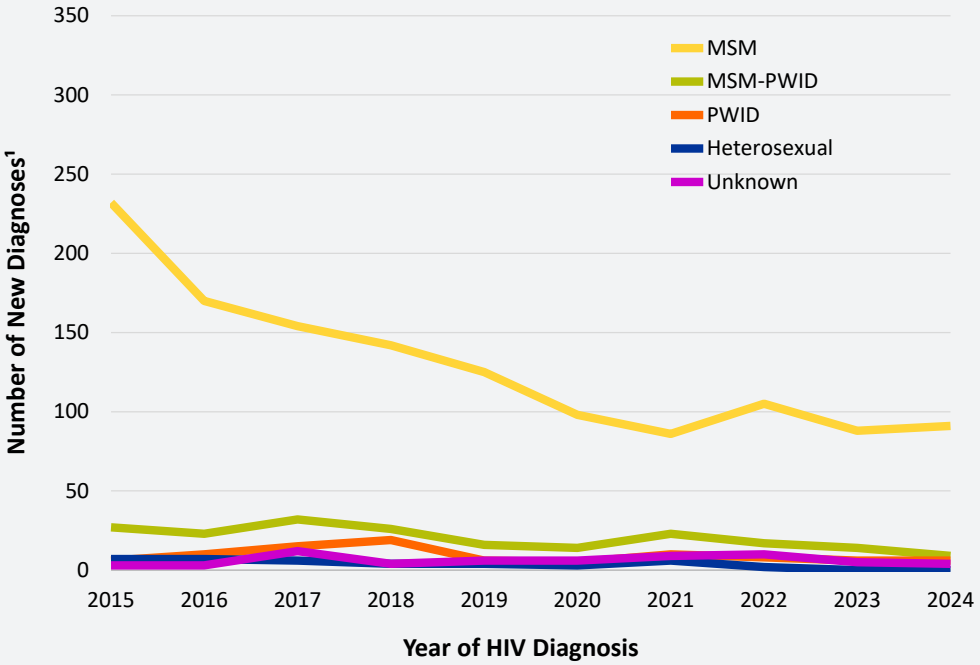
## Figure 2.3 Annual rates[1] of cis women diagnosed with HIV per 100,000 population by race/ethnicity, 2015-2024, San Francisco




1 See Technical Notes "HIV Case Rates and HIV Mortality Rates." Includes people with HIV by year of their initial HIV diagnosis. Rates for Native Americans and multi-racial new diagnoses were not calculated due to small numbers.

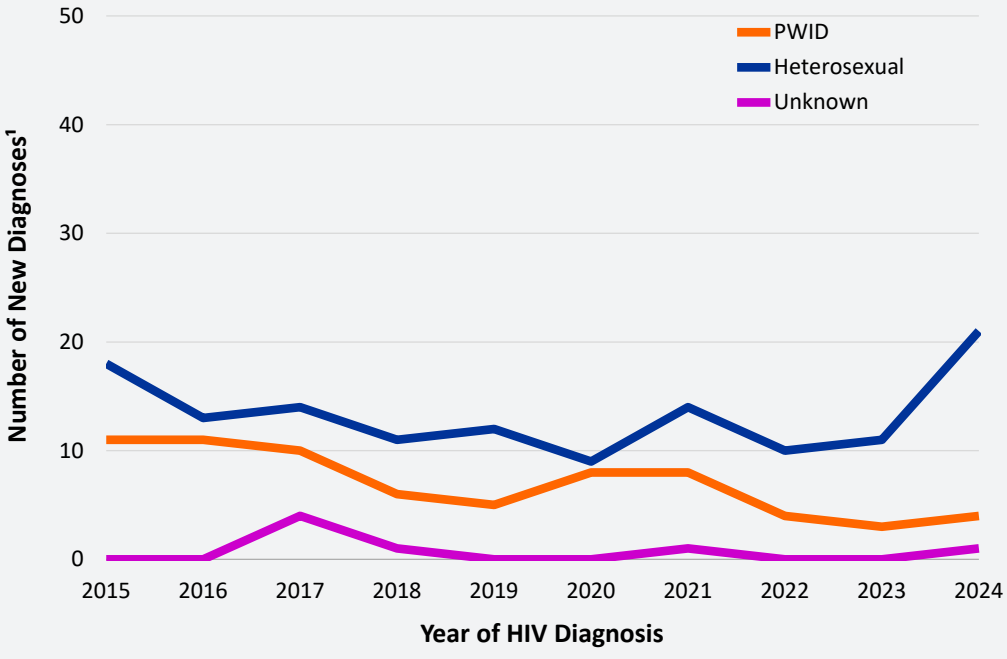
## Transmission category

### Figure 2.4 Number of cis men diagnosed with HIV by transmission category, 2015-2024, San Francisco




1 Includes people with HIV by year of their initial HIV diagnosis.

### Figure 2.5 Number of cis women diagnosed with HIV by transmission category, 2015-2024, San Francisco




1 Includes people with HIV by year of their initial HIV diagnosis.

## Age

**Table 2.1 Number of people diagnosed with HIV by gender[1] and age at diagnosis, 2020-2024, San Francisco**

| | | Year of Initial HIV Diagnosis[2] | | | | |
|---|---|---|---|---|---|---|
| | | 2020 | 2021 | 2022 | 2023 | 2024 |
| | | Number (%) | | | | |
| Cis Men (Age in years) | 0 - 24 | 20 (16) | 13 (10) | 19 (13) | 18 (16) | 10 ( 9) |
| | 25 - 29 | 23 (18) | 22 (16) | 32 (23) | 16 (14) | 19 (17) |
| | 30 - 39 | 38 (30) | 48 (36) | 42 (30) | 38 (34) | 50 (45) |
| | 40 - 49 | 21 (17) | 26 (19) | 29 (20) | 23 (20) | 18 (16) |
| | 50+ | 24 (19) | 25 (19) | 20 (14) | 18 (16) | 13 (12) |
| | **Cis Men Total** | **126** | **134** | **142** | **113** | **110** |
| Cis Women (Age in years) | 0 - 24 | 0 ( 0) | 1 ( 4) | 1 ( 7) | 2 (14) | 2 ( 8) |
| | 25 - 29 | 3 (18) | 7 (30) | 2 (14) | 2 (14) | 3 (12) |
| | 30 - 39 | 5 (29) | 6 (26) | 4 (29) | 4 (29) | 7 (27) |
| | 40 - 49 | 4 (24) | 4 (17) | 4 (29) | 3 (21) | 5 (19) |
| | 50+ | 5 (29) | 5 (22) | 3 (21) | 3 (21) | 9 (35) |
| | **Cis Women Total** | **17** | **23** | **14** | **14** | **26** |

1 Data on trans women and trans men by age are not presented due to small numbers and small population size.
2 See Technical Notes "Date of Initial HIV Diagnosis."

# People diagnosed with HIV disease stage 0

## Table 2.2 Stage of HIV disease at diagnosis among people diagnosed with laboratory-confirmed HIV, 2020-2024, San Francisco

| | | New Diagnoses[1] | Stage at Diagnosis[2] | | |
|---|---|---|---|---|---|
| | | | Stage 0 | Stage 1-3 | Unknown |
| | | Number (row % of new diagnoses) | | | |
| | **Total** | **933** | **166 (18)** | **717 (77)** | **50 ( 5)** |
| Year of HIV Diagnosis | 2020 | 156 | 40 (26) | 111 (71) | 5 ( 3) |
| | 2021 | 190 | 41 (22) | 134 (71) | 15 ( 8) |
| | 2022 | 213 | 31 (15) | 168 (79) | 14 ( 7) |
| | 2023 | 187 | 30 (16) | 147 (79) | 10 ( 5) |
| | 2024 | 187 | 24 (13) | 157 (84) | 6 ( 3) |
| Gender[3] | Cis Men | 761 | 130 (17) | 589 (77) | 42 ( 6) |
| | Cis Women | 104 | 19 (18) | 79 (76) | 6 ( 6) |
| | Trans Women | 62 | 14 (23) | 46 (74) | 2 ( 3) |
| Race/Ethnicity | White | 262 | 54 (21) | 189 (72) | 19 ( 7) |
| | Black/African American | 151 | 32 (21) | 110 (73) | 9 ( 6) |
| | Latine/x | 384 | 61 (16) | 307 (80) | 16 ( 4) |
| | Asian/Pacific Islander | 118 | 14 (12) | 100 (85) | 4 ( 3) |
| | Other/Unknown | 18 | 5 (28) | 11 (61) | 2 (11) |
| Age at HIV Diagnosis (years) | 13-24 | 93 | 24 (26) | 60 (65) | 9 (10) |
| | 25-29 | 161 | 30 (19) | 124 (77) | 7 ( 4) |
| | 30-39 | 348 | 63 (18) | 267 (77) | 18 ( 5) |
| | 40-49 | 183 | 27 (15) | 148 (81) | 8 ( 4) |
| | 50+ | 148 | 22 (15) | 118 (80) | 8 ( 5) |
| Transmission Category[4] | MSM | 596 | 106 (18) | 461 (77) | 29 ( 5) |
| | PWID | 63 | 12 (19) | 47 (75) | 4 ( 6) |
| | MSM-PWID | 77 | 18 (23) | 53 (69) | 6 ( 8) |
| | Heterosexual | 92 | 14 (15) | 73 (79) | 5 ( 5) |
| | Other/Unidentified | 105 | 16 (15) | 83 (79) | 6 ( 6) |

1 Includes people diagnosed in the time period based on a confirmed laboratory HIV test regardless of whether they had an earlier self-report of HIV positive date.

2 The surveillance case definition includes five HIV stages at diagnosis. See Technical Notes "Stage of Disease at HIV Diagnosis."

3 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

4 Heterosexual includes heterosexual and female presumed heterosexual. Other/Unidentified includes TWSM, TWSM-PWID and people with no identified risk factor.

## People diagnosed with late-stage HIV disease

**Table 2.3 Late diagnoses among people diagnosed with laboratory-confirmed HIV by demographic and risk characteristics, 2020-2024, San Francisco**

| | | Year of Diagnosis[1] | | | | |
|---|---|---|---|---|---|---|
| | | 2020 | 2021 | 2022 | 2023 | 2024 |
| | | Number of new diagnoses (% who had a late diagnosis[2]) | | | | |
| | **Total** | **156 (18)** | **190 (15)** | **213 (13)** | **187 (14)** | **187 (17)** |
| Gender[3] | Cis Men | 128 (20) | 149 (15) | 183 (14) | 157 (14) | 144 (17) |
| | Cis Women | 17 (12) | 23 (13) | 18 (17) | 15 (20) | 31 (19) |
| | Trans Women | 10 (10) | 17 (12) | 11 ( 0) | 13 ( 8) | 11 (18) |
| Race/Ethnicity | White | 43 (23) | 64 (14) | 54 (15) | 59 (15) | 42 (19) |
| | Black/African American | 28 (11) | 28 (14) | 25 (12) | 27 (15) | 43 (26) |
| | Latine/x | 64 (17) | 67 (13) | 105 (12) | 72 (11) | 76 ( 7) |
| | Asian/Pacific Islander | 17 (18) | 24 (21) | 24 (17) | 29 (17) | 24 (33) |
| | Other/Unknown | 4 (25) | 7 (14) | 5 ( 0) | 0 ( 0) | 2 ( 0) |
| Age at HIV Diagnosis (Years) | 13-24 | 18 (11) | 13 ( 0) | 21 (10) | 22 ( 5) | 19 ( 0) |
| | 25-29 | 24 (13) | 33 (12) | 46 ( 9) | 26 (12) | 32 (16) |
| | 30-39 | 51 (20) | 71 ( 8) | 68 (10) | 80 (14) | 78 (17) |
| | 40-49 | 32 (13) | 40 (25) | 49 (16) | 31 (16) | 31 (16) |
| | 50+ | 31 (29) | 33 (24) | 29 (24) | 28 (21) | 27 (33) |
| Transmission Category[4] | MSM | 98 (18) | 103 (17) | 147 (12) | 129 (16) | 119 (18) |
| | PWID | 15 (13) | 17 (24) | 12 (25) | 9 ( 0) | 10 (20) |
| | MSM-PWID | 15 (20) | 22 ( 0) | 17 (12) | 14 ( 7) | 9 (11) |
| | Heterosexual | 12 ( 8) | 21 (14) | 16 (13) | 16 (19) | 27 (19) |
| | Other/Unidentified | 16 (25) | 27 (11) | 21 (14) | 19 ( 5) | 22 ( 9) |
| Housing Status | Homeless | 30 (13) | 41 (10) | 32 (13) | 38 ( 8) | 32 (25) |
| | Housed | 122 (20) | 145 (17) | 177 (13) | 149 (15) | 154 (15) |
| | Unknown | 4 ( 0) | 4 ( 0) | 4 (25) | 0 ( 0) | 1 (100) |
| Country of Birth | US | 73 (18) | 93 (19) | 82 (16) | 77 (16) | 94 (21) |
| | Non-US | 49 (20) | 57 (12) | 94 (11) | 76 (11) | 68 (13) |
| | Unknown | 34 (15) | 40 ( 8) | 37 (14) | 34 (18) | 25 (12) |

1 Date of HIV diagnosis was based on a confirmed laboratory HIV test and did not take into account self-report of HIV infection.

2 Percent of new diagnoses in a given year among those who developed HIV disease stage 3 (AIDS) within 3 months of HIV diagnosis.

3 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

4 Heterosexual includes heterosexual and female presumed heterosexual. Other/Unidentified includes TWSM, TWSM-PWID and people with no identified risk factor.

# 3 Spectrum of Engagement in HIV Prevention and Care

For the HIV Care indicators among new diagnoses, the population included people who were diagnosed with a laboratory-confirmed positive HIV test and were San Francisco residents at time of diagnosis. The HIV diagnosis year was categorized as the earliest year of a laboratory-confirmed HIV positive test. HIV Care indicator trends for the five-year period, 2020 through 2024, showed that level of linkage to care for 2023 and 2024 have exceeded levels during the COVID-19 pandemic period (2020-2022; Figure 3.1). In both 2023 and 2024, the proportion linked to care within one month was 94%. For retention in care, the proportion of new diagnoses in 2023 rebounded to 76% from 64% in 2020. Viral suppression within 12 months of diagnosis increased to 87% for 2023 diagnoses from 79% in 2020. The proportion virally suppressed within six months was 79% in 2024.

Care indicators for PLWH were assessed using two populations. Using data through the end of 2024, there were 14,505 PLWH who were diagnosed through December 31, 2023, and who resided in San Francisco at time of diagnosis (Figure 3.2). Of these (shown in green), 70% received care, 46% were retained in care, and 66% were virally suppressed in 2024. When analyzing the 11,552 PLWH who resided in San Francisco based on their most recent address (regardless of residence at diagnosis and shown in blue), 79% received care, 54% were retained in care, and 74% were virally suppressed in 2024. When modelling all PLWH - including those unaware of their HIV status (see Technical Notes "People Living with HIV") - it is estimated that 97% were aware of their HIV diagnosis, 77% received care, 53% were retained in care, and 72% were virally suppressed in 2024 (Figure 3.3).

Several care indicators for people with laboratory-confirmed new diagnoses and for PLWH living in San Francisco during 2020-2024 are summarized in Table 3.1. These included the proportion of late-stage HIV diagnosis within three months of initial HIV diagnosis, the proportion linked to care within one month of diagnosis, the proportion virally suppressed within 12 months of diagnosis, and the median time from HIV diagnosis to viral suppression. Notably, the median number of days from HIV diagnosis to first viral suppression decreased from 48 days for 2020 diagnoses to 37 days for 2023.

When care indicators for demographic and risk groups were assessed for laboratory-confirmed new diagnoses, PWID had the poorest outcomes on all three care indicator categories (linkage to care, retention in care, and viral suppression) among people diagnosed in 2023 (Table 3.2). People aged 13-24 years at time of diagnosis had the lowest rate of linkage to care. Cis women, Whites, people aged 40-49, and people experiencing homelessness (PEH) had lower rates of viral suppression within six months and 12 months of diagnosis. Among people diagnosed in 2024, cis women, trans women, people aged 25-29 years, heterosexuals, and PEH had lower rates of linkage within one month and viral suppression within 6 months (Table 3.3); however, these percentages must be interpreted with caution due to small numbers.

Among PLWH who were San Francisco residents as of the end of 2024 (regardless of receiving care in that year), approximately three-quarters (74%) were virally suppressed; among those who received care in 2024, 94% were virally suppressed (Table 3.4). The proportion virally suppressed among all PLWH was lowest among PEH.

During 2023, 47 PLWH were enrolled in and ultimately received assistance through the SFDPH-run Linkage, Integration, Navigation and Comprehensive Services program (LINCS; Table 3.5). This number was lower compared to the 2021 and 2022 totals (N=81 and 85, respectively) due to reductions in LINCS staffing and patient navigation capacity. Overall, 81% of these 47 clients linked to care within three months of LINCS

initiation, 51% were retained in care, and 66% showed evidence of viral suppression at most recent test within 12 months after LINCS enrollment. The percentages linked to care and retained in care were lower compared to 2022 (data not shown), whereas the percentage virally suppressed was higher. Notably, the increase in viral suppression was driven by improvements among LINCS clients experiencing homelessness; 72% of clients experiencing homelessness at LINCS intake during 2023 were virally suppressed, compared to 48% of clients experiencing homelessness at LINCS intake during 2022. In response to historic disparities in HIV outcomes among PEH, LINCS emphasized low-barrier drop-in clinics and long-acting injectable ART as important options for PEH. Among clients who were housed at LINCS intake, the percentage virally suppressed remained consistent from 2022 to 2023 (65% and 62%, respectively).

Comparisons of San Francisco's HIV prevention and care indicators with California and U.S. indicators show that in San Francisco and during 2023, higher proportions of people were aware of their HIV serostatus, and received care, and had suppressed viral loads in a more timely manner compared to statewide and national indicators (Table 3.6). Data reflected high ART use in San Francisco (see Technical Notes "Estimate of ART Use") among both PLWH and newly diagnosed persons: 94% of people newly diagnosed in 2023 and 92% of PLWH as of December 2024 received ART (Table 3.7). Overall and among people diagnosed with HIV during 2019 through 2023, a greater proportion initiated ART within seven days of diagnosis in 2023 but differed by socio-demographic characteristics (Table 3.8). The median time from HIV diagnosis to viral suppression also improved over time but differed by socio-demographic characteristics (Figure 3.4).

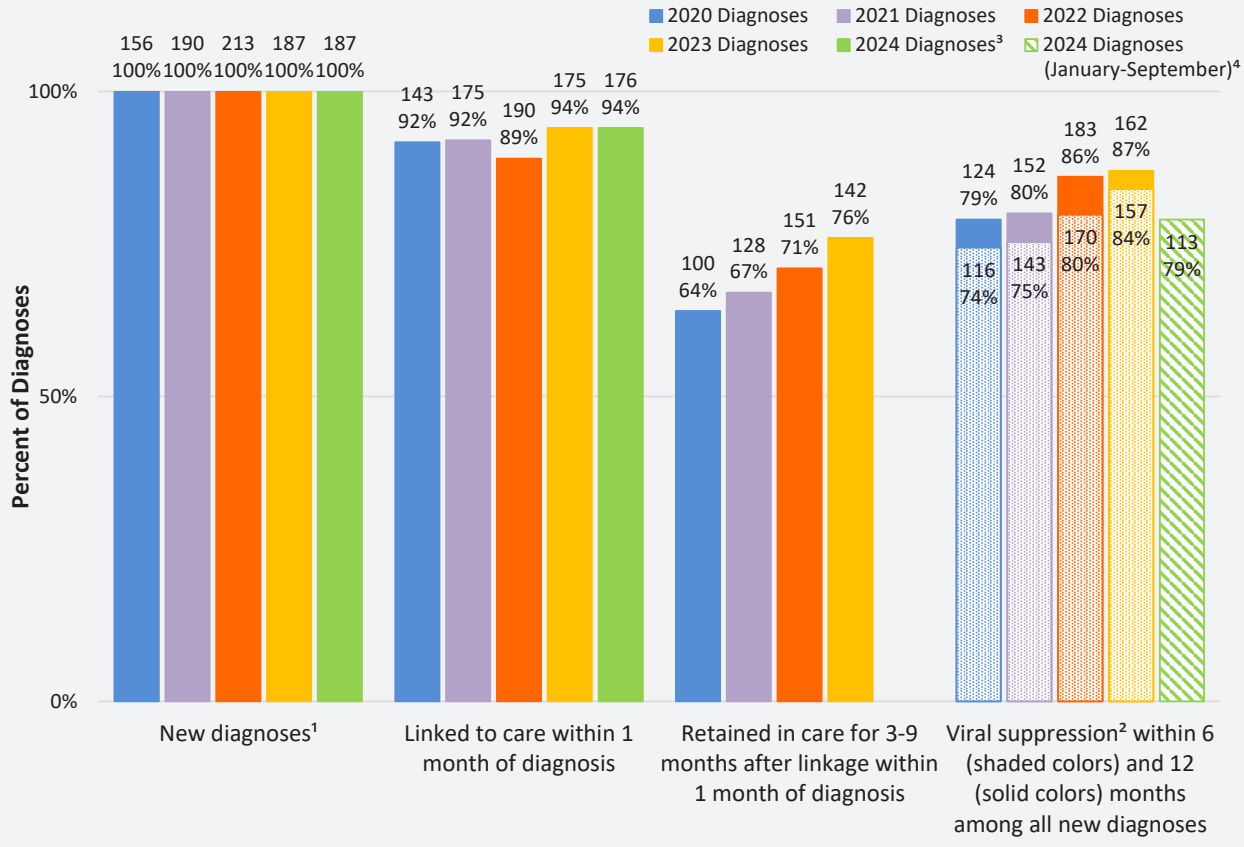
Among 15,400 PLWH who resided in San Francisco at time of diagnosis in 2024, 71% were known to have received HIV care in 2024 (49% received care in San Francisco, 22% received care outside of San Francisco) and 30% did not receive HIV care (Table 3.9). Of the 30% not known to be in care, 12% had a current San Francisco address and represent a high priority population for re-engagement into care. Of the 11,727 PLWH who received care in San Francisco in 2024, over one-third (36%) were originally diagnosed elsewhere and 25% currently reside outside of San Francisco (Table 3.10). The majority of these 11,727 people were cis men, over 50 years old, and MSM (Table 3.11).

Home testing kit orders (through San Francisco's HIV/STI Home Testing Program-Take Me Home) increased over time from 249 orders in 2021 to 1,670 orders in 2024 (Figure 3.5). The specimen return rate among self-collection test kits increased by 6% from 2023 to 2024 (Table 3.12). The reach of the program also increased with 1,272 persons participating in 2024 (an increase of 38% from 921 persons ordering kits in 2023). Similar to 2023, in 2024 the majority of people who ordered the self-collection test kits were men and those between the ages of 25-39. Of those who ordered test kits in 2024, 28% were White, 15% Latine/x, 15% Asian, 5% Black/African American and 37% did not provide information on race/ethnicity. Thirty-nine percent reported having three or more sex partners in the past 12 months and 7% reported taking PrEP. In 2024, the specimen return rate was higher among transgender people, people aged at 25-29 years old, and people with no sex partners in the past 12 months.

In 2024, of 662 individuals who returned at least one sample for chlamydia and gonorrhea through home testing, 20 (3%) had at least one anatomic site that tested positive for chlamydia and 9 (45%) were confirmed to have been treated; 8 (1%) had at least one anatomic site that tested positive for gonorrhea and four (50%) were confirmed to have been treated (data not shown). Overall, among individuals who returned at least one specimen in 2024, 38 (5%) were found to have gonorrhea, chlamydia, syphilis, HIV, and/or HCV.

# Continuum of HIV care among people newly diagnosed with HIV

## Figure 3.1 Continuum of HIV care among people diagnosed with laboratory-confirmed HIV, 2020-2024, San Francisco




1 Number of new diagnoses shown each year was based on evidence of a confirmed HIV test and did not take into account for self-report of HIV infection. The proportion of people who died within 12 months of their HIV diagnosis were 5% in 2020, 1% in 2021, 3% in 2022, 1% in 2023, and 2% in 2024. All these individuals had at least one laboratory test before death.

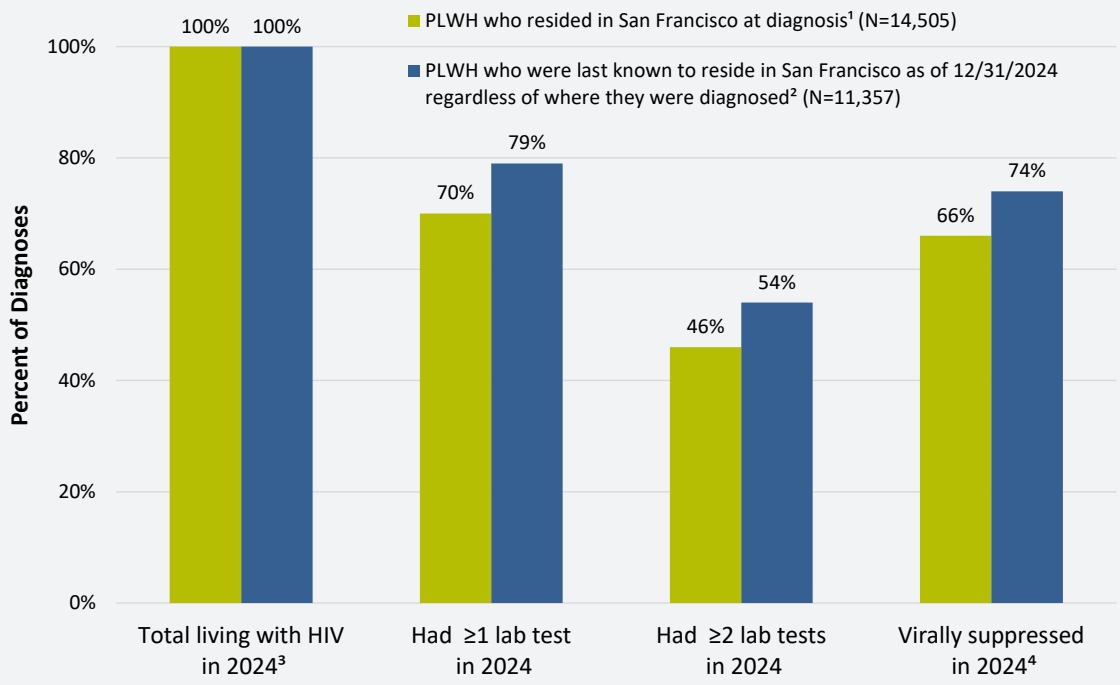
2 Defined as the latest viral load test within 6 and 12 months of HIV diagnosis <200 copies/mL. See Technical Notes "HIV Care Outcomes and Definitions."

3 Retention in care and viral suppression data were not available yet for all of 2024.

4 People who were diagnosed between January and September 2024 (N=143) and virally suppressed within 6 months of their HIV diagnosis.

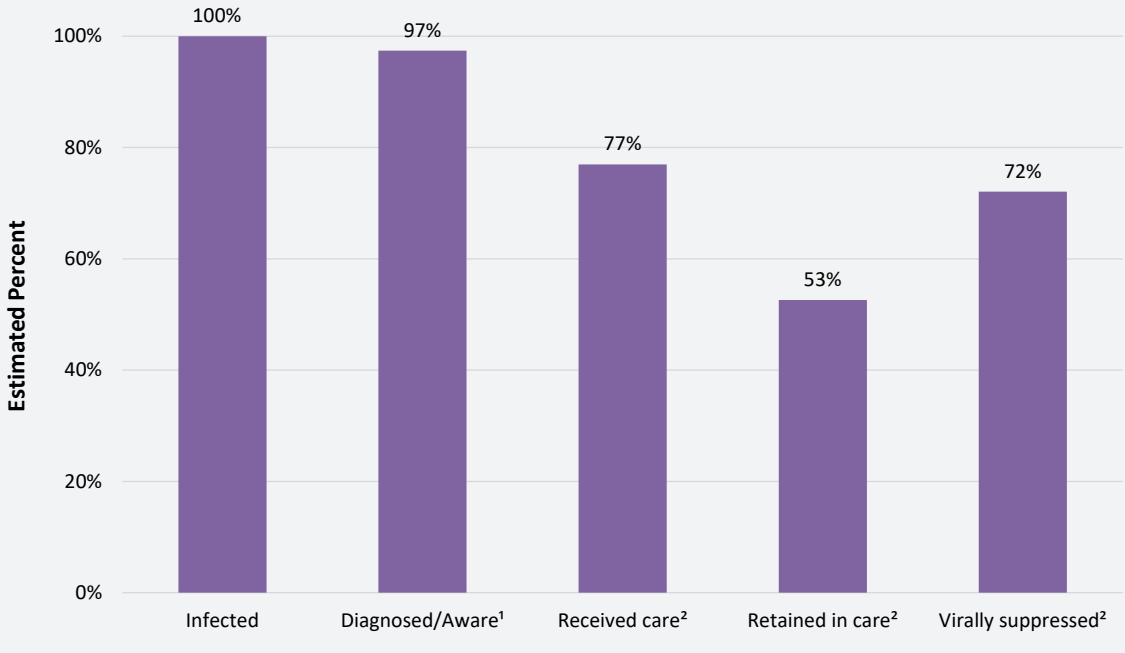
# Continuum of HIV care among people living with HIV

## Figure 3.2 Continuum of HIV care among people living with HIV, 2024, San Francisco




1 Excludes people who were not San Francisco residents at time of HIV diagnosis but were San Francisco residents at HIV stage 3 (AIDS) diagnosis.
2 See Technical Notes "Residence and Receipt of Care for PLWH."
3 Includes people living with HIV at the end of 2024 (≥ 13 years old) and diagnosed by the end of 2023.
4 Defined as the latest viral load in 2024 <200 copies/mL.

## Figure 3.3 Continuum of HIV care among people living with diagnosed or undiagnosed HIV infection, 2024, San Francisco




1 The estimated percent aware of HIV diagnosis for San Francisco was based on 2023 and derived from CDC CD4-based model SAS Program using San Francisco data reported as of March 13, 2025. See Technical Notes "CD4-based Model."
2 The estimated percent received care, retained in care, and virally suppressed among all PLWH (diagnosed and undiagnosed) was derived by applying the 97% diagnosed/aware to the 79% who had ≥1 lab tests, 54% who had ≥2 lab tests, and 74% who were virally suppressed among people living with diagnosed HIV who were last known to reside in San Francisco as shown in Figure 3.2, respectively.

## Table 3.1 Care and prevention indicators among people with a new laboratory-confirmed HIV diagnosis and living with HIV, 2020-2024, San Francisco

| | | Year | | | | |
|---|---|---|---|---|---|---|
| | | 2020 | 2021 | 2022 | 2023 | 2024 |
| Indicators | **New HIV diagnoses[1]** | **N=156** | **N=190** | **N=213** | **N=187** | **N=187** |
| | Proportion developed HIV stage 3 (AIDS) within 3 months of diagnosis | 18% | 15% | 13% | 14% | 17% |
| | Proportion linked to care within 1 month of diagnosis | 92% | 92% | 89% | 94% | 94% |
| | Proportion virally suppressed[2] within 12 months of diagnosis | 79% | 80% | 86% | 87% | NA |
| | Median time (days) from HIV diagnosis to first viral suppression | 48 | 44 | 41 | 37 | NA |
| | Median time (days) from HIV diagnosis to first care | 1 | 1 | 1 | 1 | NA |
| | Median time (days) from first care to ART initiation[3] | 0 | 0 | 0 | 0 | NA |
| | Median time (days) from ART initiation to first viral suppresssion[3] | 42 | 35 | 34 | 32 | NA |
| | **People living with HIV[4] (≥13 years old)** | **N=12,017** | **N=11,688** | **N=11,574** | **N=11,369** | **N=11,357** |
| | Proportion of cases who had ≥1 CD4/viral load/genotype test | 77% | 79% | 79% | 80% | 79% |
| | Proportion received ≥2 tests among those with ≥1 test | 61% | 67% | 66% | 69% | 68% |
| | Proportion virally suppressed[2] among living cases | 71% | 72% | 74% | 74% | 74% |
| | Proportion virally suppressed among those with ≥1 viral load test | 94% | 94% | 94% | 94% | 95% |

1 Includes people diagnosed each year based on a confirmed HIV test and does not take into account self-report of HIV infection.
2 Defined as the latest viral load test within 12 months of HIV diagnosis <200 copies/mL. Viral suppression among PLWH is measured using the latest test in the year.
3 Calculation was limited to people diagnosed with HIV who were known to have started ART. See Technical Notes "Estimate of ART Use."
4 Includes PLWH who were alive and resided in San Francisco as of the end of each year and diagnosed as of the previous year. See Technical Notes "Residence and Receipt of Care for PLWH."

# Care indicators among people with HIV by demographic and risk characteristics

## Table 3.2 Care indicators[1] among people with laboratory-confirmed HIV in 2023 by demographic and risk characteristics, San Francisco

| | | Number of diagnoses[2] | % Linked to care within 1 month of diagnosis[3] | % Retained in care 3-9 months after linkage[3] | % Virally suppressed within 6 months of diagnosis[3] | % Virally suppressed within 12 months of diagnosis[3] |
|---|---|---|---|---|---|---|
| | **Total** | **187** | **94%** | **76%** | **84%** | **87%** |
| Gender[4] | Cis Men | 157 | 93% | 75% | 84% | 88% |
| | Cis Women | 15 | 93% | 87% | 73% | 67% |
| | Trans Women | 13 | 100% | 85% | 92% | 92% |
| Race/ Ethnicity | White | 59 | 90% | 61% | 69% | 75% |
| | Black/African American | 27 | 93% | 81% | 96% | 93% |
| | Latine/x | 72 | 96% | 85% | 92% | 94% |
| | Asian/Pacific Islander | 29 | 97% | 79% | 83% | 86% |
| Age at Diagnosis (Years) | 13-24 | 22 | 86% | 82% | 77% | 82% |
| | 25-29 | 26 | 96% | 92% | 88% | 96% |
| | 30-39 | 80 | 94% | 76% | 89% | 90% |
| | 40-49 | 31 | 94% | 65% | 68% | 71% |
| | 50+ | 28 | 96% | 68% | 89% | 89% |
| Transmission Category[5] | MSM | 129 | 95% | 76% | 84% | 89% |
| | PWID | 9 | 78% | 56% | 56% | 56% |
| | MSM-PWID | 14 | 86% | 79% | 86% | 86% |
| | Heterosexual | 16 | 100% | 88% | 88% | 81% |
| | Other/Unidentified | 19 | 95% | 74% | 89% | 89% |
| Housing Status at Diagnosis | Homeless | 38 | 95% | 74% | 74% | 68% |
| | Housed | 149 | 93% | 77% | 87% | 91% |
| Country of Birth | US | 77 | 95% | 75% | 82% | 84% |
| | Non-US | 76 | 93% | 79% | 89% | 91% |
| | Unknown | 34 | 91% | 71% | 76% | 82% |

1 See Technical Notes "HIV Care Outcomes and Definitions."
2 Includes people diagnosed in 2023 based on a confirmed HIV test and does not take into account for self-report of HIV infection.
3 Percent of total diagnoses.
4 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
5 Heterosexual included female presumed heterosexual. Other/Unidentified included TWSM, TWSM-PWID and people with no identified risk factor.

## Table 3.3 Care indicators[1] among people with laboratory-confirmed HIV in 2024 by demographic and risk characteristics, San Francisco

| | | Number of diagnoses[2] | % Linked to care within 1 month of diagnosis[3] | % Virally suppressed within 6 months of diagnosis among people diagnosed in January-September 2024 (N=143) |
|---|---|---|---|---|
| | **Total** | **187** | **94%** | **79%** |
| Gender[4] | Cis Men | 144 | 95% | 81% |
| | Cis Women | 31 | 90% | 73% |
| | Trans Women | 11 | 91% | 75% |
| Race/Ethnicity | White | 42 | 95% | 67% |
| | Black/African American | 43 | 91% | 69% |
| | Latine/x | 76 | 95% | 91% |
| | Asian/Pacific Islander | 24 | 96% | 88% |
| | Other/Unknown | 2 | 100% | 0% |
| Age at Diagnosis (Years) | 13-24 | 19 | 89% | 81% |
| | 25-29 | 32 | 88% | 73% |
| | 30-39 | 78 | 95% | 75% |
| | 40-49 | 31 | 97% | 95% |
| | 50+ | 27 | 100% | 80% |
| Transmission Category[5] | MSM | 119 | 95% | 80% |
| | PWID | 10 | 90% | 100% |
| | MSM-PWID | 9 | 100% | 71% |
| | Heterosexual | 27 | 89% | 71% |
| | Other/Unidentified | 22 | 95% | 82% |
| Housing Status at Diagnosis | Homeless | 32 | 88% | 64% |
| | Housed | 154 | 95% | 83% |
| | Unknown[6] | 1 | 100% | 0% |
| Country of Birth | US | 94 | 90% | 70% |
| | Non-US | 68 | 100% | 93% |
| | Unknown | 25 | 92% | 71% |

1 See Technical Notes "HIV Care Outcomes and Definitions." Retention in care and viral suppression data were not available yet for all of 2024.
2 Includes people diagnosed in 2024 based on a confirmed HIV test and does not take into account self-report of HIV infection.
3 Percent of total diagnoses.
4 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
5 Heterosexual included female presumed heterosexual. Other/Unidentified included TWSM, TWSM-PWID and people with no identified risk factor.
6 People whose street address in San Francisco at HIV diagnosis was listed as "Unknown."

## Table 3.4 Care indicators among people living with HIV in 2024 who were known to reside in San Francisco as of December 2024, by demographic and risk characteristics

| | | Number of PLWH[1] | % with >= 1 laboratory test in 2024[2] | % with >= 2 laboratory tests in 2024[2] | % Virally suppressed (most recent viral load test in 2024 <200 copies/mL) among all PLWH | % Virally suppressed (most recent viral load test in 2024 <200 copies/mL) among PLWH with >= 1 laboratory test in 2024 |
|---|---|---|---|---|---|---|
| | **Total** | **11,357** | **79%** | **54%** | **74%** | **94%** |
| Gender[3] | Cis Men | 10,199 | 79% | 53% | 74% | 95% |
| | Cis Women | 704 | 81% | 56% | 72% | 90% |
| | Trans Women | 442 | 84% | 58% | 74% | 87% |
| Race/Ethnicity | White | 5,510 | 80% | 54% | 77% | 95% |
| | Black/African American | 1,462 | 81% | 57% | 73% | 89% |
| | Latine/x | 2,987 | 76% | 53% | 71% | 93% |
| | Asian/Pacific Islander | 869 | 75% | 50% | 72% | 96% |
| | Other/Unknown | 529 | 81% | 52% | 75% | 93% |
| Age in Years (as of 12/31/2023) | 13-24 | 48 | 85% | 65% | 77% | 90% |
| | 25-29 | 207 | 83% | 53% | 73% | 88% |
| | 30-39 | 1,466 | 80% | 53% | 71% | 89% |
| | 40-49 | 1,999 | 75% | 47% | 68% | 91% |
| | 50-59 | 2,974 | 77% | 51% | 72% | 94% |
| | 60-69 | 3,097 | 81% | 57% | 78% | 97% |
| | 70+ | 1,566 | 83% | 61% | 81% | 98% |
| Transmission Category | MSM | 8,155 | 79% | 54% | 76% | 96% |
| | TWSM | 288 | 88% | 57% | 79% | 90% |
| | PWID | 596 | 75% | 53% | 66% | 88% |
| | MSM-PWID | 1,383 | 80% | 55% | 72% | 91% |
| | TWSM-PWID | 150 | 78% | 61% | 63% | 81% |
| | Heterosexual | 559 | 79% | 55% | 72% | 90% |
| | Other/Unidentified | 226 | 61% | 35% | 54% | 88% |
| Housing Status, Most Recent | Homeless | 359 | 51% | 35% | 37% | 72% |
| | Non-Homeless[4] | 10,998 | 80% | 54% | 75% | 94% |
| Country of Birth | US | 7,605 | 82% | 55% | 77% | 94% |
| | Non-US | 2,457 | 70% | 49% | 67% | 95% |
| | Unknown | 1,295 | 79% | 52% | 73% | 93% |

1 Includes San Francisco residents living with HIV as of the end of 2024 (≥13 years old) and diagnosed by the end of 2023. See Technical Notes "Residence and Receipt of Care for PLWH."

2 Percent of total PLWH.

3 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

4 Includes people whose most recent street address in San Francisco was listed as "Unknown."

## Table 3.5 Care indicators among people who accepted and completed LINCS services in 2023 by demographic and risk characteristics, San Francisco

| | | Number who received LINCS services | % Linked to care within 3 months of LINCS initiation[1] | % Retained in care 3-9 months after linkage[1] | % Virally suppressed at most recent test in 12 months after LINCS initiation[1] |
|---|---|---|---|---|---|
| | **Total** | **47** | **81%** | **51%** | **66%** |
| Gender[2] | Cis Men | 38 | 79% | 47% | 58% |
| | Cis Women | 4 | 75% | 50% | 100% |
| | Trans Women | 5 | 100% | 80% | 100% |
| Race/Ethnicity | White | 17 | 94% | 65% | 65% |
| | Black/African American | 8 | 63% | 25% | 38% |
| | Latine/x | 17 | 76% | 53% | 76% |
| | Asian/Pacific Islander | 4 | 100% | 50% | 100% |
| | Other/Unknown | 1 | 0% | 0% | 0% |
| Age in Years (as of 12/31/2023) | 13-24 | 2 | 100% | 0% | 50% |
| | 25-29 | 8 | 63% | 63% | 63% |
| | 30-39 | 15 | 73% | 47% | 73% |
| | 40-49 | 14 | 100% | 71% | 71% |
| | 50+ | 8 | 75% | 25% | 50% |
| Transmission Category | MSM | 25 | 76% | 56% | 64% |
| | PWID | 8 | 88% | 50% | 63% |
| | MSM-PWID | 7 | 86% | 14% | 57% |
| | Other/Unidentified[3] | 7 | 86% | 71% | 86% |
| Housing Status[4] | Homeless | 18 | 83% | 67% | 72% |
| | Housed | 29 | 79% | 41% | 62% |

1 Percent of persons who received LINCS and had disposition "Completed."
2 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
3 Due to small numbers, data for heterosexuals, TWSM, TWSM-PWID and persons with no identified risk factor were combined.
4 Housing status was based on the most recent residence at time of LINCS initiation in 2023.

# HIV prevention and care indicators in San Francisco, California and the United States

## Table 3.6 Comparison of HIV prevention and care indicators for San Francisco, California, and the United States, 2023

| | | San Francisco 2023 | California[1] 2023 | United States[1] 2023 |
|---|---|---|---|---|
| Indicators | **Awareness of HIV status** | | | |
| | Estimated % people living with HIV who know their serostatus | 97%[2] | 87%[3] | 87%[3] |
| | **Late HIV diagnosis** | | | |
| | % people diagnosed with AIDS within 3 months of HIV diagnosis | 14% | 20% | 22% |
| | **HIV care access and outcome** | | | |
| | % newly diagnosed people linked to care within 1 month of HIV diagnosis | 94% | 84% | 83% |
| | % newly diagnosed people virally suppressed within 6 months of HIV diagnosis | 84% | 69% | 71% |
| | % PLWH who are in care (≥1 laboratory tests) | 79% | 75% | 76% |
| | % PLWH who are virally suppressed | 74% | 68% | 67% |
| | **HIV mortality** | | | |
| | Death rate per 1,000 people with HIV (all stages) diagnosis | 19.3 | 15.7 | 16.6 |
| | Death rate per 1,000 people with HIV stage 3 (AIDS) diagnosis | 27.8 | 23.1 | 25.5 |

1 Tables for the HIV Surveillance Report: Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data—United States and 6 Territories and Freely Associated States, 2023. Centers for Disease Control and Prevention. Published April 29, 2025. May 7, 2025. https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-objectives-2025.html.

2 The estimated percent of people who were aware of their HIV diagnosis among people living with diagnosed and undiagnosed HIV infection in San Francisco was derived from the CDC CD4-based model SAS Program using San Francisco data reported as of March 13, 2025. See Technical Notes "CD4-based Model."

3 The estimated percent of people who were aware of their HIV diagnosis among people living with diagnosed and undiagnosed HIV infection in California and United States are available for 2022. CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. HIV Surveillance Supplemental Report, 2024; 29 (No.1). https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html. Published May 2024. Accessed May 7, 2025.

## Use of antiretroviral therapy

### Table 3.7 Estimate of ART use among people living with HIV through December 2024 and diagnosed in 2023 by demographic and risk characteristics, San Francisco

| | | People living with HIV[1], December 2024 Percent receiving ART, ever (N=14,505) | People newly diagnosed with HIV[1], 2023 Percent receiving ART (N=187) |
|---|---|---|---|
| | **Overall** | **92%** | **94%** |
| Gender[2] | Cis Men | 92% | 93% |
| | Cis Women | 93% | 93% |
| | Trans Women | 92% | 100% |
| Race/Ethnicity | White | 92% | 86% |
| | Black/African American | 89% | 93% |
| | Latine/x | 92% | 97% |
| | Asian/Pacific Islander | 91% | 100% |
| | Other/Unknown[3] | 89% | -- |
| Age[4] in Years | 13 - 24 | 93% | 91% |
| | 25 - 29 | 96% | 96% |
| | 30 - 39 | 91% | 96% |
| | 40 - 49 | 87% | 90% |
| | 50 + | 92% | 89% |
| Transmission Category | MSM | 92% | 94% |
| | PWID | 87% | 67% |
| | MSM-PWID | 93% | 100% |
| | Heterosexual[5] | 94% | 100% |
| | Other/Unidentified[5] | 86% | 95% |
| Housing Status[6] | Homeless | 67% | 92% |
| | Non-Homeless | 92% | 94% |

1 Includes people living with HIV at the end of 2024 and diagnosed (through laboratory confirmation) in San Francisco by the end of 2023. Excludes people who did not reside in San Francisco at HIV diagnosis but resided in San Francisco at time of HIV stage 3 (AIDS) diagnosis.

2 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

3 There were no people with a new a laboratory-confirmed HIV diagnosis in 2023 who were categorized in the Other/Unknown racial/ethnic category."

4 Age as of December 31, 2024 for PLWH. Age at HIV diagnosis for people newly diagnosed with HIV.

5 Heterosexual included female presumed heterosexual. Other/Unidentified included TWSM, TWSM-PWID and people with no identified risk factor.

6 Housing status was based on the most recent residence as of December 31, 2024 for PLWH and the residence at HIV diagnosis for persons newly diagnosed with HIV. Non-homeless PLWH included persons whose most recent street address in San Francisco was listed as "Unknown" or whose most recent residence was in another jurisdiction. Non-homeless people newly diagnosed with HIV included people whose street address in San Francisco at HIV diagnosis was listed as "Unknown."

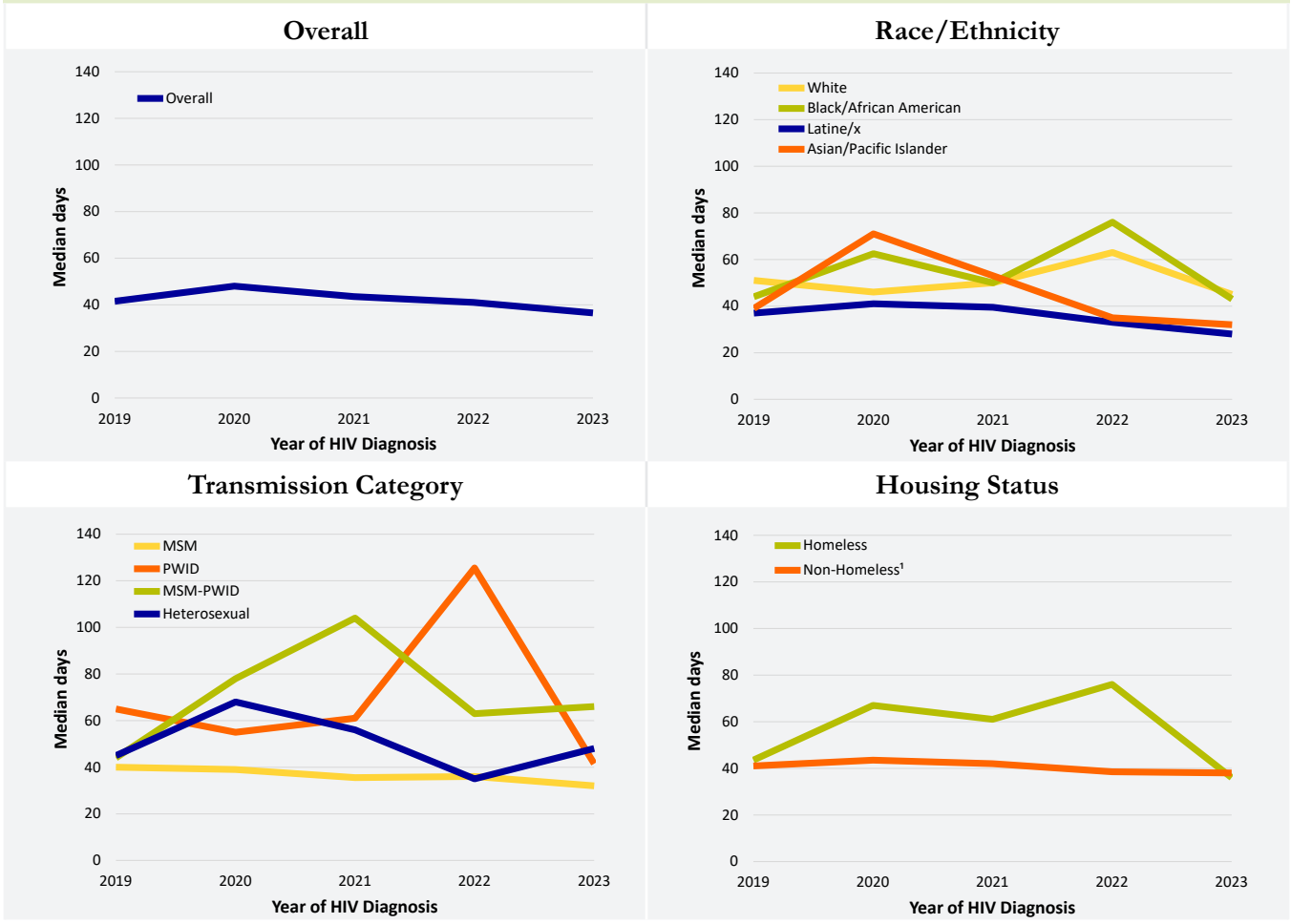
## Table 3.8 Time from HIV diagnosis to ART initiation among people diagnosed with HIV by demographic and risk characteristics, 2019-2023, San Francisco

| | | Number of diagnoses[1] | % Started ART within 7 days of diagnosis (rapid ART initiation) | % Started ART 8-30 days after diagnosis | % Started ART > 30 days after diagnosis | % Not known to have started ART |
|---|---|---|---|---|---|---|
| | **Total** | **840** | **65%** | **18%** | **10%** | **8%** |
| Year of Diagnosis[2] | 2019 | 180 | 64% | 19% | 9% | 8% |
| | 2020 | 143 | 66% | 15% | 9% | 10% |
| | 2021 | 173 | 61% | 24% | 11% | 4% |
| | 2022 | 179 | 63% | 14% | 13% | 10% |
| | 2023 | 165 | 72% | 15% | 6% | 7% |
| Gender[3] | Cis Men | 692 | 66% | 17% | 9% | 8% |
| | Cis Women | 81 | 63% | 15% | 14% | 9% |
| | Trans Women | 60 | 57% | 22% | 13% | 8% |
| Race/Ethnicity | White | 257 | 60% | 18% | 11% | 11% |
| | Black/African American | 134 | 56% | 21% | 16% | 7% |
| | Latine/x | 325 | 72% | 16% | 7% | 6% |
| | Asian/Pacific Islander | 102 | 71% | 18% | 6% | 6% |
| | Other/Unknown | 22 | 59% | 9% | 18% | 14% |
| Age at Diagnosis | 13-24 | 81 | 67% | 15% | 16% | 2% |
| | 25-29 | 144 | 69% | 19% | 6% | 6% |
| | 30-39 | 297 | 66% | 15% | 9% | 9% |
| | 40-49 | 171 | 65% | 18% | 11% | 6% |
| | 50+ | 147 | 59% | 21% | 9% | 12% |
| Transmission Category[4] | MSM | 522 | 69% | 17% | 8% | 7% |
| | PWID | 62 | 50% | 13% | 18% | 19% |
| | MSM-PWID | 85 | 67% | 15% | 11% | 7% |
| | Heterosexual | 77 | 68% | 19% | 9% | 4% |
| | Other/Unidentified | 94 | 53% | 23% | 15% | 9% |
| Housing Status at Diagnosis | Homeless | 162 | 57% | 11% | 19% | 13% |
| | Housed | 663 | 67% | 19% | 7% | 6% |
| | Unknown[5] | 15 | 60% | 7% | 20% | 13% |
| Country of Birth | US | 388 | 66% | 18% | 9% | 6% |
| | Non-US | 263 | 72% | 13% | 9% | 6% |
| | Unknown | 189 | 53% | 23% | 11% | 13% |
| Insurance at Diagnosis | Private | 333 | 63% | 17% | 14% | 7% |
| | Public | 226 | 64% | 25% | 7% | 4% |
| | None | 236 | 75% | 9% | 8% | 8% |
| | Unknown | 45 | 42% | 29% | 4% | 24% |

1 Excludes people who were not in care (N=13) or people who reported taking ART prior to diagnosis (N=102).
2 Year of diagnosis was based on a confirmed HIV test and did not take into account for patient self-report of HIV infection.
3 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
4 Heterosexual included female presumed heterosexual. Other/Unidentified included TWSM, TWSM-PWID and people with no identified risk factor.
5 People whose street address in San Francisco at HIV diagnosis was listed as "Unknown."

# Trends in time from HIV diagnosis to viral suppression

## Figure 3.4 Trends in median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2019-2023, San Francisco




1 Includes people whose street address in San Francisco at HIV diagnosis was listed as "Unknown."

## Receipt of HIV care among people living with HIV by residence status

### Table 3.9 People living with HIV in 2024 who resided in San Francisco at diagnosis by care and most recent residence status

| PLWH in 2024 who resided in San Francisco at diagnosis (N=15,400)[1] | | | | | |
|---|---|---|---|---|---|
| **Care status in 2024** | **Number** | **%** | **Most recent residence in 2024** | **Number** | **%** |
| Received care in San Francisco | 7,499 | 49% | San Francisco | 6,415 | 42% |
| | | | Outside San Francisco | 1,084 | 7% |
| Received care elsewhere | 3,339 | 22% | San Francisco | 213 | 1% |
| | | | Outside San Francisco | 3,126 | 20% |
| Not known to be in care | 4,562 | 30% | San Francisco | 1,827 | 12% |
| | | | Outside San Francisco | 2,735 | 18% |
| Total | 15,400 | 100% | | 15,400 | 100% |

1 Includes people who resided in San Francisco at diagnosis and were alive as of December 2024. See Technical Notes "Residence and Receipt of Care for PLWH."

### Table 3.10 People living with HIV who received care in San Francisco in 2024 by residence at diagnosis and most recent residence status

| PLWH in 2024 who received care in San Francisco (N=11,727)[1] | | | | | |
|---|---|---|---|---|---|
| **Residence at diagnosis** | **Number** | **%** | **Most recent residence in 2024** | **Number** | **%** |
| San Francisco | 7,499 | 64% | San Francisco | 6,415 | 55% |
| | | | Outside San Francisco | 1,084 | 9% |
| Outside San Francisco[2] | 4,228 | 36% | San Francisco | 2,387 | 20% |
| | | | Outside San Francisco | 1,841 | 16% |
| Total | 11,727 | 100% | | 11,727 | 100% |

1 Includes people who received HIV care in San Francisco in 2024 regardless of where they were initially diagnosed with HIV. Receipt of care in San Francisco is defined as having at least one CD4, viral load, or genotype test ordered by San Francisco HIV providers. See Technical Notes "Residence and Receipt of Care for PLWH."

2 Most recent address for OOJ residents at diagnosis was less complete because the update on their address information was not conducted regularly or consistently.

## Table 3.11 Characteristics of people living with HIV who received care in San Francisco in 2024 by most recent residence status

| | | People receiving HIV care in San Francisco[1] | | |
|---|---|---|---|---|
| | | Total people receiving care in 2024 | Most recent residence in San Francisco[2] | Most recent residence outside San Francisco[2] |
| | | Number (%) | | |
| | **Total** | **11,727 (100)** | **8,802 (100)** | **2,925 (100)** |
| Gender[3] | Cis Men | 10,470 ( 89) | 7,836 ( 89) | 2,634 ( 90) |
| | Cis Women | 801 ( 7) | 576 ( 7) | 225 ( 8) |
| | Trans Women | 439 ( 4) | 379 ( 4) | 60 ( 2) |
| Race/Ethnicity | White | 5,768 ( 49) | 4,283 ( 49) | 1,485 ( 51) |
| | Black/African American | 1,673 ( 14) | 1,199 ( 14) | 474 ( 16) |
| | Latine/x | 2,923 ( 25) | 2,267 ( 26) | 656 ( 22) |
| | Asian/Pacific Islander | 799 ( 7) | 638 ( 7) | 161 ( 6) |
| | Other/Unknown | 564 ( 5) | 415 ( 5) | 149 ( 5) |
| Age in Years (as of 12/31/2024) | 0-24 | 91 ( 1) | 55 ( 1) | 36 ( 1) |
| | 25-29 | 288 ( 2) | 193 ( 2) | 95 ( 3) |
| | 30-39 | 1,622 ( 14) | 1,191 ( 14) | 431 ( 15) |
| | 40-49 | 1,962 ( 17) | 1,468 ( 17) | 494 ( 17) |
| | 50-59 | 2,854 ( 24) | 2,211 ( 25) | 643 ( 22) |
| | 60-69 | 3,264 ( 28) | 2,424 ( 28) | 840 ( 29) |
| | 70+ | 1,646 ( 14) | 1,260 ( 14) | 386 ( 13) |
| Transmission Category | MSM | 8,442 ( 72) | 6,296 ( 72) | 2,146 ( 73) |
| | TWSM | 306 ( 3) | 258 ( 3) | 48 ( 2) |
| | PWID | 572 ( 5) | 449 ( 5) | 123 ( 4) |
| | MSM-PWID | 1,358 ( 12) | 1,081 ( 12) | 277 ( 9) |
| | TWSM-PWID | 129 ( 1) | 118 ( 1) | 11 ( <1) |
| | Heterosexual[4] | 652 ( 6) | 454 ( 5) | 198 ( 7) |
| | Other/Unidentified | 268 ( 2) | 146 ( 2) | 122 ( 4) |

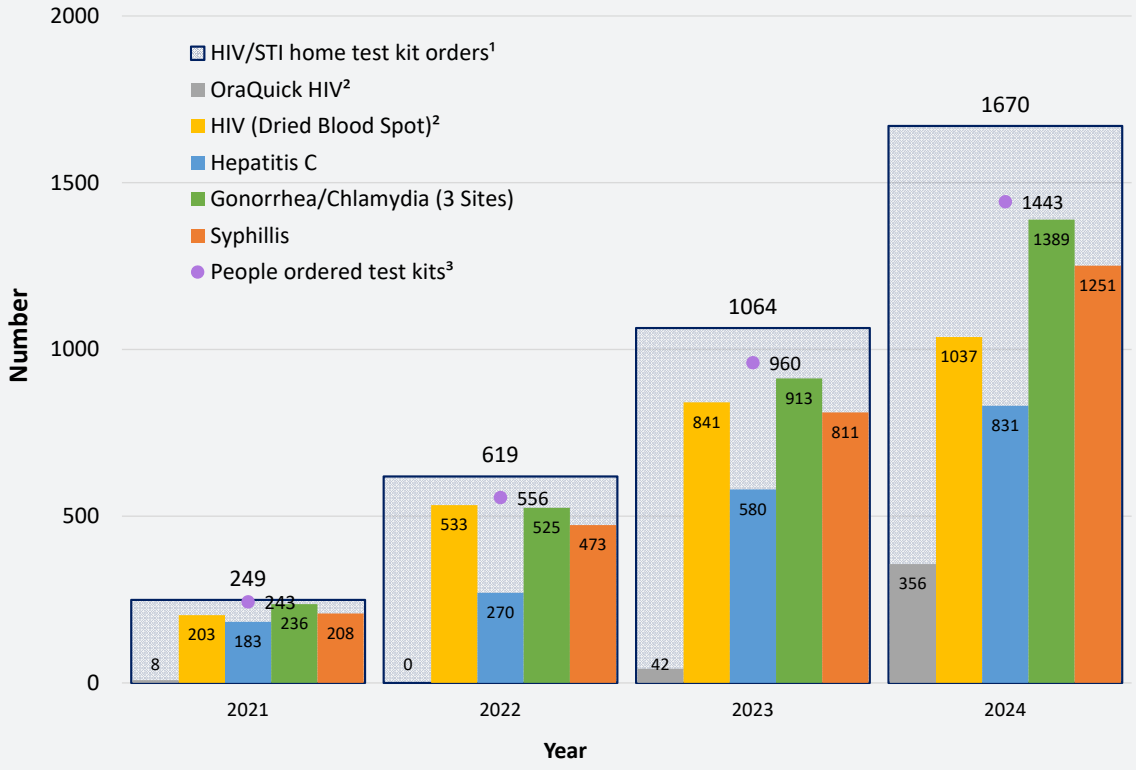
1 Includes people living with HIV at end of 2024 who received care in San Francisco in 2024 regardless of where they were initially diagnosed with HIV. Receipt of care in San Francisco is defined as having at least one CD4, viral load, or genotype test ordered by San Francisco HIV providers. See Technical Notes "Residence and Receipt of Care for PLWH."

2 Based on most recent available address.

3 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

4 Includes female presumed heterosexual.

**Figure 3.5 Number of home test kit orders and number of persons who ordered the kits by year, Take Me Home, 2021-2024, San Francisco**




1 Data were reported as of March 11, 2025 and included both self-testing test orders and self-collection test orders. Each order may have contained a different combination of test kits; the total number of test kits is greater than the number of orders. See Technical Notes "San Francisco HIV/STI Home Testing Program."

2 OraQuick tests were not available in 2022. Since November 2024, the only option offered for HIV testing was OraQuick; HIV Dried Blood spot testing was not available in November and December 2024.

3 People who placed multiple orders within a year were counted once and de-duplicated by name and date of birth.

## Table 3.12 Number of self-collection test kit orders and number of people who ordered the kits by select characteristics, Take Me Home, 2023-2024, San Francisco

| | | 2023 | | 2024 | |
|---|---|---|---|---|---|
| | | Orders/Test kits[1] | Returned Specimens[2] | Orders/Test kits[1] | Returned Specimens[2] |
| | | Number | Number (Row %) | Number | Number (Row %) |
| | Total Orders | 1022 | 515 (50) | 1491 | 840 (56) |
| Self-Collection Test | HIV (Dried Blood Spot) | 841 | 404 (48) | 1037 | 513 (49) |
| | Hepatitis C | 580 | 281 (48) | 831 | 409 (49) |
| | Chlamydia (3 Sites) | 913 | 482 (53) | 1389 | 802 (58) |
| | Gonorrhea (3 Sites) | 913 | 482 (53) | 1389 | 802 (58) |
| | Syphilis | 811 | 401 (49) | 1251 | 603 (48) |
| | | Unique Persons[3] | Returned Specimens[2] | Unique Persons[3] | Returned Specimens[2] |
| | | Number (% of Total) | Number (Row %) | Number (% of Total) | Number (Row %) |
| | Total | 921 | 426 (46) | 1272 | 662 (52) |
| Sex at Birth | Male | 591 (64) | 286 (48) | 799 (63) | 417 (52) |
| | Female | 330 (36) | 140 (42) | 473 (37) | 245 (52) |
| Gender[4] | Men | 384 (42) | 188 (49) | 516 (41) | 269 (52) |
| | Women | 223 (24) | 96 (43) | 294 (23) | 147 (50) |
| | Transgender | 13 ( 1) | 1 ( 8) | 5 (<1) | 4 (80) |
| | Other | 33 ( 4) | 14 (42) | 54 ( 4) | 25 (46) |
| | Unknown | 268 (29) | 127 (47) | 403 (32) | 217 (54) |
| Race/Ethnicity | White | 273 (30) | 143 (52) | 360 (28) | 196 (54) |
| | Black/African American | 60 ( 7) | 23 (38) | 62 ( 5) | 23 (37) |
| | Latine/x | 126 (14) | 49 (39) | 187 (15) | 86 (46) |
| | Asian/Pacific Islander | 133 (14) | 57 (43) | 197 (15) | 107 (54) |
| | Other/Unknown | 329 (36) | 154 (47) | 466 (37) | 250 (54) |
| Age in Years | 13-24 | 153 (17) | 73 (48) | 193 (15) | 97 (50) |
| | 25-29 | 245 (27) | 126 (51) | 373 (29) | 210 (56) |
| | 30-39 | 294 (32) | 132 (45) | 413 (32) | 198 (48) |
| | 40-49 | 138 (15) | 55 (40) | 175 (14) | 93 (53) |
| | 50-59 | 65 ( 7) | 27 (42) | 84 ( 7) | 46 (55) |
| | 60+ | 26 ( 3) | 13 (50) | 34 ( 3) | 18 (53) |
| Number of Sex Partners in Past 12 months | 0 | 15 ( 2) | 3 (20) | 30 ( 2) | 20 (67) |
| | 1 | 93 (10) | 42 (45) | 147 (12) | 75 (51) |
| | 2 | 113 (12) | 44 (39) | 137 (11) | 58 (42) |
| | ≥3 | 387 (42) | 192 (50) | 491 (39) | 262 (53) |
| | Missing | 313 (34) | 145 (46) | 467 (37) | 247 (53) |
| Region[5] | Ballpark/Mission Bay | 86 ( 9) | 42 (49) | 106 ( 8) | 52 (49) |
| | Bayview | 31 ( 3) | 11 (35) | 34 ( 3) | 13 (38) |
| | Castro | 51 ( 6) | 23 (45) | 55 ( 4) | 29 (53) |
| | Civic Center | 67 ( 7) | 26 (39) | 82 ( 6) | 42 (51) |
| | Downtown | 44 ( 5) | 21 (48) | 64 ( 5) | 33 (52) |
| | Lake Merced | 17 ( 2) | 6 (35) | 33 ( 3) | 16 (48) |
| | Mission | 81 ( 9) | 45 (56) | 115 ( 9) | 71 (62) |
| | Outer Mission/Ingleside | 43 ( 5) | 18 (42) | 51 ( 4) | 22 (43) |
| | Pacific Heights/Marina | 134 (15) | 61 (46) | 212 (17) | 110 (52) |
| | Panhandle/Haight Ashbury | 69 ( 7) | 39 (57) | 93 ( 7) | 56 (60) |
| | Richmond/Presidio | 77 ( 8) | 47 (61) | 108 ( 8) | 61 (56) |
| | South of Market | 102 (11) | 42 (41) | 122 (10) | 55 (45) |
| | Sunset | 61 ( 7) | 20 (33) | 103 ( 8) | 55 (53) |
| | Treasure Island | 3 (<1) | 0 ( 0) | 1 (<1) | 1 (100) |
| | Twin Peaks | 24 ( 3) | 14 (58) | 47 ( 4) | 25 (53) |
| | Visitacion Valley | 22 ( 2) | 8 (36) | 21 ( 2) | 7 (33) |
| | West Portal | 9 ( 1) | 3 (33) | 24 ( 2) | 14 (58) |
| Taking PrEP | No | 574 (62) | 258 (45) | 757 (60) | 395 (52) |
| | Yes | 72 ( 8) | 36 (50) | 91 ( 7) | 39 (43) |
| | Missing | 275 (30) | 132 (48) | 424 (33) | 228 (54) |

1 Data were reported as of March 11, 2025. Each order may have contained a different combination of self-collection test kits; the total number of test kits is greater than the number of orders. See Technical Notes "San Francisco HIV/STI Home Testing Program." HIV dried blood tests were discontinued since November 2024; HIV tests for 2024 only reflect HIV dried blood spot tests ordered from January to October 2024.

2 At least one specimen from the 3-site Chlamydia/Gonorrhea test kit was returned. People who returned more than one specimen were counted once.

3 People who ordered self-collection test kits within same year were de-duplicated by name and date of birth.

4 Other gender includes queer and non-binary.

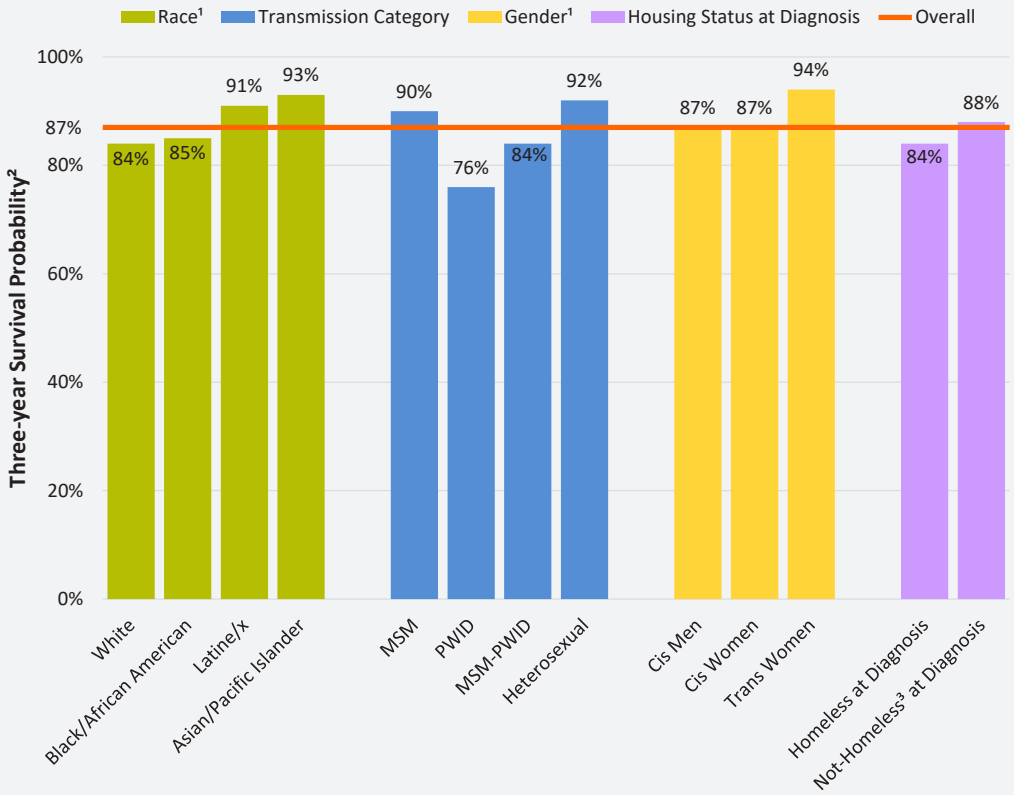
5 Region is grouped by zip codes where the test kits were mailed. It was assumed that the person lived in the zip code where the test kit was mailed.

# 4 Survival among People with HIV Disease Stage 3 (AIDS)

Survival time in people diagnosed with HIV stage 3 (AIDS) has dramatically improved in recent years compared to survival time in earlier periods[1] of the epidemic. The overall probability of living at least 36 months (three years) after HIV stage 3 for people diagnosed during 2012 through 2023 was 87% (Figure 4.1). Whites and Black/African Americans, PWID and MSM-PWID, and PEH with stage 3 had three-year survival probability below 87% in this time period.

1 HIV Epidemiology Section, San Francisco Department of Public Health. HIV Epidemiology Annual Report 2022. San Francisco: San Francisco Department of Public Health December; 2023: Available at: https://media.api.sf.gov/documents/AnnualReport2022_Orange_20240415Final_w_Covers_fix_upd_CD4Model_TN_20240722.pdf.

**Figure 4.1 Three-year survival probabilities for people diagnosed with HIV disease stage 3 (AIDS) by race/ethnicity, transmission category, gender, and housing status at diagnosis, 2012-2023, San Francisco**




1 Native American, multiracial, and trans men data are not released separately due to small numbers.
2 Calculated from Kaplan-Meier method.
3 Includes people whose street addresses in San Francisco at diagnosis were unknown.

# 5 Trends in HIV Mortality

## Drug overdose deaths among people with HIV have more than doubled from 2012-2015 to 2020-2023

As of December 31, 2023, the cumulative number of deaths from all causes among people diagnosed with HIV in San Francisco was 23,224 (Table 5.1). From 2019-2023, the total number of deaths among people aged 50-59 years decreased while deaths among those aged 70 years and older increased, likely due to the aging of the PLWH. From 2014 through 2023, case-fatality rates for non-HIV-related causes increased among stage 3 cases and among cases of all stages. Among PLWH in all stages of disease, the case-fatality rates for 2023 was 4.12 per 1,000 for HIV-related causes and 15.20 per 1,000 for non-HIV-related causes (Table 5.2).

The age-adjusted mortality rates among people diagnosed with HIV aged 18 and older differed by gender and racial/ethnic group. For 2014 to 2023, the highest age-adjusted rates were among Black/African American cis men. Trans women also had high unadjusted mortality rates from 2017 to 2023 (Figure 5.1).

HIV can cause or affect many other diseases. HIV-related causes of death presented in this report section were those listed on death certificates, including those which qualify as stage 3 HIV (AIDS)-defining illnesses according to 2014 revised surveillance case definition for HIV infection in the United States[1].

Underlying causes of death were assessed among decedents with HIV from 2012 to 2023 (Table 5.3). The National Death Index (NDI) began coding for COVID-19 deaths in 2020, therefore COVID-19 deaths were evaluated for 2020 to 2023 and accounted for the underlying cause for 2.2% of deaths in those years (see Technical Notes "Death Ascertainment"). Underlying causes of death related to HIV continued to decline while deaths due to accidents (including drug overdoses), heart disease, and chronic obstructive pulmonary disease (COPD) increased during this time period.

Deaths due to accidental causes in the recent time period (2020-2023) accounted for 23% of deaths, primarily due to drug overdoses which increased from 10.2% to 19.8% between the first and last time periods (Table 5.3). In 2020 to 2023, accidents accounted for the highest proportion of deaths in cis women (29.5%) and trans women (46.2%) (Table 5.4). The proportion of deaths due to drug overdose increased substantially among decedents in these transmission categories across three time periods (Table 5.6). Among 2020-2023 decedents, drug overdoses accounted for 30.8% of MSM-PWID deaths, 29.3% of PWID deaths, and 11.5% of MSM deaths.

By gender, HIV was the most frequent, yet declining, underlying cause of death for cis men from 2012 to 2023 (Table 5.4). The proportion of deaths attributed to HIV as the underlying cause declined from the first time period to the third time period for Latine/x, Black/African Americans and Whites (Table 5.5). Accidents accounted for the highest proportion of deaths in Latine/x and Black/African Americans during 2020-2023. (Table 5.5). The proportion of deaths where HIV was the underlying cause of death declined across three time periods for MSM, PWID, and MSM-PWID (Table 5.6).

When multiple causes of death are considered, which include both underlying and contributory causes, the proportion of deaths due to HIV declined from 62.2% in the period 2012-2015 to 52.9% in 2016-2019 and

1 Selik, RE, Mokotoff, ED, Branson B, Owen SM, Whitmore S, Hall HI. Revised Surveillance Case Definition for HIV Infection – United States, 2014. MMWR 2014;63(No. RR-3):1-10.

to 44.9% in 2020-2023 (Table 5.7). Heart disease was the second most common cause contributing to 38.8% of deaths in 2020-2023. Deaths due to accidents increased to 25.1% in 2020-2023, with those due to drug overdoses increasing to 20.9%. Similar to the rise in drug overdose deaths, deaths caused by mental disorders due to substance use contributed to 12.8% of deaths in 2020-2023. Seventeen percent of all deaths in 2020-2023 had a non-AIDS cancer as a contributory cause. For 2020 to 2023, COVID-19 was a contributory cause of death for 3.7% of decedents with HIV.

Among cis men and cis women deaths with a cause related to HIV were the most frequent among underlying or contributory causes of death in all time periods (Table 5.8). Heart disease was the second most frequent underlying or contributory cause of death in cis men and cis women across three time periods. Trans women had higher proportions of accident-related deaths compared to cis men and cis women in the third time period. In 2020-2023, drug overdoses increased for cis men (19.5%), cis women (26.3%), and trans women (46.2%).

When multiple causes of death were compared for Latine/x, Black/African American, and White decedents, the proportion of deaths HIV contributed to decreased across three time periods for all racial/ethnic groups; this decrease was more pronounced for Latine/x and Black/African American decedents compared to Whites (Table 5.9). When multiple causes of death were considered by transmission categories (MSM, PWID, and MSM-PWID), in the first two time periods, heart disease was observed as the second most frequent underlying or contributory cause of death, after HIV (Table 5.10). Drug overdose-related deaths increased substantially among PWID and MSM-PWID between the first and last time periods.

## Table 5.1 Deaths among people diagnosed with HIV by demographic and risk characteristics, 2019-2023, San Francisco

| | | Year of Death | | | | | Cumulative Totals as of 12/31/2023 |
|---|---|---|---|---|---|---|---|
| | | 2019 | 2020 | 2021 | 2022 | 2023 | |
| | | Number (%) | | | | | |
| Gender[1] | Cis Men | 239 (91) | 258 (90) | 240 (87) | 279 (88) | 275 (89) | 21,852 |
| | Cis Women | 19 ( 7) | 20 ( 7) | 25 ( 9) | 26 ( 8) | 24 ( 8) | 1,033 |
| | Trans Women | 5 ( 2) | 10 ( 3) | 12 ( 4) | 11 ( 3) | 9 ( 3) | 339 |
| Race/Ethnicity | White | 146 (56) | 179 (62) | 158 (57) | 181 (57) | 179 (58) | 16,594 |
| | Black/African American | 43 (16) | 45 (16) | 58 (21) | 66 (21) | 59 (19) | 3,094 |
| | Latine/x | 44 (17) | 38 (13) | 42 (15) | 49 (16) | 42 (14) | 2,528 |
| | Asian/Pacific Islander/ Native American | 14 ( 5) | 11 ( 4) | 8 ( 3) | 11 ( 3) | 8 ( 3) | 617 |
| | Multi-Race | 16 ( 6) | 15 ( 5) | 11 ( 4) | 9 ( 3) | 20 ( 6) | 391 |
| Transmission Category | MSM | 149 (57) | 155 (54) | 147 (53) | 182 (58) | 184 (60) | 16,450 |
| | PWID | 32 (12) | 30 (10) | 43 (16) | 46 (15) | 31 (10) | 2,022 |
| | MSM-PWID | 63 (24) | 79 (27) | 60 (22) | 67 (21) | 66 (21) | 3,753 |
| | Heterosexual | 10 ( 4) | 9 ( 3) | 12 ( 4) | 8 ( 3) | 13 ( 4) | 335 |
| | Other/Unidentified[2] | 9 ( 3) | 15 ( 5) | 15 ( 5) | 13 ( 4) | 14 ( 5) | 664 |
| Age at Death (years) | 0 - 29 | 3 ( 1) | 0 ( 0) | 5 ( 2) | 6 ( 2) | 3 ( 1) | 1,137 |
| | 30 - 39 | 13 ( 5) | 20 ( 7) | 13 ( 5) | 14 ( 4) | 19 ( 6) | 7,447 |
| | 40 - 49 | 28 (11) | 31 (11) | 32 (12) | 31 (10) | 32 (10) | 7,883 |
| | 50 - 59 | 81 (31) | 88 (31) | 72 (26) | 74 (23) | 69 (22) | 4,020 |
| | 60 - 69 | 82 (31) | 90 (31) | 92 (33) | 112 (35) | 98 (32) | 1,914 |
| | 70+ | 56 (21) | 59 (20) | 63 (23) | 79 (25) | 87 (28) | 823 |
| HIV Disease Stage | Stage 0, 1, 2, or unknown | 64 (24) | 54 (19) | 61 (22) | 59 (19) | 65 (21) | 959 |
| | Stage 3 (AIDS) | 199 (76) | 234 (81) | 216 (78) | 257 (81) | 243 (79) | 22,265 |
| Cause of Death[3] | HIV-related | 70 (27) | 72 (25) | 60 (22) | 79 (25) | 65 (25) | -- |
| | Non-HIV-related | 188 (71) | 208 (72) | 213 (77) | 227 (72) | 240 (72) | -- |
| | Unknown | 5 ( 2) | 8 ( 3) | 4 ( 1) | 10 ( 3) | 3 ( 3) | -- |
| **Total** | | **263 (100)** | **288 (100)** | **277 (100)** | **316 (100)** | **308 (100)** | **23,224** |

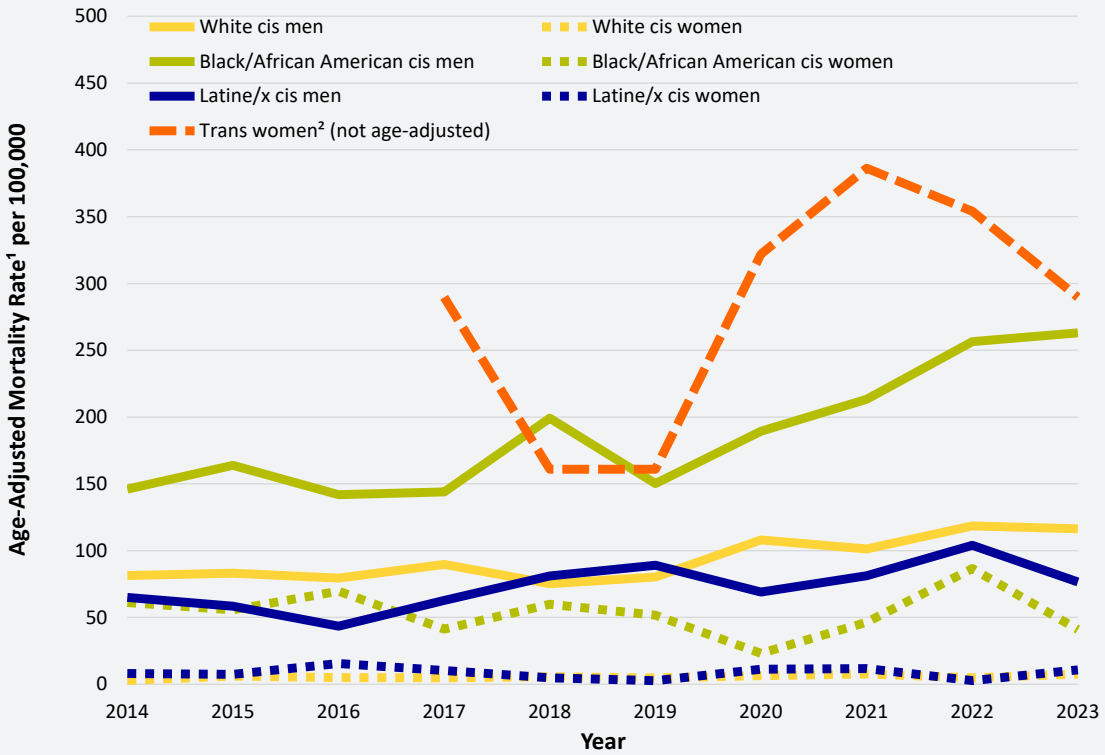
1 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
2 Includes TWSM, TWSM-PWID and people with no identified risk factor.
3 Underlying cause of death obtained from the NDI was available through 2023. See Technical Notes "Death Ascertainment."

## Table 5.2 Case-fatality rates per 1,000 due to HIV-related and non-HIV-related causes among people diagnosed with HIV, 2014-2023, San Francisco

| Year | People with HIV (all stages) | | | People with HIV Stage 3 (AIDS) | | |
|---|---|---|---|---|---|---|
| | HIV-related cause of death | Non-HIV-related cause of death | All-cause mortality | HIV-related cause of death | Non-HIV-related cause of death | All-cause mortality |
| | Case-fatality rate[1] per 1,000 PLWH | | | Case-fatality rate[1] per 1,000 people with HIV Stage 3 | | |
| 2014 | 6.38 | 8.09 | 14.47 | 9.71 | 10.75 | 20.46 |
| 2015 | 6.23 | 9.10 | 15.32 | 9.88 | 12.30 | 22.18 |
| 2016 | 4.64 | 9.40 | 14.04 | 7.55 | 12.86 | 20.41 |
| 2017 | 5.06 | 9.82 | 14.88 | 7.91 | 14.00 | 21.91 |
| 2018 | 4.46 | 10.51 | 14.97 | 7.44 | 15.53 | 22.98 |
| 2019 | 4.29 | 11.53 | 15.83 | 6.32 | 14.94 | 21.26 |
| 2020 | 4.45 | 12.85 | 17.29 | 7.17 | 17.97 | 25.14 |
| 2021 | 3.73 | 13.25 | 16.98 | 6.14 | 17.54 | 23.68 |
| 2022 | 4.95 | 14.28 | 19.22 | 7.48 | 20.98 | 28.46 |
| 2023 | 4.12 | 15.20 | 19.31 | 6.69 | 21.12 | 27.81 |

1 Case-fatality rates were calculated as the number of people diagnosed with HIV (all disease stages) or HIV stage 3 (AIDS) who died each year divided by the number of total people living with HIV or HIV stage 3 (AIDS), during that year. See Technical Notes for "Death Ascertainment."

## Figure 5.1 Age-adjusted mortality rates among people aged 18 and older with HIV per 100,000 by gender and race/ethnicity, 2014-2023, San Francisco




1 Age-adjusted mortality rates are calculated for people 18 years and older. For each race/ethnicity and gender, the number of people with HIV who died each year was divided by projected San Francisco population estimates across fourteen age groups (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+) to generate crude rates applied to the standard population, defined using the California population estimates from the Department of Finance. See Technical Notes for "HIV Case Rates and HIV Mortality Rates."

2 Mortality rates for trans women are not age-adjusted. Due to small numbers, trans women are not stratified by race/ethnicity and mortality rates for trans men are not calculated. San Francisco trans women population estimate from Raymond HF, Wilson EC, McFarland W. Transwoman Population Size. Am J Public Health. 2017 Sep;107(9):e12. doi: 10.2105/AJPH.2017.303964. PMID: 28787216; PMCID: PMC5551612.

## Table 5.3 Underlying causes of death among people diagnosed with HIV, 2012-2023, San Francisco

| | | Year of Death | | |
|---|---|---|---|---|
| | | 2012-2015 N=969 | 2016-2019 N=977 | 2020-2023 N=1,165 |
| | | Number (%) | | |
| Underlying Cause of Death[1] | HIV | 389 (40.1 ) | 302 (30.9 ) | 276 (23.7 ) |
| | Accidents | 115 (11.9 ) | 144 (14.7 ) | 268 (23.0 ) |
| | Drug overdose | 99 (10.2 ) | 127 (13.0 ) | 231 (19.8 ) |
| | Heart disease | 85 ( 8.8 ) | 127 (13.0 ) | 180 (15.5 ) |
| | Coronary heart disease | 43 ( 4.4 ) | 69 ( 7.1 ) | 117 (10.0 ) |
| | Cardiomyopathy | 6 ( 0.6 ) | 7 ( 0.7 ) | 11 ( 0.9 ) |
| | Non-AIDS cancer | 133 (13.7 ) | 169 (17.3 ) | 149 (12.8 ) |
| | Lung cancer | 37 ( 3.8 ) | 29 ( 3.0 ) | 18 ( 1.5 ) |
| | Anal/rectal cancer | 10 ( 1.0 ) | 23 ( 2.4 ) | 20 ( 1.7 ) |
| | Liver cancer | 18 ( 1.9 ) | 17 ( 1.7 ) | 14 ( 1.2 ) |
| | Chronic obstructive pulmonary disease | 22 ( 2.3 ) | 27 ( 2.8 ) | 40 ( 3.4 ) |
| | COVID-19[2] | 0 ( 0.0 ) | 0 ( 0.0 ) | 26 ( 2.2 ) |
| | Diabetes/metabolic disorder | 15 ( 1.5 ) | 12 ( 1.2 ) | 31 ( 2.7 ) |
| | Liver disease | 23 ( 2.4 ) | 20 ( 2.0 ) | 20 ( 1.7 ) |
| | Cerebrovascular disease | 11 ( 1.1 ) | 20 ( 2.0 ) | 16 ( 1.4 ) |
| | Suicide | 34 ( 3.5 ) | 37 ( 3.8 ) | 13 ( 1.1 ) |

1 See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.
2 The National Death Index began coding deaths due to COVID-19 in 2020.

## Table 5.4 Underlying causes of death among people diagnosed with HIV by gender, 2012-2023, San Francisco

| | | Year of Death | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012-2015 | | | 2016-2019 | | | 2020-2023 | | |
| | | Cis Men | Cis Women | Trans Women | Cis Men | Cis Women | Trans Women | Cis Men | Cis Women | Trans Women |
| | | Number (%) | | | | | | | | |
| | Total | 845 | 94 | 30 | 862 | 85 | 29 | 1030 | 95 | 39 |
| Underlying Cause of Death[1] | HIV | 341 (40.4) | 36 (38.3) | 12 (40.0) | 263 (30.5) | 28 (32.9) | 11 (37.9) | 242 (23.5) | 26 (27.4) | - - |
| | Accidents (including drug overdose) | 92 (10.9) | 17 (18.1) | - - | 111 (12.9) | 23 (27.1) | - - | 222 (21.6) | 28 (29.5) | 18 (46.2) |
| | Heart disease | 78 ( 9.2) | - - | - - | 120 (13.9) | - - | - - | 173 (16.8) | - - | - - |
| | Non-AIDS cancer | 118 (14.0) | 13 (13.8) | - - | 157 (18.2) | 11 (12.9) | - - | 138 (13.4) | 10 (10.5) | - - |
| | Chronic obstructive pulmonary disease | 18 ( 2.1) | - - | - - | 23 ( 2.7) | - - | 0 ( 0.0) | 32 ( 3.1) | - - | - - |
| | Diabetes | 11 ( 1.3) | - - | 0 ( 0.0) | - - | - - | 0 ( 0.0) | 22 ( 2.1) | - - | - - |
| | Liver disease | 19 ( 2.2) | - - | 0 ( 0.0) | 18 ( 2.1) | 0 ( 0.0) | - - | 17 ( 1.7) | - - | - - |
| | Cerebrovascular disease | - - | - - | 0 ( 0.0) | 20 ( 2.3) | 0 ( 0.0) | 0 ( 0.0) | 15 ( 1.5) | - - | 0 ( 0.0) |
| | Suicide | 33 ( 3.9) | 0 ( 0.0) | - - | 37 ( 4.3) | 0 ( 0.0) | 0 ( 0.0) | 13 ( 1.3) | 0 ( 0.0) | 0 ( 0.0) |

1 See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.
-- Data were not displayed due to small number of deaths and population size.

## Table 5.5 Underlying causes of death among people diagnosed with HIV by race/ethnicity, 2012-2023, San Francisco

| | | Year of Death | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012-2015 | | | 2016-2019 | | | 2020-2023 | | |
| | | Latine/x | Black/African American | White | Latine/x | Black/African American | White | Latine/x | Black/African American | White |
| | | Number (%) | | | | | | | | |
| | Total | 132 | 191 | 565 | 137 | 189 | 574 | 166 | 223 | 685 |
| Underlying Cause of Death[1] | HIV | 67 (50.8) | 69 (36.1) | 222 (39.3) | 44 (32.1) | 63 (33.3) | 168 (29.3) | 38 (22.9) | 44 (19.7) | 170 (24.8) |
| | Accidents (including drug overdose) | 13 ( 9.8) | 29 (15.2) | 61 (10.8) | 17 (12.4) | 31 (16.4) | 83 (14.5) | 50 (30.1) | 55 (24.7) | 137 (20.0) |
| | Heart disease | - - | 12 ( 6.3) | 58 (10.3) | 13 ( 9.5) | 23 (12.2) | 82 (14.3) | 17 (10.2) | 41 (18.4) | 112 (16.4) |
| | Non-AIDS cancer | 13 ( 9.8) | 28 (14.7) | 85 (15.0) | 23 (16.8) | 36 (19.0) | 96 (16.7) | 19 (11.4) | 27 (12.1) | 93 (13.6) |

1 See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table. Asian, Pacific Islander, Native American, and multiracial decedents were not displayed due to small numbers.

-- Data were not displayed due to small number of deaths and population size.

## Table 5.6 Underlying causes of death among people diagnosed with HIV by transmission category, 2012-2023, San Francisco

| | | Year of Death | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012-2015 | | | 2016-2019 | | | 2020-2023 | | |
| | | MSM | PWID | MSM-PWID | MSM | PWID | MSM-PWID | MSM | PWID | MSM-PWID |
| | | Number (%) | | | | | | | | |
| | Total | 538 | 169 | 197 | 525 | 134 | 242 | 652 | 150 | 266 |
| Underlying Cause of Death[1] | HIV | 225 (41.8) | 62 (36.7) | 70 (35.5) | 164 (31.2) | 40 (29.9) | 66 (27.3) | 154 (23.6) | 39 (26.0) | 61 (22.9) |
| | Heart disease | 53 ( 9.9) | 12 ( 7.1) | 16 ( 8.1) | 73 (13.9) | 13 ( 9.7) | 33 (13.6) | 124 (19.0) | 14 ( 9.3) | 31 (11.7) |
| | Non-AIDS cancer | 91 (16.9) | 20 (11.8) | 17 ( 8.6) | 109 (20.8) | 17 (12.7) | 35 (14.5) | 104 (16.0) | 14 ( 9.3) | 25 ( 9.4) |
| | Accidents | 38 ( 7.1) | 26 (15.4) | 43 (21.8) | 40 ( 7.6) | 38 (28.4) | 51 (21.1) | 96 (14.7) | 50 (33.3) | 91 (34.2) |
| | Drug overdose | 28 ( 5.2) | 24 (14.2) | 41 (20.8) | 33 ( 6.3) | 36 (26.9) | 45 (18.6) | 75 (11.5) | 44 (29.3) | 82 (30.8) |

1 See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.

## Table 5.7 Multiple causes of death among people diagnosed with HIV, 2012-2023, San Francisco

| | | Year of Death | | |
|---|---|---|---|---|
| | | 2012-2015 N=969 | 2016-2019 N=977 | 2020-2023 N=1,165 |
| | | Number (%) | | |
| Multiple Causes of Death[1] | HIV | 603 (62.2) | 517 (52.9) | 523 (44.9) |
| | Heart disease | 281 (29.0) | 320 (32.8) | 452 (38.8) |
| | Coronary heart disease | 87 ( 9.0) | 118 (12.1) | 184 (15.8) |
| | Cardiomyopathy | 28 ( 2.9) | 28 ( 2.9) | 34 ( 2.9) |
| | Accidents | 120 (12.4) | 161 (16.5) | 292 (25.1) |
| | Drug overdose | 99 (10.2) | 135 (13.8) | 244 (20.9) |
| | Non-AIDS cancer | 170 (17.5) | 228 (23.3) | 201 (17.3) |
| | Lung cancer | 41 ( 4.2) | 38 ( 3.9) | 25 ( 2.1) |
| | Anal/rectal cancer | 14 ( 1.4) | 29 ( 3.0) | 31 ( 2.7) |
| | Liver cancer | 19 ( 2.0) | 20 ( 2.0) | 19 ( 1.6) |
| | Mental, behavioral, neurodevelopmental disorder | 124 (12.8) | 130 (13.3) | 189 (16.2) |
| | Mental disorders due to substance use | 93 ( 9.6) | 114 (11.7) | 149 (12.8) |
| | Diabetes/metabolic disorder | 76 ( 7.8) | 106 (10.8) | 142 (12.2) |
| | Diabetes | 50 ( 5.2) | 55 ( 5.6) | 83 ( 7.1) |
| | Renal disease | 101 (10.4) | 126 (12.9) | 139 (11.9) |
| | Chronic obstructive pulmonary disease | 73 ( 7.5) | 82 ( 8.4) | 104 ( 8.9) |
| | Septicemia | 94 ( 9.7) | 96 ( 9.8) | 80 ( 6.9) |
| | Liver disease | 110 (11.4) | 94 ( 9.6) | 71 ( 6.1) |
| | Liver cirrhosis | 73 ( 7.5) | 51 ( 5.2) | 45 ( 3.9) |
| | Viral hepatitis | 128 (13.2) | 73 ( 7.5) | 69 ( 5.9) |
| | Cerebrovascular disease | 44 ( 4.5) | 49 ( 5.0) | 54 ( 4.6) |
| | COVID-19[2] | 0 ( 0.0) | 0 ( 0.0) | 43 ( 3.7) |
| | Suicide | 34 ( 3.5) | 37 ( 3.8) | 13 ( 1.1) |

1 Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.

2 The National Death Index began coding deaths due to COVID-19 in 2020.

## Table 5.8 Multiple causes of death among people diagnosed with HIV by gender, 2012-2023, San Francisco

| | | Year of Death | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012-2015 | | | 2016-2019 | | | 2020-2023 | | |
| | | Cis Men | Cis Women | Trans Women | Cis Men | Cis Women | Trans Women | Cis Men | Cis Women | Trans Women |
| | | Number (%) | | | | | | | | |
| | Total | 845 | 94 | 30 | 862 | 85 | 29 | 1030 | 95 | 39 |
| Multiple Causes of Death[1] | HIV | 525 (62.1) | 60 (63.8) | 18 (60.0) | 450 (52.2) | 50 (58.8) | 17 (58.6) | 459 (44.6) | 45 (47.4) | 18 (46.2) |
| | Heart disease | 245 (29.0) | 25 (26.6) | 11 (36.7) | 289 (33.5) | 22 (25.9) | - - | 405 (39.3) | 33 (34.7) | 13 (33.3) |
| | Accidents | 97 (11.5) | 17 (18.1) | - - | 12 (14.7) | 24 (28.2) | - - | 244 (23.7) | 29 (30.5) | 19 (48.7) |
| | Drug overdose | 78 ( 9.2) | 17 (18.1) | - - | 103 (11.9) | 23 (27.1) | - - | 201 (19.5) | 25 (26.3) | 18 (46.2) |
| | Non-AIDS cancer | 149 (17.6) | 17 (18.1) | - - | 211 (24.5) | 16 (18.8) | - - | 181 (17.6) | 15 (15.8) | - - |
| | Mental disorders due to substance | 84 ( 9.9) | - - | - - | 97 (11.3) | 13 (15.3) | - - | 126 (12.2) | 17 (17.9) | - - |
| | Renal disease | 82 ( 9.7) | 16 (17.0) | - - | 108 (12.5) | 12 (14.1) | - - | 113 (11.0) | 19 (20.0) | - - |
| | Chronic obstructive pulmonary disease | 57 ( 6.7) | 14 (14.9) | - - | 70 ( 8.1) | 11 (12.9) | - - | 82 ( 8.0) | 18 (18.9) | - - |

1 Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.

-- Data were not displayed due to small number of deaths and population size.

## Table 5.9 Multiple causes of death among people diagnosed with HIV by race/ethnicity, 2012-2023, San Francisco

| | | Year of Death | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012-2015 | | | 2016-2019 | | | 2020-2023 | | |
| | | Latine/x | Black/African American | White | Latine/x | Black/African American | White | Latine/x | Black/African American | White |
| | | Number (%) | | | | | | | | |
| | Total | 132 | 191 | 565 | 137 | 189 | 574 | 166 | 223 | 685 |
| Multiple Causes of Death[1] | HIV | 94 (71.2) | 119 (62.3) | 343 (60.7) | 71 (51.8) | 108 (57.1) | 299 (52.1) | 70 (42.2) | 92 (41.3) | 320 (46.7) |
| | Heart disease | 34 (25.8) | 57 (29.8) | 166 (29.4) | 36 (26.3) | 72 (38.1) | 189 (32.9) | 49 (29.5) | 97 (43.5) | 276 (40.3) |
| | Accidents | 15 (11.4) | 31 (16.2) | 62 (11.0) | 22 (16.1) | 32 (16.9) | 94 (16.4) | 52 (31.3) | 58 (26.0) | 153 (22.3) |
| | Drug overdose | 10 ( 7.6) | 27 (14.1) | 50 ( 8.8) | 16 (11.7) | 31 (16.4) | 77 (13.4) | 43 (25.9) | 53 (23.8) | 123 (18.0) |
| | Non-AIDS cancer | 15 (11.4) | 38 (19.9) | 104 (18.4) | 31 (22.6) | 46 (24.3) | 135 (23.5) | 25 (15.1) | 36 (16.1) | 127 (18.5) |

1 Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.

## Table 5.10 Multiple causes of death among people diagnosed with HIV by transmission category, 2012-2023, San Francisco

| | | Year of Death | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012-2015 | | | 2016-2019 | | | 2020-2023 | | |
| | | MSM | PWID | MSM-PWID | MSM | PWID | MSM-PWID | MSM | PWID | MSM-PWID |
| | | Number (%) | | | | | | | | |
| | Total | 538 | 169 | 197 | 525 | 134 | 242 | 652 | 150 | 266 |
| Multiple Causes of Death[1] | HIV | 345 (64.1) | 106 (62.7) | 108 (54.8) | 284 (54.1) | 70 (52.2) | 110 (45.5) | 298 (45.7) | 71 (47.3) | 110 (41.4) |
| | Heart disease | 164 (30.5) | 42 (24.9) | 50 (25.4) | 165 (31.4) | 40 (29.9) | 86 (35.5) | 277 (42.5) | 46 (30.7) | 91 (34.2) |
| | Non-AIDS cancer | 109 (20.3) | 27 (16.0) | 23 (11.7) | 146 (27.8) | 26 (19.4) | 47 (19.4) | 137 (21.0) | 21 (14.0) | 31 (11.7) |
| | Accidents | 39 ( 7.2) | 27 (16.0) | 45 (22.8) | 51 ( 9.7) | 39 (29.1) | 56 (23.1) | 108 (16.6) | 52 (34.7) | 98 (36.8) |
| | Drug overdose | 28 ( 5.2) | 24 (14.2) | 41 (20.8) | 35 ( 6.7) | 37 (27.6) | 50 (20.7) | 82 (12.6) | 45 (30.0) | 86 (32.3) |
| | Mental disorders due to substance use | 51 ( 9.5) | 14 ( 8.3) | 27 (13.7) | 50 ( 9.5) | 22 (16.4) | 33 (13.6) | 69 (10.6) | 23 (15.3) | 41 (15.4) |
| | Renal disease | 50 ( 9.3) | 26 (15.4) | 14 ( 7.1) | 72 (13.7) | 19 (14.2) | 19 ( 7.9) | 65 (10.0) | 26 (17.3) | 35 (13.2) |
| | Diabetes | 33 ( 6.1) | -- | -- | 32 ( 6.1) | 11 ( 8.2) | -- | 59 ( 9.0) | -- | 10 ( 3.8) |
| | Chronic obstructive pulmonary disease | 31 ( 5.8) | 22 (13.0) | 14 ( 7.1) | 37 ( 7.0) | 20 (14.9) | 20 ( 8.3) | 44 ( 6.7) | 30 (20.0) | 21 ( 7.9) |
| | Septicemia | 46 ( 8.6) | 22 (13.0) | 16 ( 8.1) | 51 ( 9.7) | 14 (10.4) | 24 ( 9.9) | 43 ( 6.6) | 15 (10.0) | 16 ( 6.0) |
| | Cerebrovascular disease | 27 ( 5.0) | 10 ( 5.9) | -- | 26 ( 5.0) | -- | 12 ( 5.0) | 39 ( 6.0) | -- | 10 ( 3.8) |
| | Liver disease | 46 ( 8.6) | 27 (16.0) | 32 (16.2) | 43 ( 8.2) | 14 (10.4) | 29 (12.0) | 39 ( 6.0) | -- | 21 ( 7.9) |
| | Viral hepatitis | 35 ( 6.5) | 46 (27.2) | 41 (20.8) | 20 ( 3.8) | 15 (11.2) | 29 (12.0) | 31 ( 4.8) | 14 ( 9.3) | 21 ( 7.9) |

1 Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.

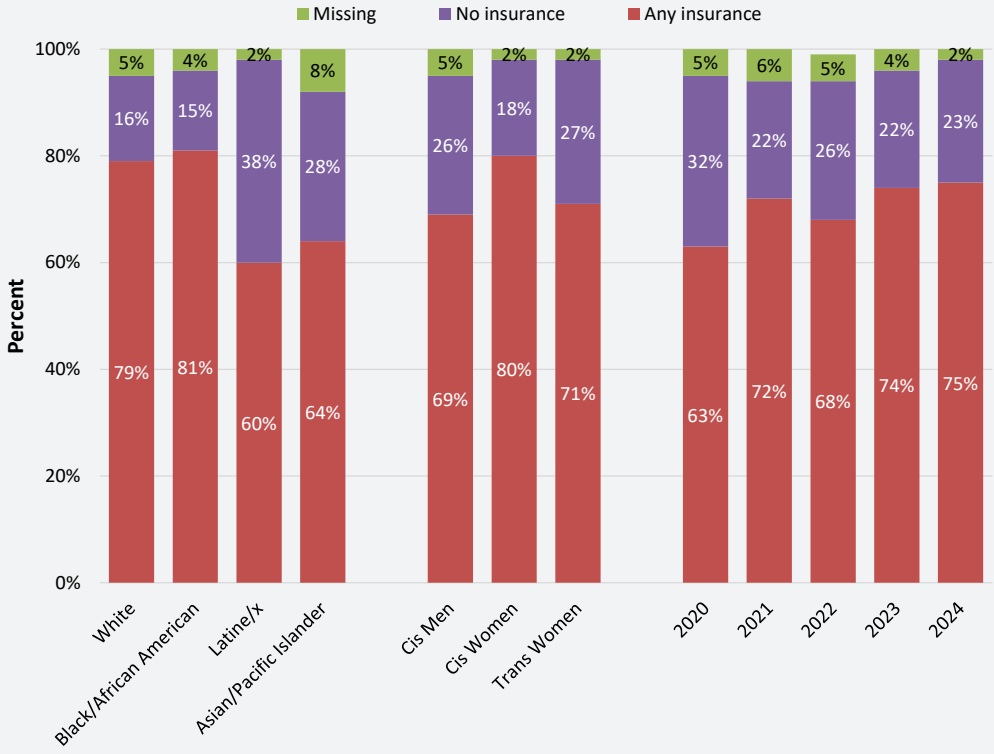
-- Data were not displayed due to small number of deaths and population size.

# 6 Health Insurance Status at Time of HIV Diagnosis

Health insurance status at time of HIV diagnosis was assessed by racial/ethnic group, gender, and year of diagnosis for the years 2020-2024 (Figure 6.1). By racial/ethnic group, 79% of Whites, 81% of Black/African Americans, 60% of Latine/x people, and 64% of APIs had health insurance at time of diagnosis. Latine/x people had the highest proportion uninsured at HIV diagnosis (38%). By gender, cis men and trans women had similarly high proportions with no insurance at diagnosis (26% and 27%, respectively). Overall, from 2020-2024, the proportion of people each year with health insurance at time of HIV diagnosis ranged from 63% to 75%. The highest proportion of people without insurance was in 2020 (32%) when health insurance status and retention of health coverage may have been impacted by the shelter-in-place period and other factors related to the first year of the COVID-19 pandemic.

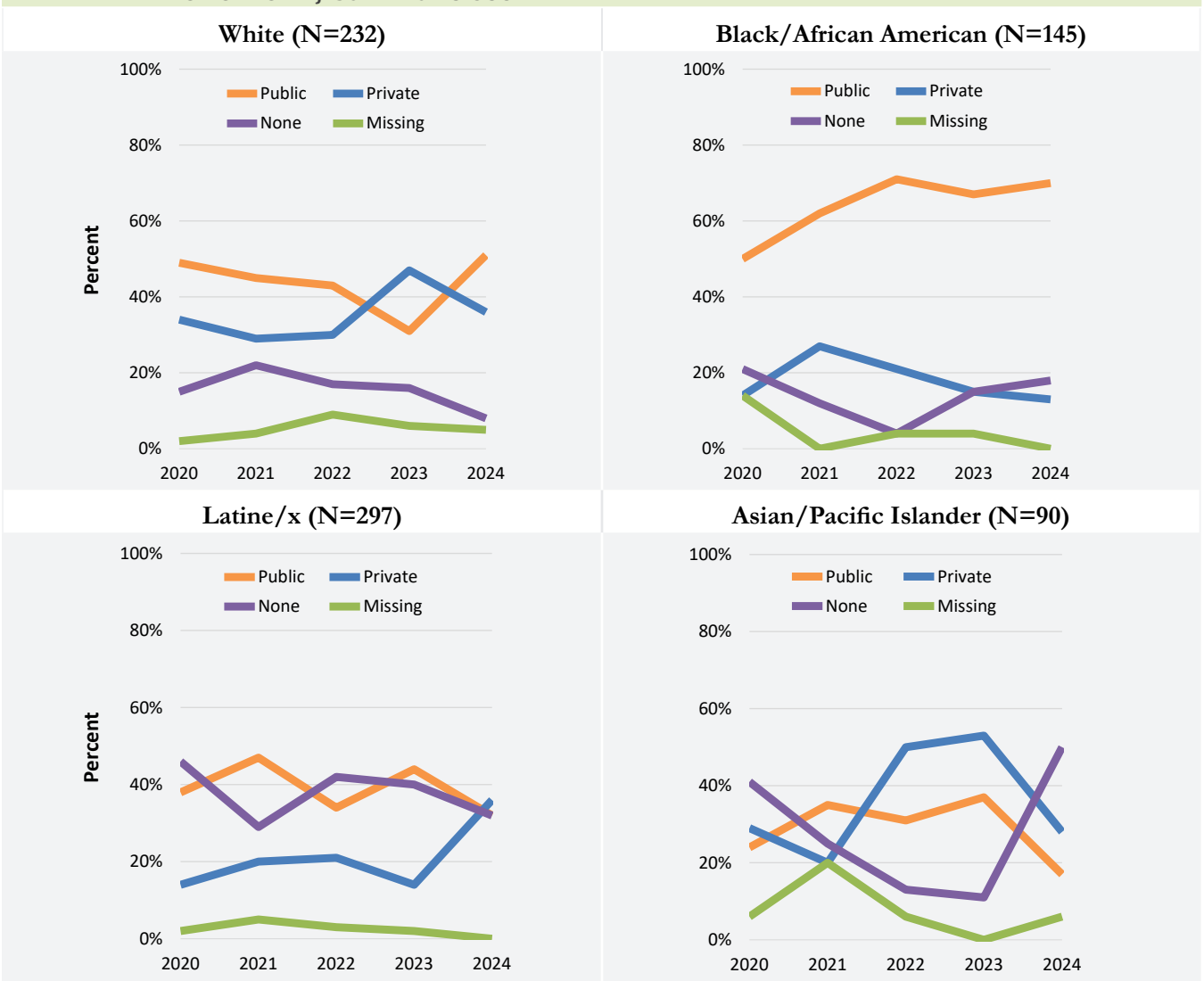
For Black/African Americans and during 2020-2024, public insurance was the most common source of coverage at time of diagnosis (Figure 6.2). When years 2020-2024 were aggregated, Latine/x people had the highest proportion of uninsured and Black/African Americans had the lowest proportion with private insurance (Figure 6.3). MediCal, California's Medicaid program (state-sponsored insurance for people meeting financial criteria), was the most common public insurance source at diagnosis and covered 59% of Black/African Americans, 37% of Whites and 33% of Latine/x people. By gender, 64% of cis women and 55% of trans women were covered by MediCal at diagnosis, compared to 33% of cis men (Figure 6.4). Cis men were more likely to be privately insured (30%). Trans women had the highest proportion with no insurance at diagnosis (28%).

**Figure 6.1 Health insurance status at time of HIV diagnosis by race/ethnicity, gender[1] and year of diagnosis, 2020-2024, San Francisco**

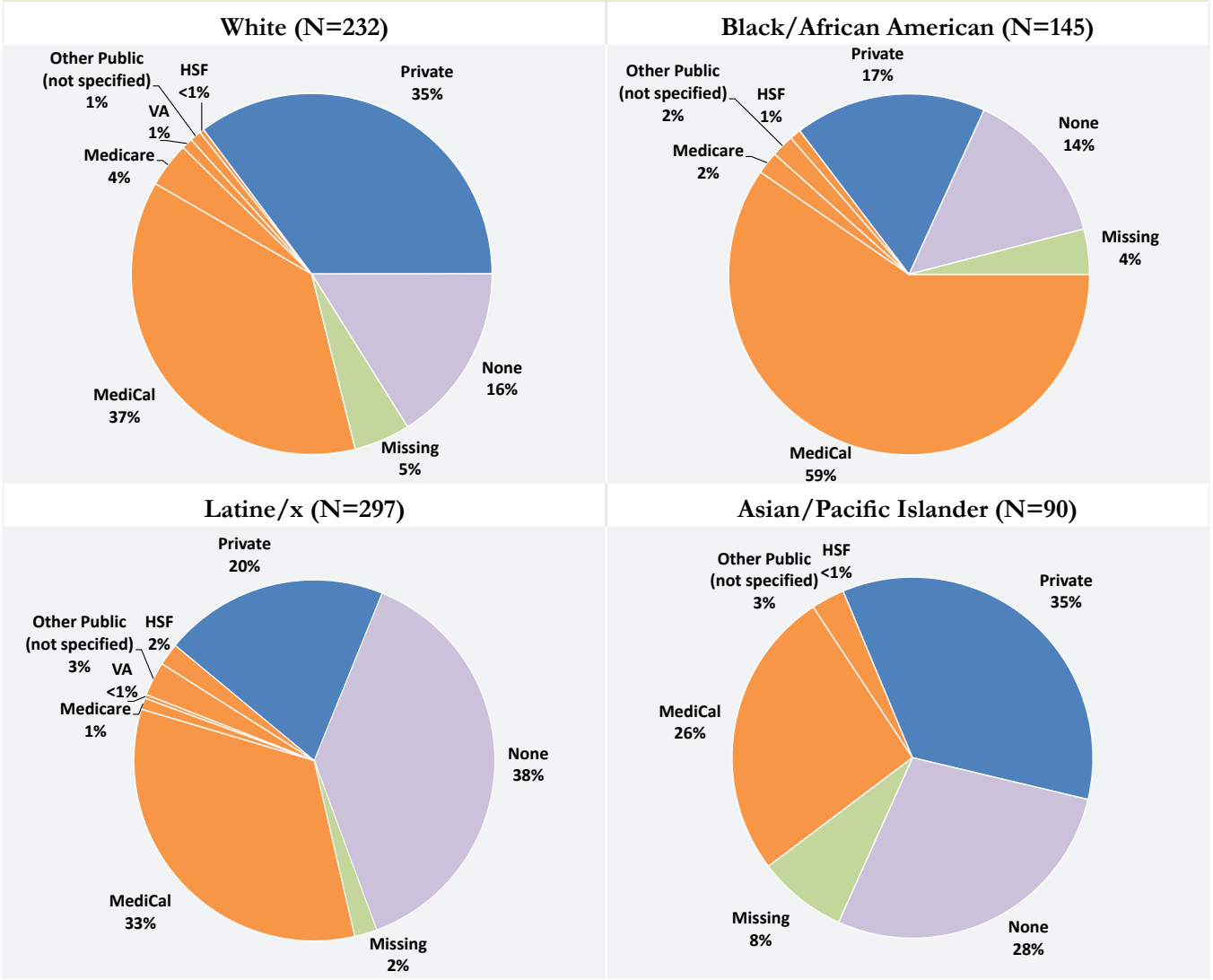



1 Data on trans men are not presented due to small numbers and small population size. See Technical Notes "Gender Status."

**Figure 6.2 Trends in health insurance status at time of HIV diagnosis by race/ethnicity, 2020-2024, San Francisco**

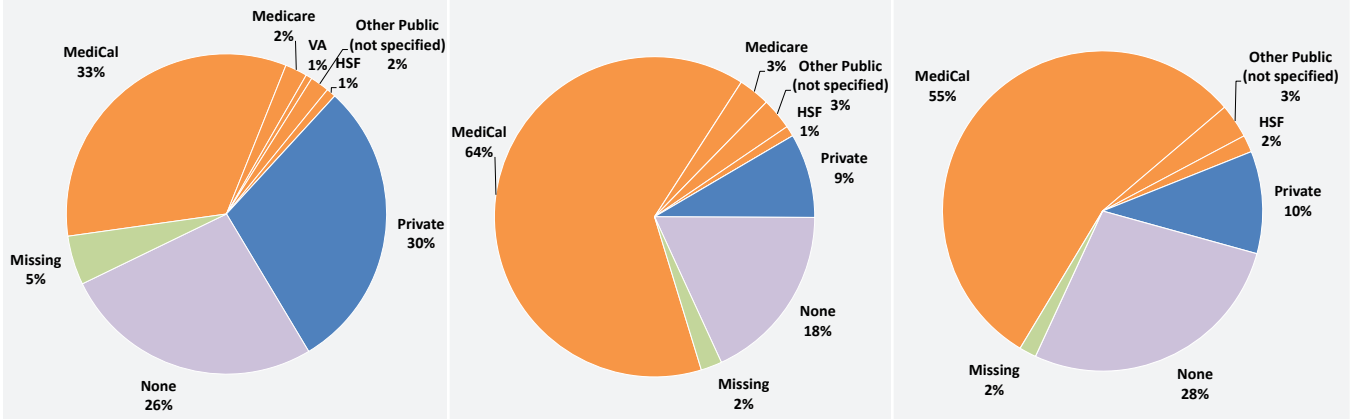


## Figure 6.3 Health insurance status at time of HIV diagnosis by race/ethnicity, 2020-2024, San Francisco




Public Private None Missing, HSF: Healthy San Francisco.

## Figure 6.4 Health insurance status at time of HIV diagnosis by gender[1], 2020-2024, San Francisco




1 Data on trans men are not presented due to small numbers. See Technical Notes "Gender Status."

Public Private None Missing, HSF: Healthy San Francisco.

# 7 HIV among Men who Have Sex with Men

Overall and from 2015 through 2024, the number of MSM newly diagnosed with HIV in all racial/ethnic groups declined (Figure 7.1). Annual diagnoses among White MSM were highest from 2015 to 2017, while Latine/x MSM exceeded all other racial/ethnic groups from 2018 to 2022 and declined in 2023. In the most recent year, 2024, newly diagnosed MSM were comprised of 34% Latine/x, 25% Whites, 22% Blacks/African Americans, and 17% APIs.

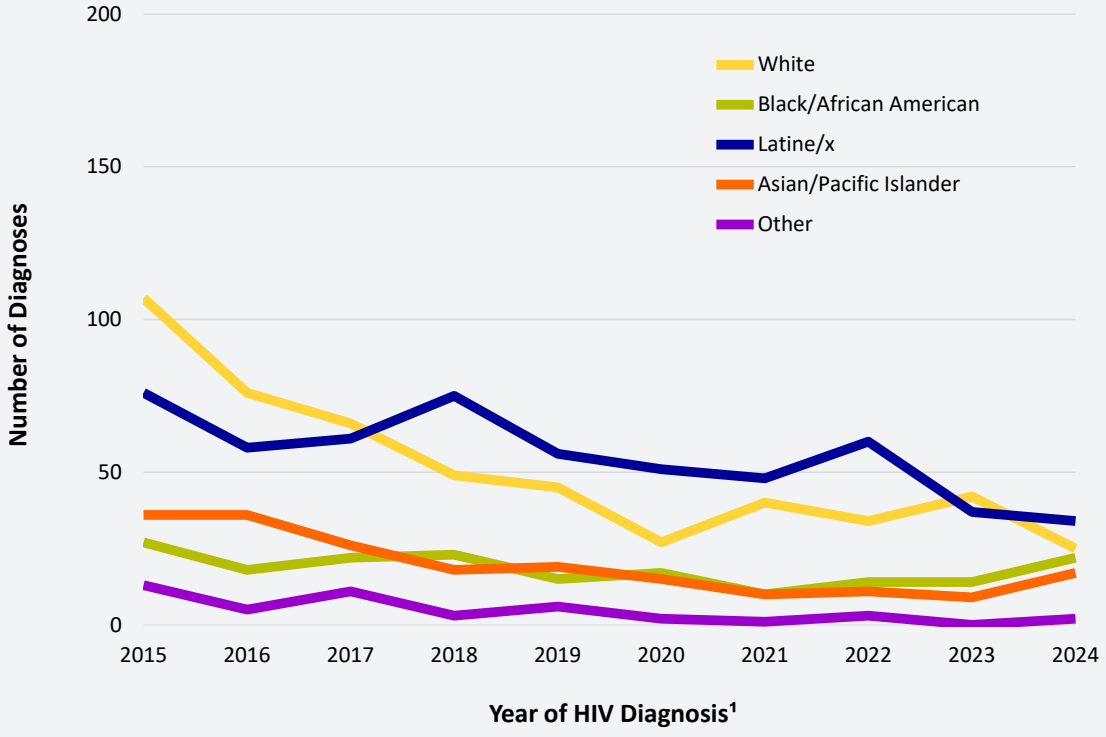
During 2015 through 2024, the number of reported rectal gonorrhea diagnoses among MSM without HIV peaked at 1,171 in 2022 and declined to 1,012 in 2024 (Figure 7.2). The number of diagnoses among MSM with HIV also decreased slightly in recent years from 421 in 2021 to 323 in 2024. By comparison, the number of male gonococcal proctitis diagnoses was notably lower, likely due to differences in how the data were reported, and has been relatively stable.

The number of early syphilis diagnoses, including primary, secondary, and early latent, increased from 2015 to 2017 and declined in recent years, irrespective of HIV serostatus (Figure 7.3).

Data from the MSM Intercept Survey (see Technical Notes "MSM Intercept Survey") showed that alcohol use was the most common drug used by MSM for each year of the survey (Figure 7.4). Fewer than 20% of MSM reported use of injection drugs, heroin/opiates, or crack cocaine during in 2015-2019 and 2021-June 2024. From 2021 to June 2024, poppers and crystal methamphetamine use increased and from 2019 to June 2024 there was a substantial increase in Viagra use. Data in 2020 is incomplete and not shown in the figure due to the San Francisco shelter-in-place order. Since 2021, the data collection method changed from in-person at events and outside bars to data collection through social media and dating apps. The data in 2024 were only up to June due to the end of the funding period.

From 2017 to 2019, 67%-74% of MSM in the survey reported receiving STI testing in the past six months (Figure 7.5). During 2021-June 2024, the proportion of MSM who reported receiving STI testing in the past six months was lowest in 2021, which could be due to the lingering impact of the pandemic and the change in data collection methods. In the first half of 2024, 49%-63% of MSM reported receiving STI testing.

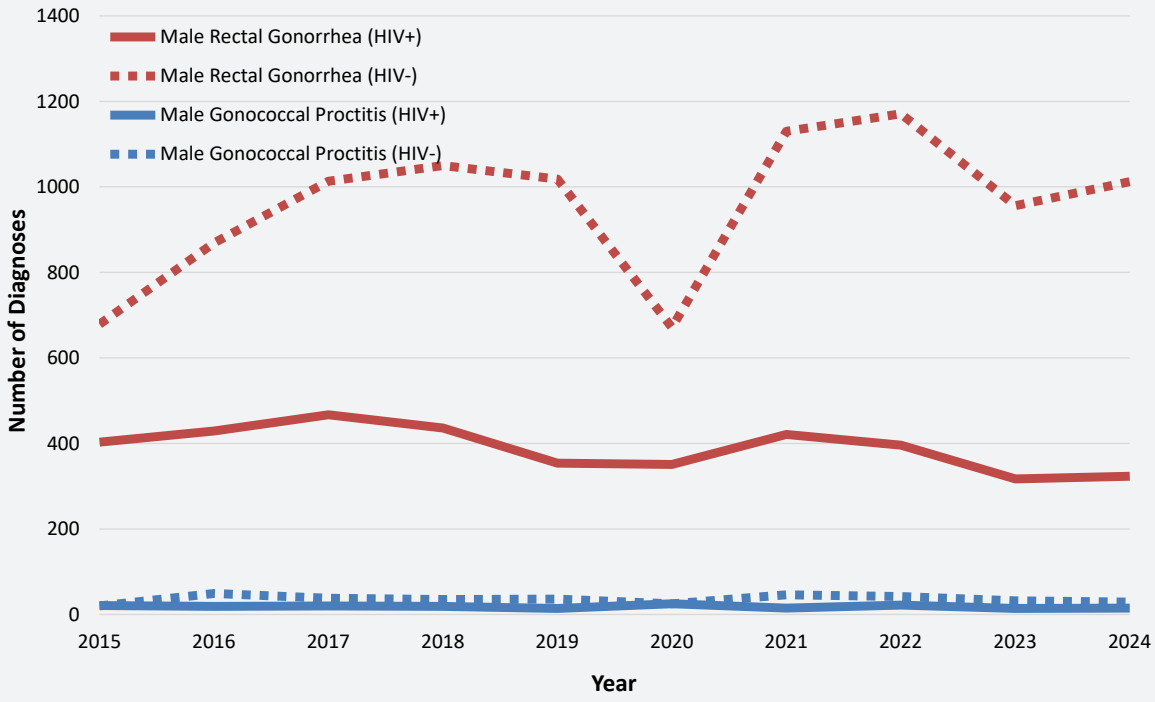
## Figure 7.1 Number of MSM diagnosed with HIV by race/ethnicity, 2015-2024, San Francisco




1 Includes MSM and MSM-PWID with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

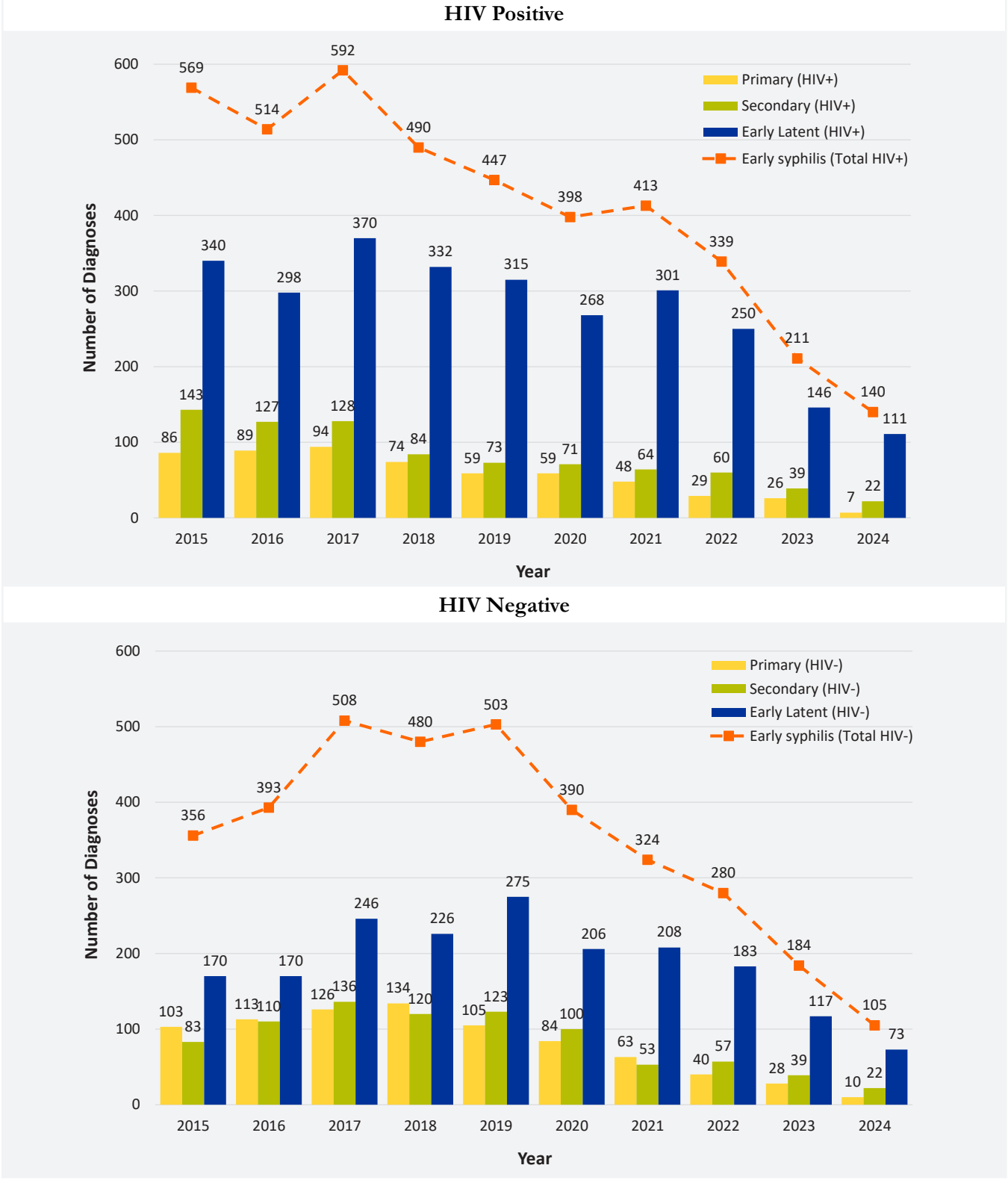
## Sexually transmitted infections among MSM

## Figure 7.2 Male rectal gonorrhea and male gonococcal proctitis among MSM by HIV serostatus[1], 2015-2024, San Francisco



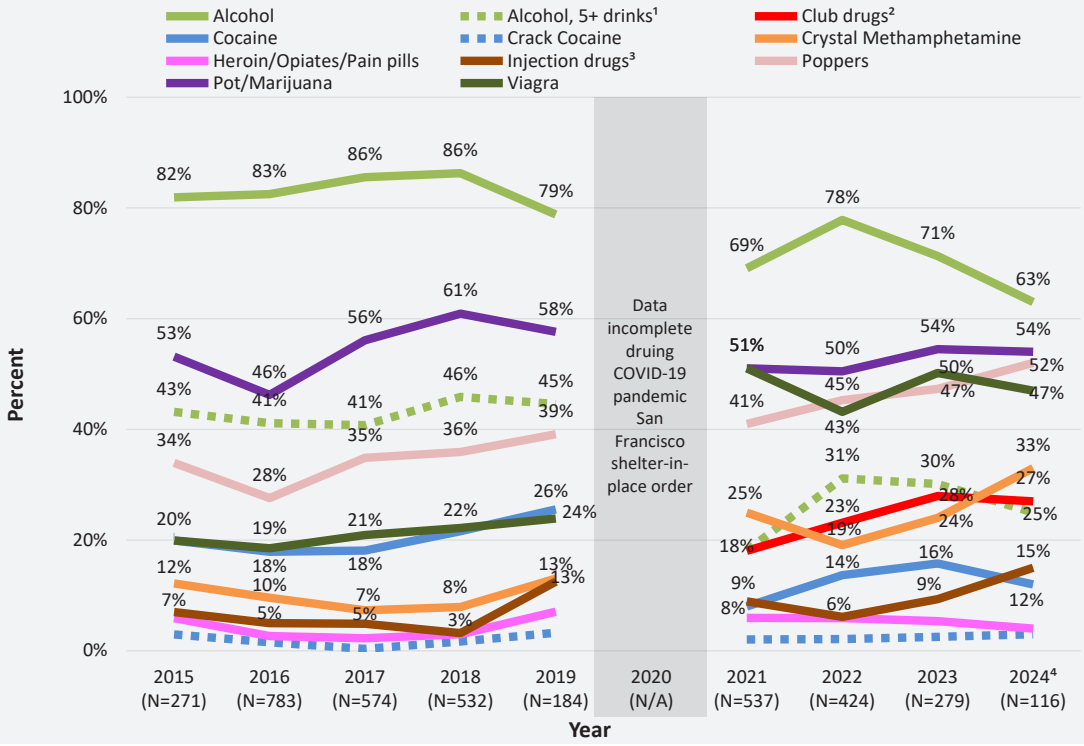

1 Data on male rectal gonorrhea and gonococcal proctitis originated from San Francisco Department of Public Health STI case registry.

## Figure 7.3 Early syphilis among MSM by HIV serostatus[1], 2015-2024, San Francisco



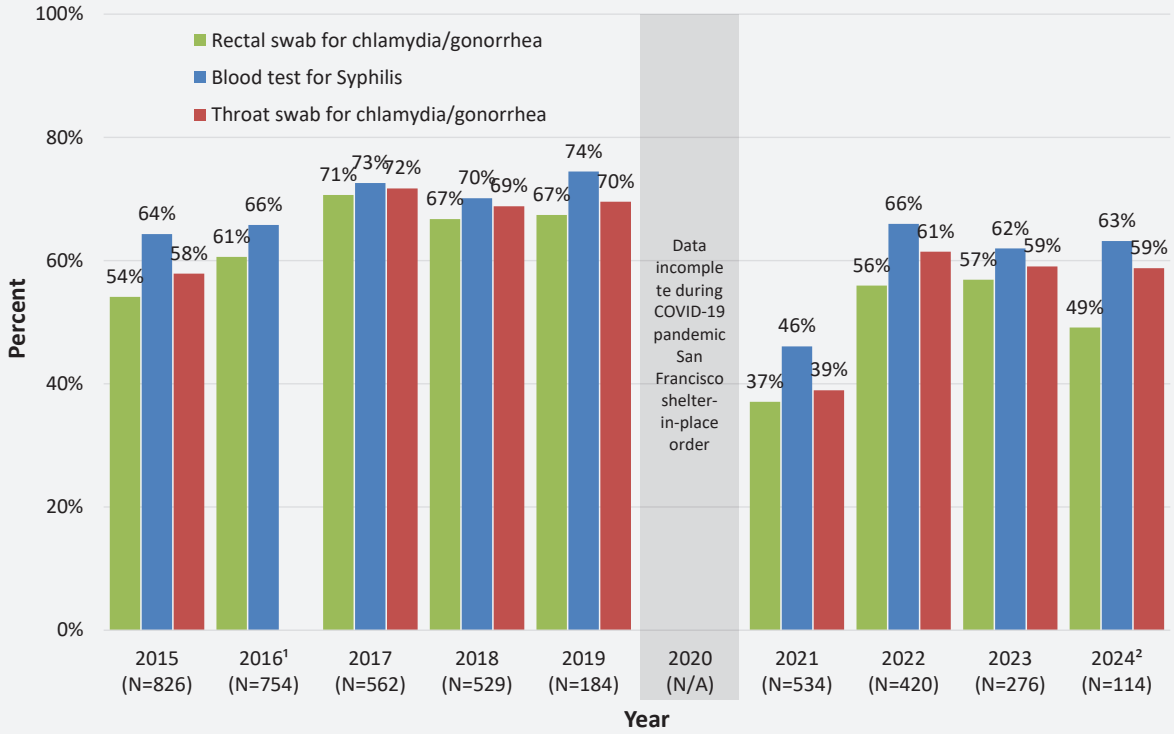

1 Data on early syphilis originated from San Francisco Department of Public Health STI case registry.

## Figure 7.4 Substance use in the last six months among MSM, the MSM Intercept Survey, 2015-2019 and 2021-2024, San Francisco




1 Alcohol, 5+ drinks means five or more drinks of alcohol in one sitting (binge drinking)
2 Data on the club drug use was collected since 2021. Club drugs are GHB, Ketamine, and Ecstasy.
3 Injection drugs are any drugs that are injected that were not prescribed by a doctor.
4 2024 data only included data from January to June due to the end of funding period.

## Figure 7.5 Percent of MSM receiving STI screening tests in the last six months, the MSM Intercept Survey, 2015-2019 and 2021-2024, San Francisco

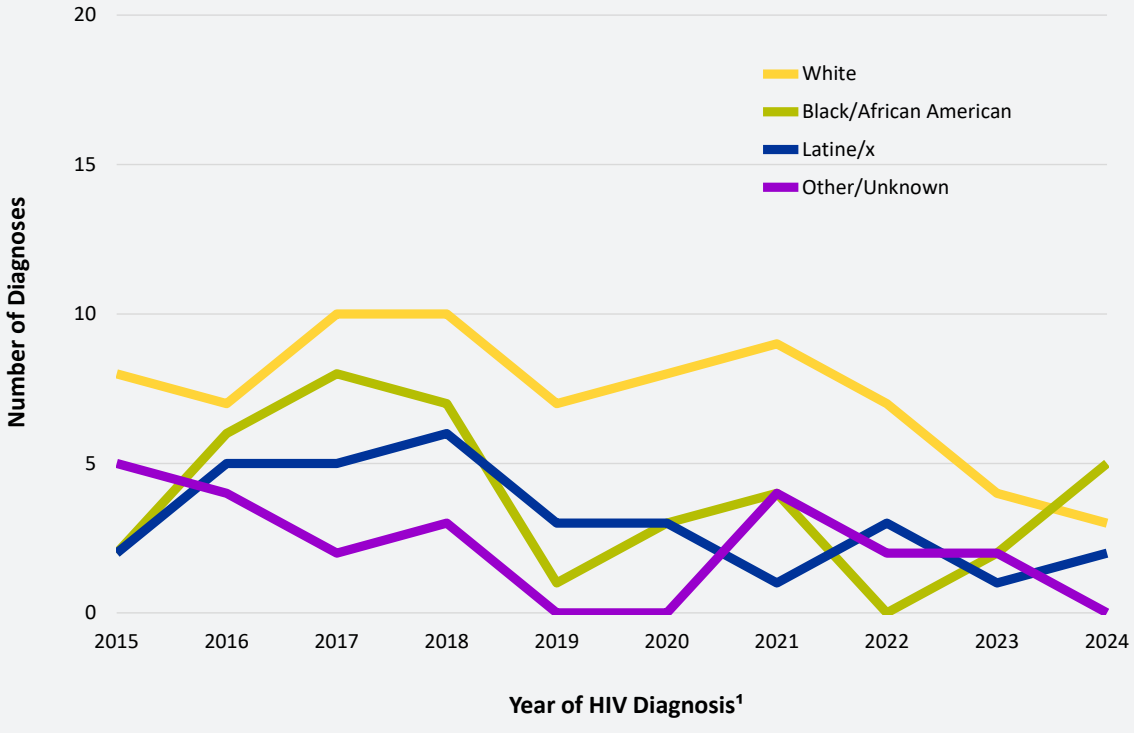



1 Data for throat swab for chlamydia/gonorrhea in 2016 were not available.
2 2024 data only included data from January to June due to the end of funding period.

# 8 HIV among People who Inject Drugs

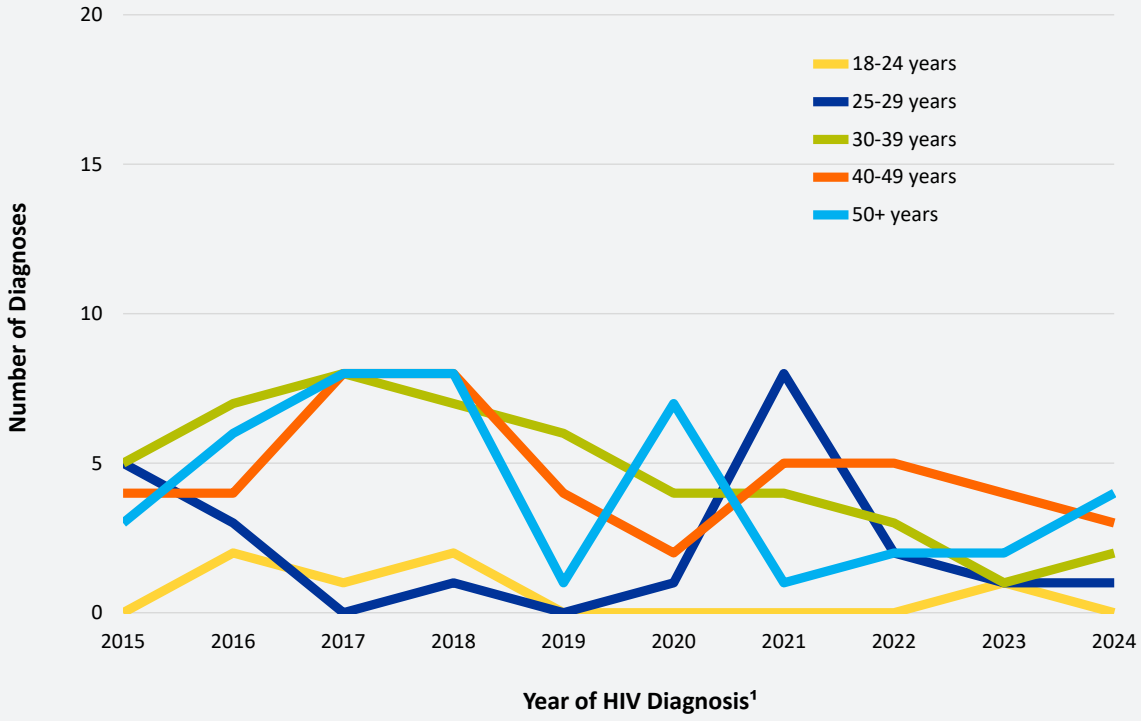
During 2015 through 2024, Whites accounted for 45% of PWID (not including MSM-PWID or TWSM-PWID) diagnosed with HIV, Black/African Americans 23%, and Latine/x 19%. The number of new diagnoses each year was 26 or less and the total number of PWID diagnosed in 2024 was 10 (Figure 8.1). By age, people who were 30-39 years old and 40-49 years old each made up 29% of newly diagnosed PWID, and 26% were aged 50 years and older (Figure 8.2). The number of HIV diagnoses among PWID aged 18-24 years ranged from zero to two per year; there were no diagnoses among PWID under 18 years old during the years 2015 to 2024.

**Figure 8.1 Number of PWID diagnosed with HIV by race/ethnicity, 2015-2024, San Francisco**




1 Includes PWID (who are not MSM-PWID or TWSM-PWID) by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

## Figure 8.2 Number of PWID diagnosed with HIV by age group at HIV diagnosis, 2015-2024, San Francisco



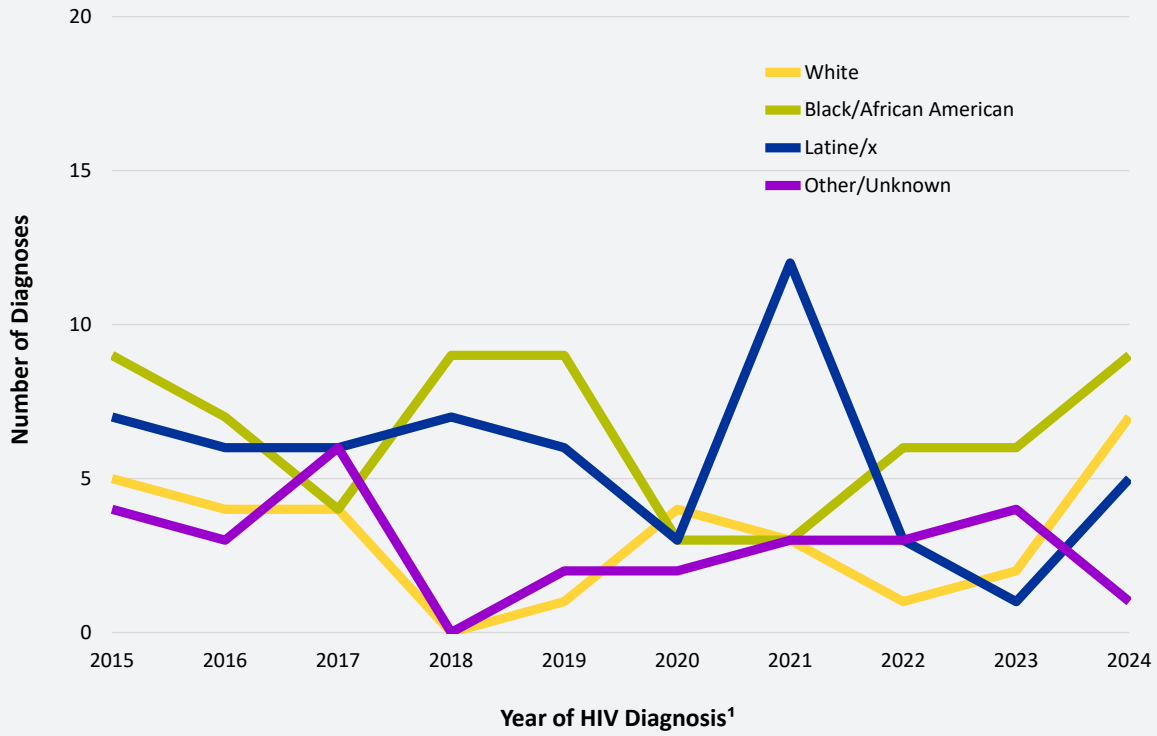

1 Includes PWID (who are not MSM-PWID or TWSM-PWID) by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

# 9 HIV among Heterosexuals

The number of heterosexuals (see Technical Notes "HIV Transmission Category Heterosexual Contact") newly diagnosed with HIV was low and fluctuated between the years 2015 to 2024 and in all racial/ethnic groups (Figure 9.1). The number of people who acquired HIV through heterosexual contact increased from 2023 to 2024 (13 diagnoses to 22 diagnoses), with increases among Whites, Black/African Americans, and Latine/x.

Overall, the number of early syphilis diagnoses among heterosexual cis men has fluctuated from 2015 to 2024. There was a peak of 124 diagnoses in 2020, after which there was a decrease to 73 in 2023, with a slight increase to 84 in 2024 (Figure 9.2). In most years, there was a greater number of diagnoses for early latent syphilis compared to primary and secondary syphilis. Among cis women, the number of early syphilis diagnoses over time also fluctuated. The highest point was 99 diagnoses in 2019, and was 57 in 2024 (Figure 9.3). The number of early syphilis diagnoses among cis women was lower compared to cis men except for the year 2023.

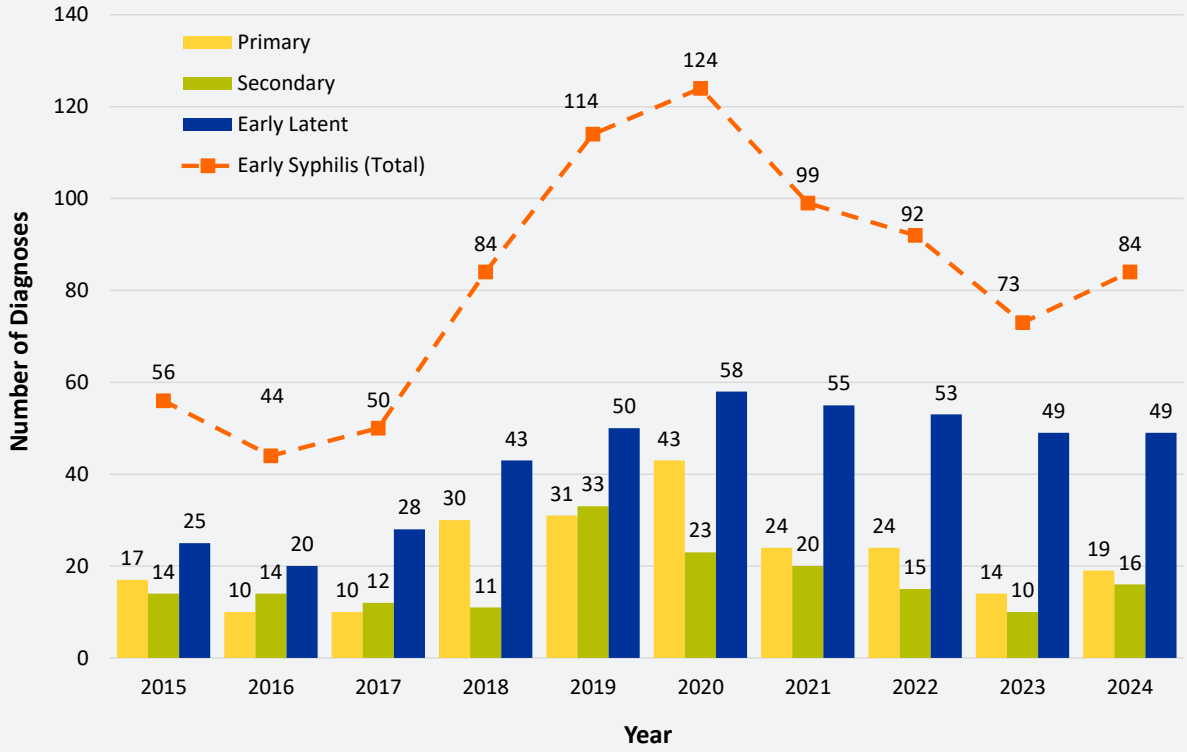
**Figure 9.1 Number of heterosexuals diagnosed with HIV by race/ethnicity, 2015-2024, San Francisco**




1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

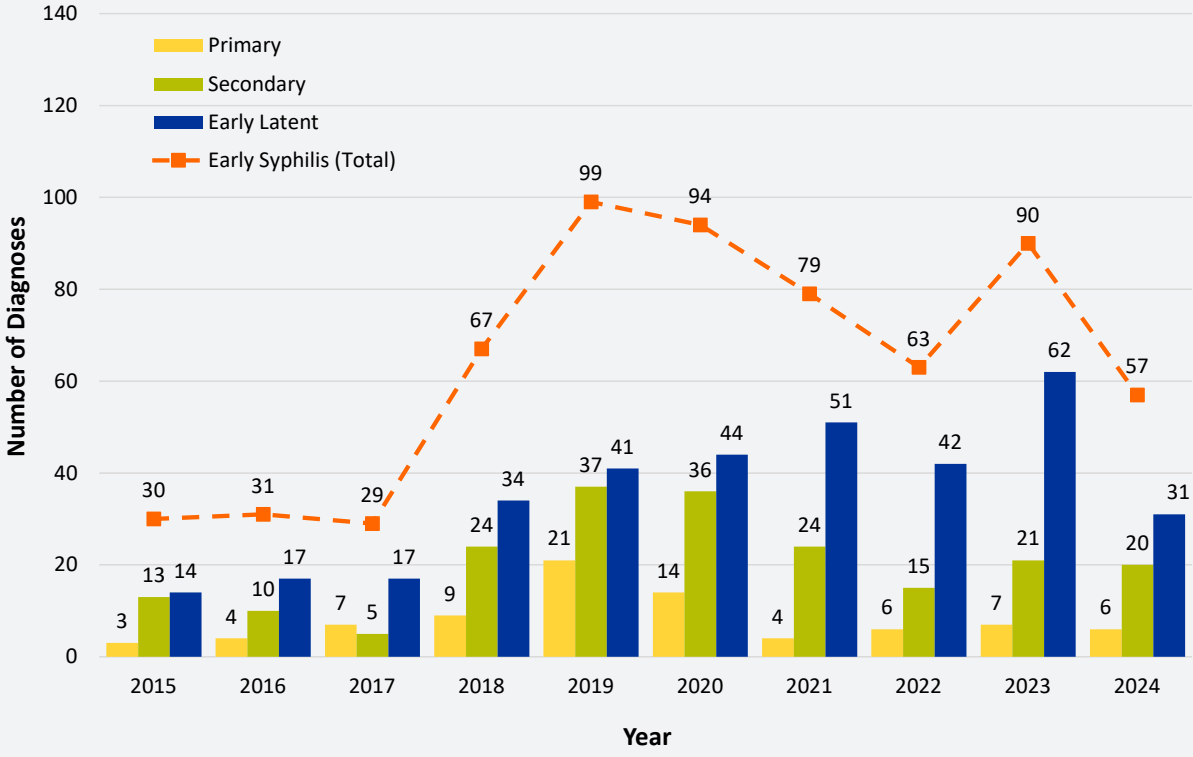
## Sexually transmitted infections among heterosexuals

### Figure 9.2 Early syphilis among heterosexual cis men[1], 2015-2024, San Francisco




1 Data on early syphilis originated from San Francisco Department of Public Health STI case registry.

### Figure 9.3 Early syphilis among cis women[1], 2015-2024, San Francisco



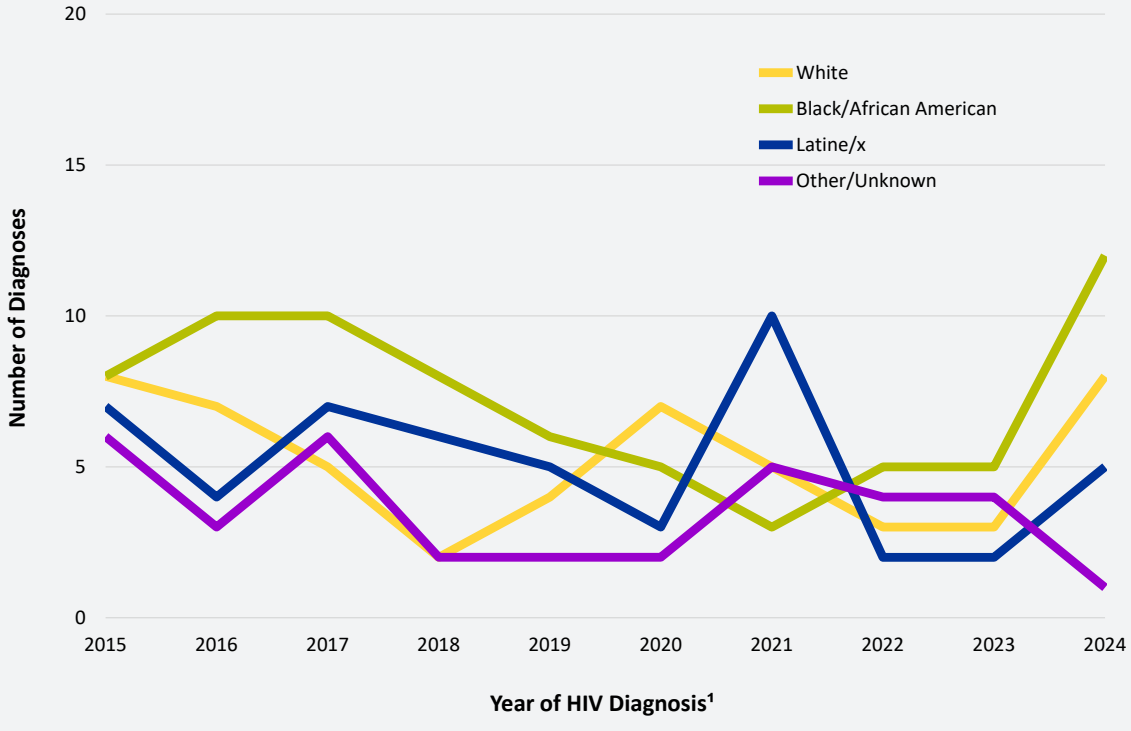

1 Data on early syphilis originated from San Francisco Department of Public Health STI case registry.

# 10 HIV among Cis Women

Among new HIV diagnoses in cis women and for the period 2015-2024, 25% were White, 34% Black/African American, and 24% Latine/x (Figure 10.1). The number of new HIV diagnoses almost doubled in the recent year from 14 in 2023 to 26 in 2024. The largest increases in absolute number from 2023 to 2024 were among Black/African American and White women.

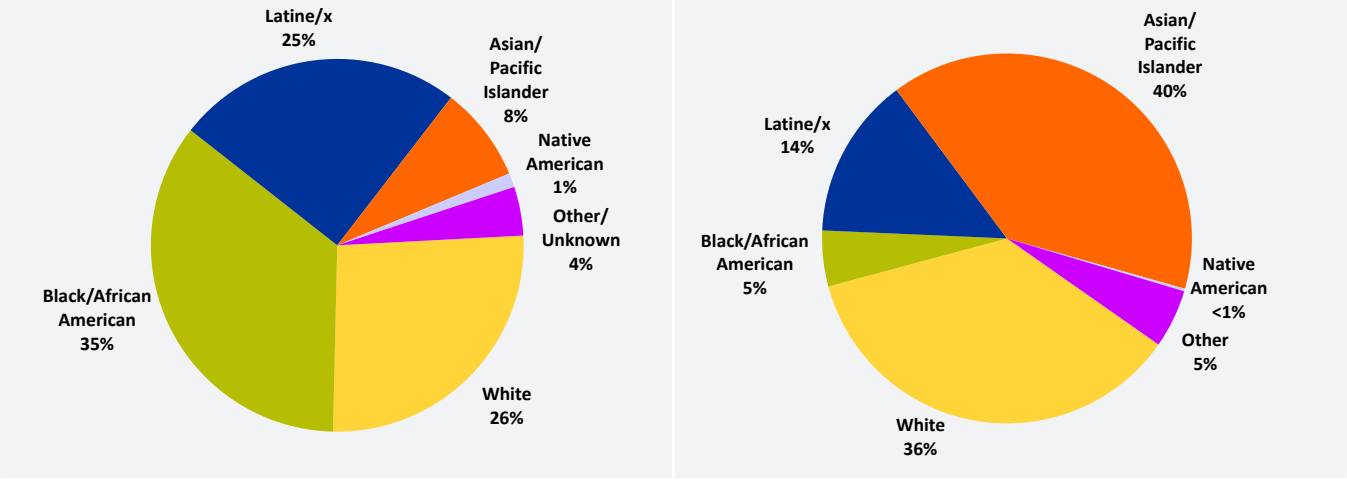
Despite making up only 5% of the total female population in San Francisco, Black/African American women made up more than a third (35%) of cis women living with HIV (Figure 10.2). Latine/x were also overrepresented; 25% of cis women living with HIV were Latine/x but were only 14% of the overall population. Fifty-six percent of women living with HIV acquired HIV through heterosexual sex (see Technical Notes "HIV Transmission Category Heterosexual Contact") and 39% through injection drug use (Figure 10.3).

**Figure 10.1 Number of cis women diagnosed with HIV by race/ethnicity, 2015-2024, San Francisco**



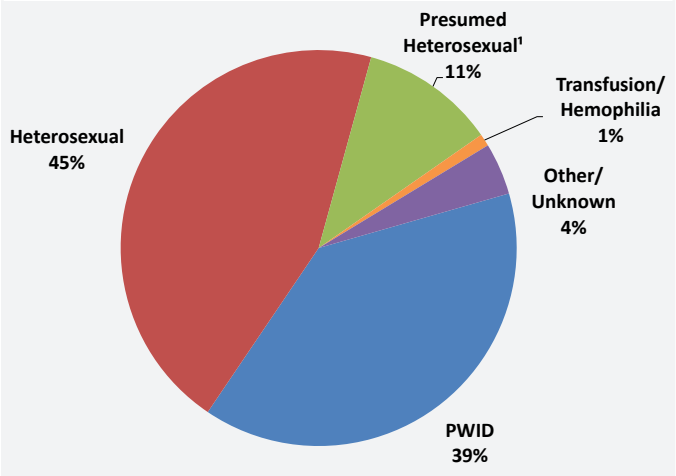

1 Includes cis women with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

## Figure 10.2 Cis women living with HIV diagnosed through December 2024 and female population by race/ethnicity, San Francisco




1 California Department of Finance estimates of San Francisco female population 2024. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release). Sacramento: California. April 2025. https://dof.ca.gov/wp-content/uploads/sites/352/2023/08/P3_California-and-Counties.xlsx

## Figure 10.3 Cis Women living with HIV diagnosed through December 2024 by transmission category, San Francisco




1 See Technical Notes "HIV Transmission Category Heterosexual Contact."

# 11 HIV among Children, Adolescents and Young Adults

## Latine/x

**ACCOUNTED FOR 57% OF YOUNG ADULTS LIVING WITH HIV AS OF 12/31/2024**

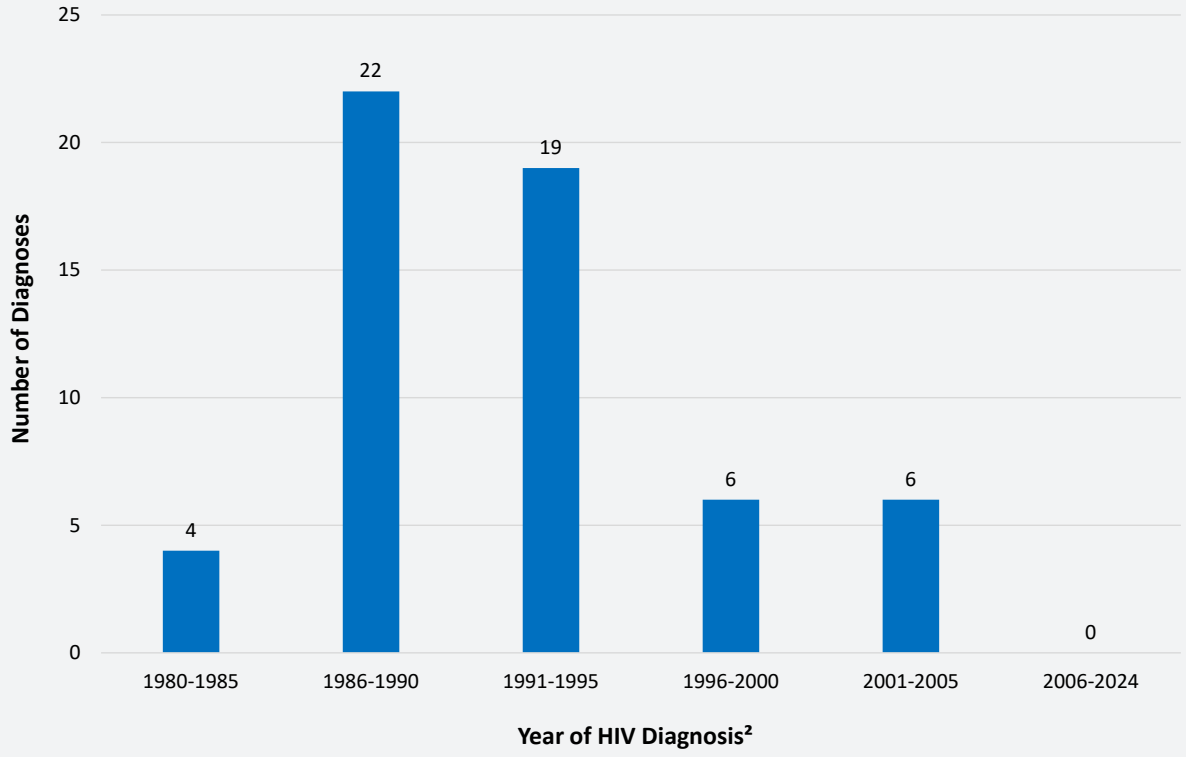
Youth aged 24 and under made up fewer than 1% of PLWH in San Francisco. As of December 31, 2024, there less than five children and adolescents (aged 0 to 17) and 60 young adults (aged 18-24) living with HIV. Among young adults living with HIV, 80% were MSM and 5% were MSM-PWID (Table 11.1). Latine/x make up the majority (57%) of young adults living with HIV. The number of pediatric (children less than 13 years old) HIV diagnoses peaked during 1986 through 1995, and has declined over time, with no child residents of San Francisco newly diagnosed with HIV during 2006 to 2024 (Figure 11.1).

**Table 11.1 Characteristics of young adults living with HIV through December 2024, San Francisco**

| | | 18 - 24 Years Old |
|---|---|---|
| | | Number (%) |
| | Total | 60 |
| Transmission Category | MSM | 48 (80) |
| | MSM-PWID | 3 ( 5) |
| | Heterosexual | 4 ( 7) |
| | Perinatal | 3 ( 5) |
| | Other/Unidentified[1] | 2 ( 3) |
| Gender | Cis Men | 46 (77) |
| | Cis Women | 6 (10) |
| | Transgender[2] | 8 (13) |
| Race/Ethnicity | White | 9 (15) |
| | Black/African American | 9 (15) |
| | Latine/x | 34 (57) |
| | Asian/Pacific Islander | 5 ( 8) |
| | Other/Unknown | 3 ( 5) |

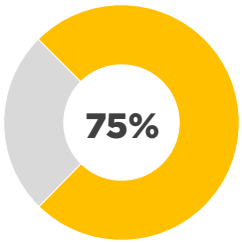
1 Includes TWSM, TWSM-PWID, and people with no identified risk factor.
2 Includes trans women and trans men who are not broken out separately due to small numbers. See Technical Notes "Gender Status."

## Figure 11.1 Number of children diagnosed with HIV[1] by time period of HIV diagnosis, 1980-2024, San Francisco




1 Only includes children who resided in San Francisco at time of their HIV diagnosis.
2 See Technical Notes "Date of Initial HIV Diagnosis."

# 12 HIV among People Aged 50 Years and Older




**OF PLWH WERE AGED 50 YEARS AND OLDER AS OF 12/31/2024**

As of December 31, 2024, 75% of PLWH were aged 50 years and older and 29% aged 65 years old and older (Table 12.1). Among those aged 50 years and older, 62% were White, 18% were Latine/x, 11% were Black/African American, and 5% were Asian/Pacific Islander (Table 12.1). Most (88%) of older PLWH (50 years and older) were MSM including MSM-PWID.

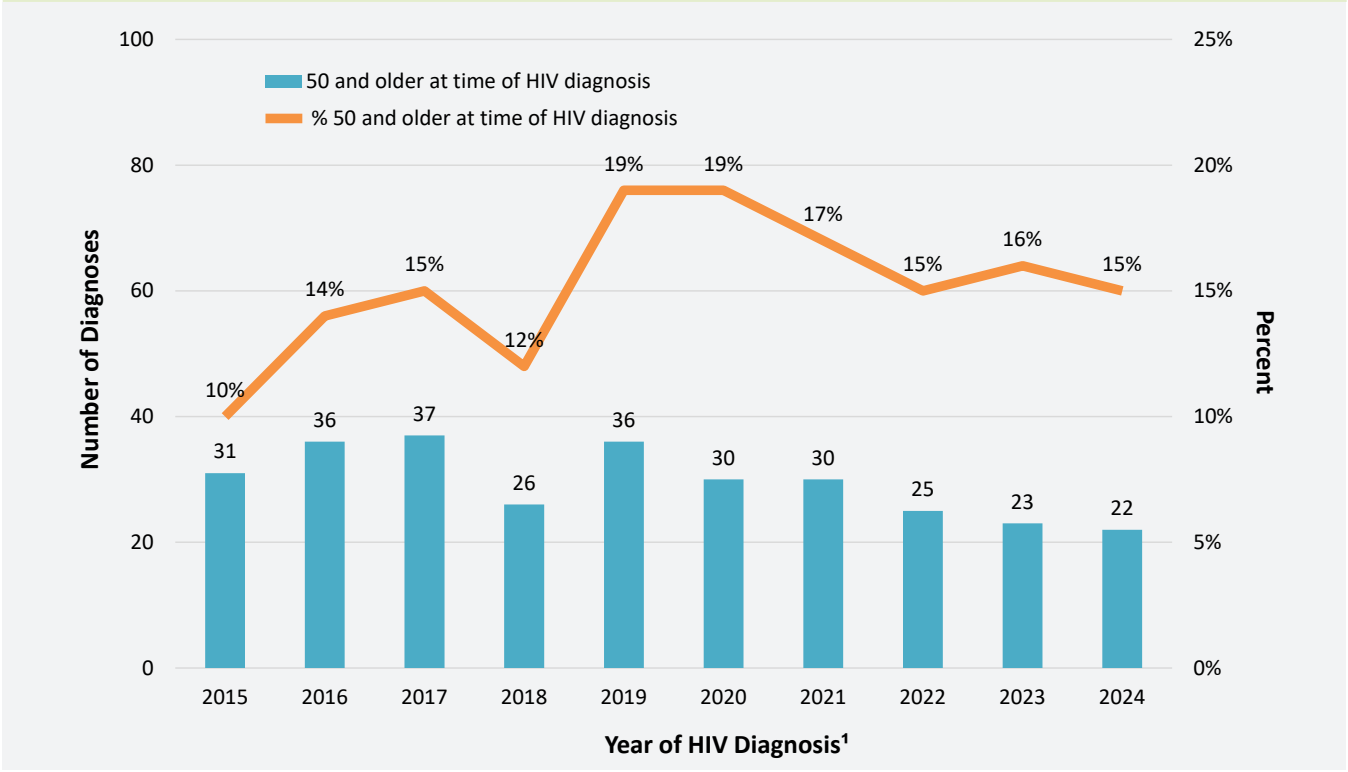
While the overall number of diagnoses during 2015 to 2024 has decreased, the proportion of total diagnoses among people aged 50 years and older increased from 2018 to 2019, and remains elevated compared to a decade ago (Figure 12.1). During 2015-2024, 296 people aged 50 years and older were diagnosed with HIV, including 41 who were 65 years and older. A higher proportion of cis women, Whites, Black/African Americans, PWID, and heterosexuals aged 50 years and older were diagnosed with HIV compared to those who were younger at time of diagnosis (Table 12.2). Of all people diagnosed at age 50 years and older, 39% were 50-54 years old, 28% were 55-59 years old, 19% were 60-64 years old, and 14% were 65 years and older.

## Table 12.1 Characteristics of people living with HIV through December 2024 by age group, San Francisco

| | | PLWH as of 12/31/2024 | | |
|---|---|---|---|---|
| | | Age < 50 years | Age ≥ 50 years | Age ≥ 65 years |
| | | Number (%) | | |
| | **Total** | **3,871** | **11,529** | **4,498** |
| Gender[1] | Cis Men | 3,350 (87) | 10,692 (93) | 4,217 (94) |
| | Cis Women | 294 ( 8) | 603 ( 5) | 228 ( 5) |
| | Trans Women | 217 ( 6) | 231 ( 2) | 52 ( 1) |
| Race/Ethnicity | White | 1,306 (34) | 7,190 (62) | 3,097 (69) |
| | Black/African American | 514 (13) | 1,238 (11) | 532 (12) |
| | Latine/x | 1,392 (36) | 2,063 (18) | 583 (13) |
| | Asian/Pacific Islander | 460 (12) | 616 ( 5) | 157 ( 3) |
| | Native American | 21 ( 1) | 40 (<1) | 8 (<1) |
| | Other/Unknown | 178 ( 5) | 382 ( 3) | 121 ( 3) |
| Transmission Category | MSM | 2,642 (68) | 8,711 (76) | 3,529 (78) |
| | TWSM | 159 ( 4) | 124 ( 1) | 29 ( 1) |
| | PWID | 169 ( 4) | 584 ( 5) | 254 ( 6) |
| | MSM-PWID | 488 (13) | 1,457 (13) | 468 (10) |
| | TWSM-PWID | 57 ( 1) | 104 ( 1) | 23 ( 1) |
| | Heterosexual | 190 ( 5) | 379 ( 3) | 127 ( 3) |
| | Other/Unidentified | 166 ( 4) | 170 ( 1) | 68 ( 2) |
| Age in Years | 50-54 | | 1,679 (15) | |
| | 55-59 | | 2,491 (22) | |
| | 60-64 | | 2,861 (25) | |
| | 65+ | | 4,498 (39) | 4,498 (100) |

1 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

## Figure 12.1 Number and percent of people diagnosed with HIV at age 50 years and older, 2015-2024, San Francisco




1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

## Table 12.2 Characteristics of people diagnosed with HIV by age at diagnosis, 2015-2024, San Francisco

| | | Age < 50 years at diagnosis | Age ≥ 50 years at diagnosis | Age ≥ 65 years at diagnosis |
|---|---|---|---|---|
| | | Number (%) | | |
| | **Total** | **1,717** | **296** | **41** |
| Gender[1] | Cis Men | 1,449 (84) | 235 (79) | 33 (80) |
| | Cis Women | 158 ( 9) | 52 (18) | 8 (20) |
| | Trans Women | 101 ( 6) | 8 ( 3) | 0 ( 0) |
| Race/Ethnicity | White | 502 (29) | 144 (49) | 18 (44) |
| | Black/African American | 277 (16) | 55 (19) | 8 (20) |
| | Latine/x | 658 (38) | 53 (18) | 8 (20) |
| | Asian/Pacific Islander | 217 (13) | 30 (10) | 5 (12) |
| | Other/Unknown | 63 ( 4) | 14 ( 5) | 2 ( 5) |
| Transmission Category[2] | MSM | 1,132 (66) | 159 (54) | 23 (56) |
| | PWID | 122 ( 7) | 42 (14) | 4 (10) |
| | MSM-PWID | 174 (10) | 27 ( 9) | 2 ( 5) |
| | Heterosexual | 84 ( 5) | 28 ( 9) | 5 (12) |
| | Other/Unidentified | 205 (12) | 40 (14) | 7 (17) |
| Age in Years | 50-54 | | 116 (39) | |
| | 55-59 | | 83 (28) | |
| | 60-64 | | 56 (19) | |
| | 65+ | | 41 (14) | 41 (100) |

1 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

2 Heterosexual includes female presumed heterosexual. Other/Unidentified includes TWSM, TWSM-PWID and people with no identified risk factor.

# 13 HIV among Trans Women

From 2015 through 2024, there were 109 trans women diagnosed with HIV in San Francisco (Table 13.1). Compared to people diagnosed with HIV in this time period who were not trans women, trans women were more likely to be Black/African American (26%) or Latine/x (43%). Among the 448 trans women living with HIV in San Francisco as of December 31, 2024, Latine/x (37%) and Black/African Americans (29%) accounted for the largest proportions (Table 13.2). In terms of transmission risk factor, newly diagnosed trans women were more likely than people of other genders to be PWID (26%), and 37% of all trans women living with HIV were PWID. In addition, trans women were also more likely to be younger, among both the newly diagnosed and PLWH, when compared to people of other genders.

**Table 13.1 Characteristics of trans women diagnosed with HIV, 2015-2024, San Francisco**

| | | New HIV Diagnoses, 2015-2024 | |
|---|---|---|---|
| | | Trans Women[1] | Others |
| | | Number (%) | |
| | Total | 109 | 1,904 |
| Race/Ethnicity | White | 16 (15) | 630 (33) |
| | Black/African American | 28 (26) | 304 (16) |
| | Latine/x | 47 (43) | 664 (35) |
| | Asian/Pacific Islander | 12 (11) | 235 (12) |
| | Other/Unknown | 6 ( 6) | 71 ( 4) |
| People who Inject Drugs | Yes | 28 (26) | 364 (19) |
| | No | 81 (74) | 1,540 (81) |
| Age at Diagnosis (Years) | 0 - 24 | 23 (21) | 260 (14) |
| | 25 - 29 | 18 (17) | 378 (20) |
| | 30 - 39 | 39 (36) | 622 (33) |
| | 40 - 49 | 21 (19) | 356 (19) |
| | 50+ | 8 ( 7) | 288 (15) |

1 See Technical Notes "Gender Status."

**Table 13.2 Characteristics of trans women living with HIV through December 2024, San Francisco**

| | | PLWH, December 2024 | |
|---|---|---|---|
| | | Trans Women[1] | Others |
| | | Number (%) | |
| | Total | 448 | 14,952 |
| Race/Ethnicity | White | 73 (16) | 8,423 (56) |
| | Black/African American | 130 (29) | 1,622 (11) |
| | Latine/x | 166 (37) | 3,289 (22) |
| | Asian/Pacific Islander | 49 (11) | 1,027 ( 7) |
| | Other/Unknown | 30 ( 7) | 591 ( 4) |
| People who Inject Drugs | Yes | 164 (37) | 2,695 (18) |
| | No | 284 (63) | 12,257 (82) |
| Age in Years (at end of 2024) | 0 - 24 | 7 ( 2) | 55 (<1) |
| | 25 - 29 | 16 ( 4) | 174 ( 1) |
| | 30 - 39 | 82 (18) | 1,277 ( 9) |
| | 40 - 49 | 112 (25) | 2,148 (14) |
| | 50+ | 231 (52) | 11,298 (76) |

1 See Technical Notes "Gender Status."

# 14 HIV among People Experiencing Homelessness

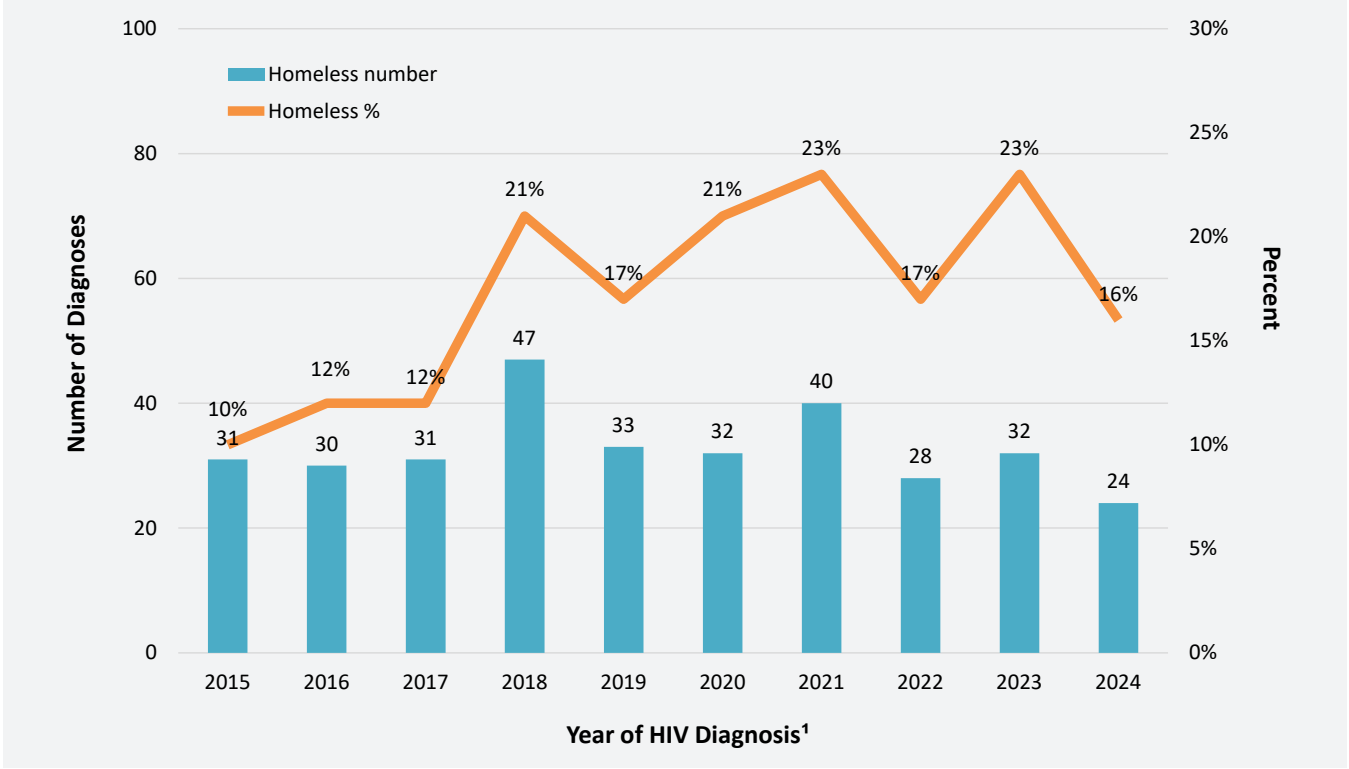
**16%**

**OF HIV DIAGNOSES IN 2024 WERE AMONG PEOPLE EXPERIENCING HOMELESSNESS**

From 2015 through 2024, the proportion of HIV diagnoses among people experiencing homelessness (PEH) increased over time with highs of 23% in 2021 and 2023 (Figure 14.1).

Among people diagnosed during 2015 and through 2024, 328 people were homeless at HIV diagnosis (Table 14.1). PEH at time of diagnosis were more likely to be cis women, trans women, Whites or Black/African Americans. In terms of transmission risk, PEH were more likely to be PWID, including MSM-PWID and TWSM-PWID, compared to people who were not homeless, with 45% of PEH reporting injection drug use before diagnosis. PEH were slightly older than people who were not homeless at time of diagnosis.

**Figure 14.1 Number and percent of people diagnosed with HIV who experienced homelessness at diagnosis, 2015-2024, San Francisco**




1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

## Table 14.1 Characteristics of people diagnosed with HIV who experienced homelessness at diagnosis compared to people who were not homeless, 2015-2024, San Francisco

| | | New HIV Diagnoses, 2015-2024 | |
|---|---|---|---|
| | | Homeless | Non-Homeless |
| | | Number (%) | |
| | **Total** | **328** | **1,685** |
| Gender[1] | Cis Men | 239 (73) | 1,445 (86) |
| | Cis Women | 65 (20) | 145 ( 9) |
| | Trans Women | 23 ( 7) | 86 ( 5) |
| Race/Ethnicity | White | 120 (37) | 526 (31) |
| | Black/African American | 73 (22) | 259 (15) |
| | Latine/x | 104 (32) | 607 (36) |
| | Asian/Pacific Islander | 14 ( 4) | 233 (14) |
| | Other/Unknown | 17 ( 5) | 60 ( 4) |
| Transmission Category | MSM | 112 (34) | 1,179 (70) |
| | TWSM | 13 ( 4) | 68 ( 4) |
| | PWID | 80 (24) | 84 ( 5) |
| | MSM-PWID | 59 (18) | 142 ( 8) |
| | TWSM-PWID | 9 ( 3) | 18 ( 1) |
| | Heterosexual | 43 (13) | 137 ( 8) |
| | Other/Unidentified | 12 ( 4) | 57 ( 3) |
| Age at Diagnosis (Years) | 0 - 24 | 36 (11) | 247 (15) |
| | 25 - 29 | 59 (18) | 337 (20) |
| | 30 - 39 | 114 (35) | 547 (32) |
| | 40 - 49 | 70 (21) | 307 (18) |
| | 50+ | 49 (15) | 247 (15) |

1 Trans men data were not released separately due to small numbers. See Technical Notes "Gender Status."

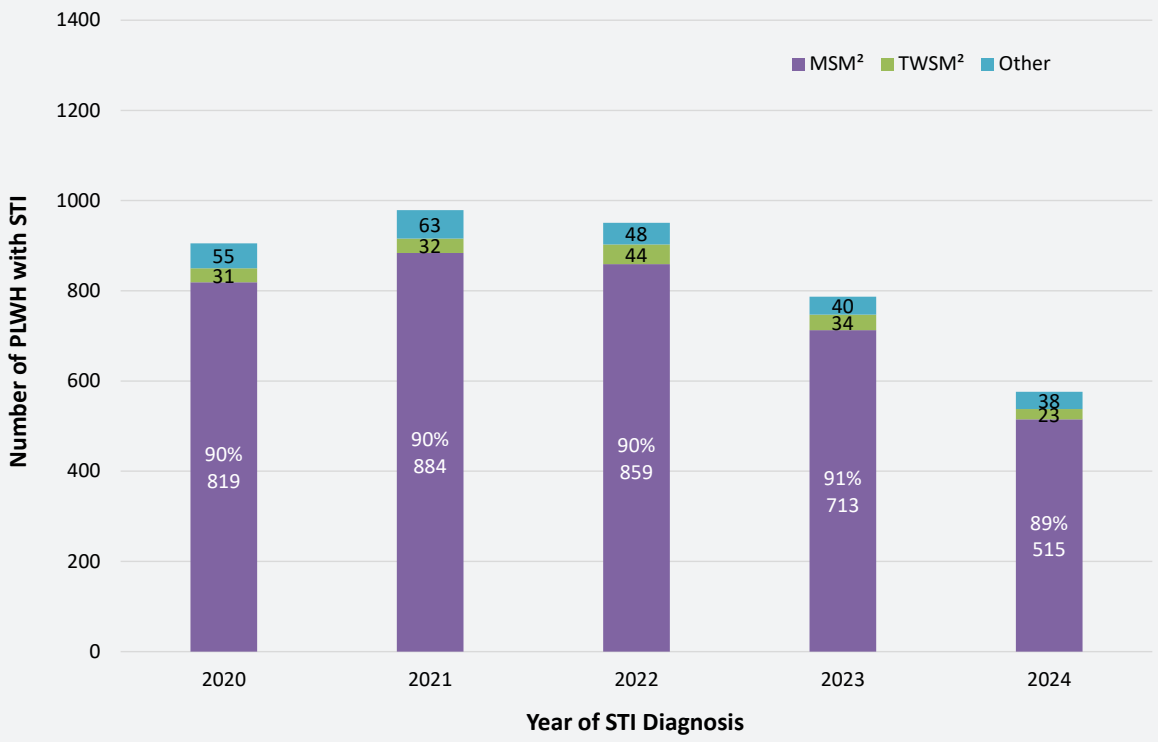
# 15 Sexually Transmitted Infections among People with HIV

**90%**

**OF STI DIAGNOSES AMONG PLWH WERE AMONG MSM DURING 2020-2024**

The number of sexually transmitted infection (STI) diagnoses among PLWH declined from 905 in 2020 to 576 in 2024. Throughout this period, the majority of STI diagnoses (around 90%) were among MSM (Figure 15.1). Over 90% of PLWH diagnosed with an STI from 2020 through 2024 were cis men (Table 15.1), and there was a slight increase in the proportion of people aged 60 years and older at the time of STI diagnosis. White PLWH with STIs declined from 44% in 2020 to 39% in 2024, while there was an accompanying rise for Latine/x from 31% in 2020 to 35% in 2024.

**Figure 15.1 STI diagnoses[1] among people living with HIV by year of STI diagnosis, 2020-2024, San Francisco**




1 See Technical Notes "HIV and STI Diagnosis."
2 MSM includes MSM-IDU and TWSM excludes TWSM-PWID.

## Table 15.1 Demographic characteristics of people living with HIV who were diagnosed with an STI[1], 2020-2024, San Francisco

| | | Year of STI diagnosis | | | | |
|---|---|---|---|---|---|---|
| | | 2020 | 2021 | 2022 | 2023 | 2024 |
| | | Number (%) | | | | |
| | Total | 905 | 979 | 951 | 787 | 576 |
| Gender[2] | Cis Men | 837 (92) | 913 (93) | 872 (92) | 723 (92) | 520 (90) |
| | Cis Women | 20 ( 2) | 20 ( 2) | 19 ( 2) | 15 ( 2) | 16 ( 3) |
| | Trans Women | 46 ( 5) | 45 ( 5) | 58 ( 6) | 49 ( 6) | 38 ( 7) |
| Race/Ethnicity | White | 401 (44) | 419 (43) | 385 (40) | 306 (39) | 224 (39) |
| | Black/African American | 89 (10) | 95 (10) | 94 (10) | 87 (11) | 67 (12) |
| | Latine/x | 284 (31) | 325 (33) | 343 (36) | 281 (36) | 202 (35) |
| | Asian/Pacific Islander | 89 (10) | 99 (10) | 96 (10) | 70 ( 9) | 61 (11) |
| | Other/Unknown | 42 ( 5) | 41 ( 4) | 33 ( 3) | 43 ( 5) | 22 ( 4) |
| Age at STI Diagnosis (years) | 13 - 29 | 62 ( 7) | 68 ( 7) | 71 ( 7) | 45 ( 6) | 42 ( 7) |
| | 30 - 39 | 237 (26) | 240 (25) | 240 (25) | 217 (28) | 150 (26) |
| | 40 - 49 | 236 (26) | 236 (24) | 229 (24) | 180 (23) | 132 (23) |
| | 50 - 59 | 268 (30) | 311 (32) | 288 (30) | 215 (27) | 166 (29) |
| | 60 + | 102 (11) | 124 (13) | 123 (13) | 130 (17) | 86 (15) |

1 See Technical Notes "HIV and STI Diagnosis."

2 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."

# 16 Pre-Exposure Prophylaxis among People without HIV

From 2015 through 2024, PrEP use among MSM without HIV increased from 21% to 63% among San Francisco City Clinic (SFCC) patients who were San Francisco residents. Among this group, PrEP use across selected race/ethnicities in 2015 ranged from 19%-22% and increased in 2024 to 47%-67% (Figure 16.1). Latine/x MSM had increasing proportions on PrEP each year since 2015. Since 2016, Black/African American MSM have had the lowest proportions of PrEP use compared to MSM of other reported race/ethnicities.

PrEP use has increased among all age groups between 2015 and 2024 and has been consistently higher among younger age groups (25-34 years and 35-44 years) (Figure 16.2). In 2024, PrEP use was highest among MSM aged 35-44 years and lowest among MSM 55 years and older, compared to other age groups.

HIV PrEP programs offered patients various regimens (See Technical Notes "HIV Pre-exposure Prophylaxis Regimens"): daily PrEP which consists of taking PrEP medication once per day, PrEP 2-1-1 which involves taking PrEP medication before and after sexual intercourse instead of daily, and long-acting cabotegravir (CAB-LA), which is an injectable form of PrEP. Individuals at SFCC were able to change which regimen they used from visit to visit. All patients (San Francisco residents, and patients residing outside San Francisco) were included in these data (Table 16.1).

From 2019 to 2024, the majority of patients who received PrEP from SFCC selected daily PrEP. The proportion of patients on daily PrEP declined across these years as proportions of patients opting for PrEP 2-1-1 or CAB -LA (introduced in 2022) increased through 2024 (Table 16.1). In 2024 among MSM patients, 75.3% were using daily PrEP, 16.0% using PrEP 2-1-1, and 7.9% using CAB-LA. Compared to MSM on PrEP in 2024, cis women and trans women on PrEP was a smaller group (N=98) and were more likely to use CAB-LA (28.6% vs. 7.9%).

Data presented in this report apply different definitions than used in past reports. Therefore, data in Figures 16.1 and 16.2 and Table 16.1 for all years leading up to and including 2023 are different in this report than presented in past reports. Please see the Technical Notes for "HIV Pre-exposure Prophylaxis (PrEP) Regimens" for more details.

The total number of clients screened for PrEP at the San Francisco AIDS Foundation (SFAF) from 2022 to 2024 was 4,959 (Figure 16.3). Of those screened, 64% scheduled an appointment. Three-quarters of clients (N=2,404) who scheduled an appointment enrolled in PrEP (accounting for 48% of total clients screened). Of those enrolled in PrEP, two-thirds of clients (N=1,611) were persistent on PrEP, defined as either a clinical visit or prescription refill at 3 months of follow-up.

The numbers and proportion of PrEP screenings, appointments, enrollments and continued PrEP use at three-month and six-month follow-ups by priority populations (White MSM, Black/African American MSM, and Latine/x MSM; Trans women; MSM <25 years old) at the SFAF in 2023 and 2024 are shown in Figure 16.4. In 2023, Latine/x and young (<25 years old) MSM had the highest proportions of scheduled appointments and enrollments. Latine/x MSM had the highest proportion on PrEP at six months of follow-up (39%). In 2024, trans women had the highest proportion of scheduled appointments and enrollment. In addition, the proportion of clients on PrEP at three months were similar among priority populations in 2024, ranging from 29% (Black/African American MSM and Latine/x MSM) to 33% (trans women and White MSM).

Clients enrolled in PrEP at the SFAF in 2023 and 2024 were prescribed one of three PrEP regimens (see Technical Notes "HIV Pre-exposure Prophylaxis Regimens"): daily PrEP, PrEP 2-1-1, or CAB-LA (Table

16.2). Among all clients enrolled in PrEP, the distribution by PrEP regimen was similar for both years. Clients who enrolled in CAB-LA in 2023 and 2024 are more likely to be White and Latine/x MSM. In 2023, similar proportions of clients enrolled in daily PrEP and CAB-LA were persistent on PrEP at six months of follow-up. Among 2024 enrollees, CAB-LA was the most common regimen at three months of follow-up (71%).

One New Product Initiative (NPI; See Technical Notes "New Product Initiative") focused on the uptake of doxycycline post-exposure prophylaxis (doxy-PEP), an innovative treatment for preventing STIs, in which 200 mg of doxycycline is taken up to 72 hours after condomless anal, vaginal, or oral sex. In three randomized clinical trials, doxy-PEP was shown to reduce the risk of chlamydia and syphilis by 70-85% and gonorrhea by 33-55% among MSM and trans women.[1,2,3] Doxy-PEP roll-out has been brisk, with a total of 6,681 new doxy-PEP prescriptions from October 2022 (when doxy-PEP guidelines were first issued by the San Francisco Department of Public Health) through December 2024 (Figure 16.5). Prescriptions were dispensed to approximately 25% of all MSM and trans women seen at two sexual health clinics. Across the two sexual health clinics, one HIV treatment clinic, and Kaiser HMO San Francisco, Doxy-PEP uptake was highest among 25-29-year-olds and then declined with age among older participants. There were no substantial differences in uptake by race/ethnicity (Data not shown).

A second NPI focused on the uptake of CAB-LA, an innovative method for preventing HIV, in which an antiretroviral agent is injected once every two months after initial loading doses. Across all four participating clinics, 435 patients initiated CAB-LA prevention over a period of 27 months (Figure 16.6). There were no substantial differences by age or race/ethnicity (Data not shown).

A third NPI focused on the uptake of long-acting cabotegravir and rilpivirine (CAB-LA/RPV), an HIV treatment, in which CAB-LA/RPV is administered every 1-2 months. Ward 86 and Kaiser, two high-volume clinics providing chronic HIV treatment services in SF, initiated CAB-LA/RPV treatment to 301 patients (Figure 16.7).

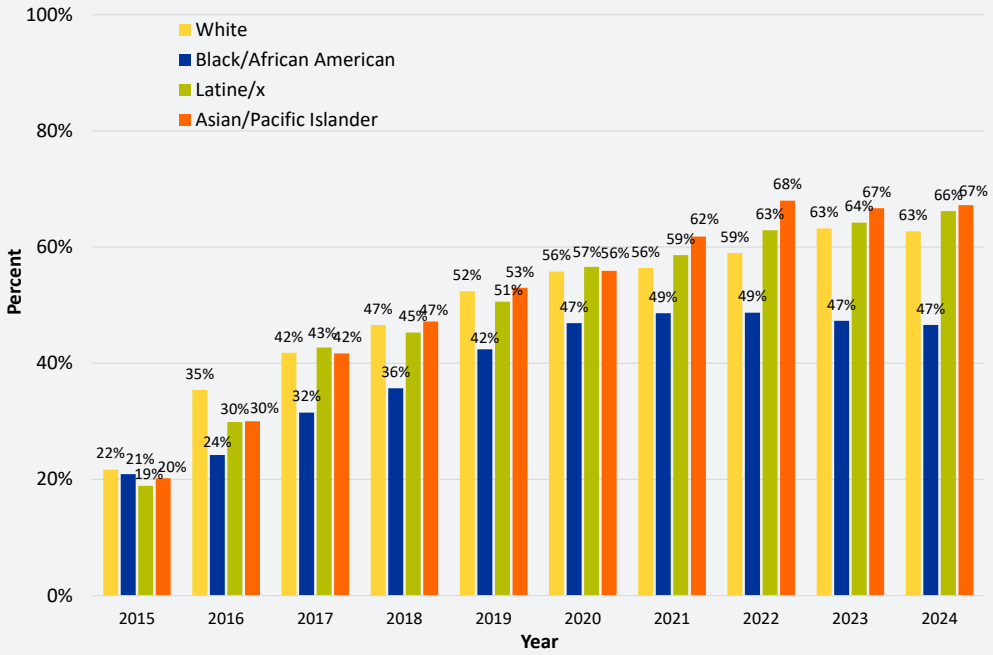
1 Luetkemeyer AF, Donnell D, Dombrowski JC, Cohen S, Grabow C, Brown CE, Malinski C, Perkins R, Nasser M, Lopez C, Vittinghoff E, Buchbinder SP, Scott H, Charlebois ED, Havlir DV, Soge OO, Celum C; DoxyPEP Study Team. Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. N Engl J Med. 2023 Apr 6;388(14):1296-1306. doi: 10.1056/NEJMoa2211934. PMID: 37018493; PMCID: PMC10140182.

2 Molina JM, Bercot B, Assoumou L, Rubenstein E, Algarte-Genin M, Pialoux G, Katlama C, Surgers L, Bébéar C, Dupin N, Ouattara M, Slama L, Pavie J, Duvivier C, Loze B, Goldwirt L, Gibowski S, Ollivier M, Ghosn J, Costagliola D; ANRS 174 DOXYVAC Study Group. Doxycycline prophylaxis and meningococcal group B vaccine to prevent bacterial sexually transmitted infections in France (ANRS 174 DOXYVAC): a multicentre, open-label, randomised trial with a 2 × 2 factorial design. Lancet Infect Dis. 2024 Oct;24(10):1093-1104. doi: 10.1016/S1473-3099(24)00236-6. Epub 2024 May 23. PMID: 38797183.

3 Molina JM, Charreau I, Chidiac C, Pialoux G, Cua E, Delaugerre C, Capitant C, Rojas-Castro D, Fonsart J, Bercot B, Bébéar C, Cotte L, Robineau O, Raffi F, Charbonneau P, Aslan A, Chas J, Niedbalski L, Spire B, Sagaon-Teyssier L, Carette D, Mestre SL, Doré V, Meyer L; ANRS IPERGAY Study Group. Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial. Lancet Infect Dis. 2018 Mar;18(3):308-317. doi: 10.1016/S1473-3099(17)30725-9. Epub 2017 Dec 8. PMID: 29229440.

## San Francisco City Clinic data

### Figure 16.1 Proportion of MSM[1] currently on PrEP[2] by race/ethnicity[3], San Francisco City Clinic patients[4], 2015-2024



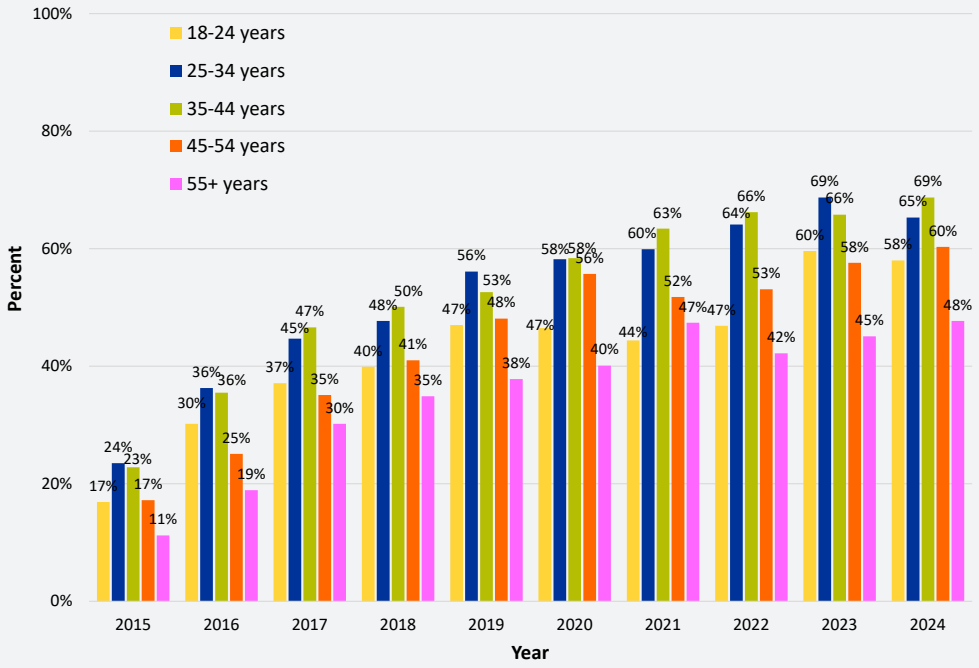

1 MSM included in the report denominator defined as: cis men not known to be HIV positive who reported sex with a cis man in the past year. This is an update from prior reports. See the Technical Notes for "HIV Pre-exposure Prophylaxis (PrEP) Regimens" for more details.

2 On PrEP at visit defined as: (1) Answered 'yes' to are you currently on PrEP or (2) Enrolled in PrEP as of visit. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Data reported as of July 14, 2025.

3 Patient-level race/ethnicity data were updated in the STI surveillance system in 2024. Race/ethnicity stratifications may not match data in prior reports. Patients considered as Latine/x if "Hispanic" or "Latine/x" ethnicity was reported, even if other race/ethnicities also reported for the patient. "Pacific Islander," previously not shown, is now grouped with "Asian". Patients reporting "other" or "Native American" race or considered "multi-racial" or "unknown" race are not displayed due to small numbers.

4 Includes San Francisco residents only.

## Figure 16.2 Proportion of MSM[1] currently on PrEP[2] by age group, San Francisco City Clinic patients[3], 2015-2024




1 MSM included in the report denominator defined as: cis men not known to be HIV positive who reported sex with a cis man in the past year. This is an update from prior reports. See the Technical Notes for "HIV Pre-exposure Prophylaxis (PrEP) Regimens" for more details.

2 On PrEP at visit defined as: (1) Answered 'yes' to are you currently on PrEP or (2) Enrolled in PrEP as of visit. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Data reported as of July 14, 2025.

3 Includes San Francisco residents only.

## Table 16.1 PrEP Program enrollment[1] and ongoing participation by select client characteristics and PrEP regimen, San Francisco City Clinic PrEP Program participants, 2019-2024[2]

| | | | 2019 | | 2020 | | 2021 | | 2022 | | 2023 | | 2024 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number[3] (%) | | | | | | | | | | | |
| MSM | | **All Patients** | **716** | | **585** | | **603** | | **691** | | **808** | | **904** | |
| | | Daily PrEP | 659 | (92.0) | 532 | (90.9) | 540 | (89.6) | 581 | (84.1) | 624 | (77.2) | 681 | (75.3) |
| | | PrEP 2-1-1 | 54 | ( 7.5) | 52 | ( 8.9) | 57 | ( 9.5) | 100 | (14.5) | 128 | (15.8) | 145 | (16.0) |
| | | CAB-LA | N/A | | N/A | | N/A | | 2 | ( 0.3) | 45 | ( 5.6) | 71 | ( 7.9) |
| | Race/Ethnicity[4] | **White** | **239** | | **165** | | **169** | | **205** | | **230** | | **251** | |
| | | Daily PrEP | 211 | (88.3) | 147 | (89.1) | 148 | (87.6) | 171 | (83.4) | 177 | (77.0) | 192 | (76.5) |
| | | PrEP 2-1-1 | 26 | (10.9) | 17 | (10.3) | 17 | (10.1) | 30 | (14.6) | 44 | (19.1) | 44 | (17.5) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 9 | ( 3.9) | 13 | ( 5.2) |
| | | **Black/African American** | **55** | | **52** | | **44** | | **39** | | **41** | | **50** | |
| | | Daily PrEP | 54 | (98.2) | 48 | (92.3) | 40 | (90.9) | 29 | (74.4) | 26 | (63.4) | 36 | (72.0) |
| | | PrEP 2-1-1 | 1 | ( 1.8) | 4 | ( 7.7) | 4 | ( 9.1) | 9 | (23.1) | 10 | (24.4) | 10 | (20.0) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 5 | (12.2) | 4 | ( 8.0) |
| | | **Latine/x** | **247** | | **228** | | **249** | | **271** | | **343** | | **378** | |
| | | Daily PrEP | 234 | (94.7) | 214 | (93.9) | 226 | (90.8) | 241 | (88.9) | 271 | (79.0) | 290 | (76.7) |
| | | PrEP 2-1-1 | 13 | ( 5.3) | 14 | ( 6.1) | 21 | ( 8.4) | 26 | ( 9.6) | 40 | (11.7) | 42 | (11.1) |
| | | CAB-LA | N/A | | N/A | | N/A | | 2 | ( 0.7) | 26 | ( 7.6) | 42 | (11.1) |
| | | **Asian/Pacific Islander** | **133** | | **101** | | **96** | | **108** | | **124** | | **155** | |
| | | Daily PrEP | 121 | (91.0) | 87 | (86.1) | 82 | (85.4) | 82 | (75.9) | 90 | (72.6) | 114 | (73.5) |
| | | PrEP 2-1-1 | 11 | ( 8.3) | 14 | (13.9) | 14 | (14.6) | 25 | (23.1) | 26 | (21.0) | 34 | (21.9) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 3 | ( 2.4) | 7 | ( 4.5) |
| | | **Multiracial** | 19 | | 14 | | 19 | | 15 | | 13 | | 10 | |
| | | Daily PrEP | 18 | (94.7) | 14 | (100.0) | 18 | (94.7) | 11 | (73.3) | 10 | (76.9) | 6 | (60.0) |
| | | PrEP 2-1-1 | 1 | ( 5.3) | 0 | ( 0.0) | 1 | ( 5.3) | 4 | (26.7) | 1 | ( 7.7) | 1 | (10.0) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 2 | (15.4) | 3 | (30.0) |
| | | **Other/Unknown** | **23** | | **25** | | **26** | | **53** | | **57** | | **60** | |
| | | Daily PrEP | 21 | (91.3) | 22 | (88.0) | 26 | (100.0) | 47 | (88.7) | 50 | (87.7) | 43 | (71.7) |
| | | PrEP 2-1-1 | 2 | ( 8.7) | 3 | (12.0) | 0 | ( 0.0) | 6 | (11.3) | 7 | (12.3) | 14 | (23.3) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 0 | ( 0.0) | 2 | ( 3.3) |
| | Age in Years (at beginning of year) | **18-24** | **78** | | **53** | | **53** | | **60** | | **70** | | **68** | |
| | | Daily PrEP | 72 | (92.3) | 49 | (92.5) | 47 | (88.7) | 51 | (85.0) | 59 | (84.3) | 51 | (75.0) |
| | | PrEP 2-1-1 | 5 | ( 6.4) | 4 | ( 7.5) | 5 | ( 9.4) | 9 | (15.0) | 9 | (12.9) | 9 | (13.2) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 1 | ( 1.4) | 6 | ( 8.8) |
| | | **25-34** | **360** | | **273** | | **264** | | **302** | | **359** | | **401** | |
| | | Daily PrEP | 335 | (93.1) | 245 | (89.7) | 235 | (89.0) | 258 | (85.4) | 279 | (77.7) | 305 | (76.1) |
| | | PrEP 2-1-1 | 24 | ( 6.7) | 27 | ( 9.9) | 28 | (10.6) | 40 | (13.2) | 53 | (14.8) | 68 | (17.0) |
| | | CAB-LA | N/A | | N/A | | N/A | | 1 | ( 0.3) | 23 | ( 6.4) | 27 | ( 6.7) |
| | | **35-44** | **166** | | **159** | | **182** | | **217** | | **239** | | **265** | |
| | | Daily PrEP | 152 | (91.6) | 146 | (91.8) | 167 | (91.8) | 183 | (84.3) | 187 | (78.2) | 205 | (77.4) |
| | | PrEP 2-1-1 | 13 | ( 7.8) | 13 | ( 8.2) | 12 | ( 6.6) | 30 | (13.8) | 34 | (14.2) | 31 | (11.7) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 13 | ( 5.4) | 26 | ( 9.8) |
| | | **45-54** | **74** | | **66** | | **67** | | **69** | | **86** | | **106** | |
| | | Daily PrEP | 67 | (90.5) | 61 | (92.4) | 59 | (88.1) | 57 | (82.6) | 63 | (73.3) | 77 | (72.6) |
| | | PrEP 2-1-1 | 7 | ( 9.5) | 5 | ( 7.6) | 7 | (10.4) | 11 | (15.9) | 17 | (19.8) | 19 | (17.9) |
| | | CAB-LA | N/A | | N/A | | N/A | | 0 | ( 0.0) | 5 | ( 5.8) | 9 | ( 8.5) |
| | | **55+** | **38** | | **34** | | **37** | | **43** | | **54** | | **64** | |
| | | Daily PrEP | 33 | (86.8) | 31 | (91.2) | 32 | (86.5) | 32 | (74.4) | 36 | (66.7) | 43 | (67.2) |
| | | PrEP 2-1-1 | 5 | (13.2) | 3 | ( 8.8) | 5 | (13.5) | 10 | (23.3) | 15 | (27.8) | 18 | (28.1) |
| | | CAB-LA | N/A | | N/A | | N/A | | 1 | ( 2.3) | 3 | ( 5.6) | 3 | ( 4.7) |
| Cis Women and Trans Women[5] | | **All Patients** | **59** | | **48** | | **52** | | **57** | | **90** | | **98** | |
| | | Daily PrEP | 55 | (93.2) | 44 | (91.7) | 49 | (94.2) | 53 | (93.0) | 61 | (67.8) | 59 | (60.2) |
| | | PrEP 2-1-1 | 4 | ( 6.8) | 4 | ( 8.3) | 2 | ( 3.8) | 2 | ( 3.5) | 5 | ( 5.6) | 9 | ( 9.2) |
| | | CAB-LA | N/A | | N/A | | N/A | | 2 | ( 3.5) | 22 | (24.4) | 28 | (28.6) |

1 Enrolled in the San Francisco City Clinic (SFCC) PrEP Program was defined as attending a PrEP enrollment visit and prescribed PrEP. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports.

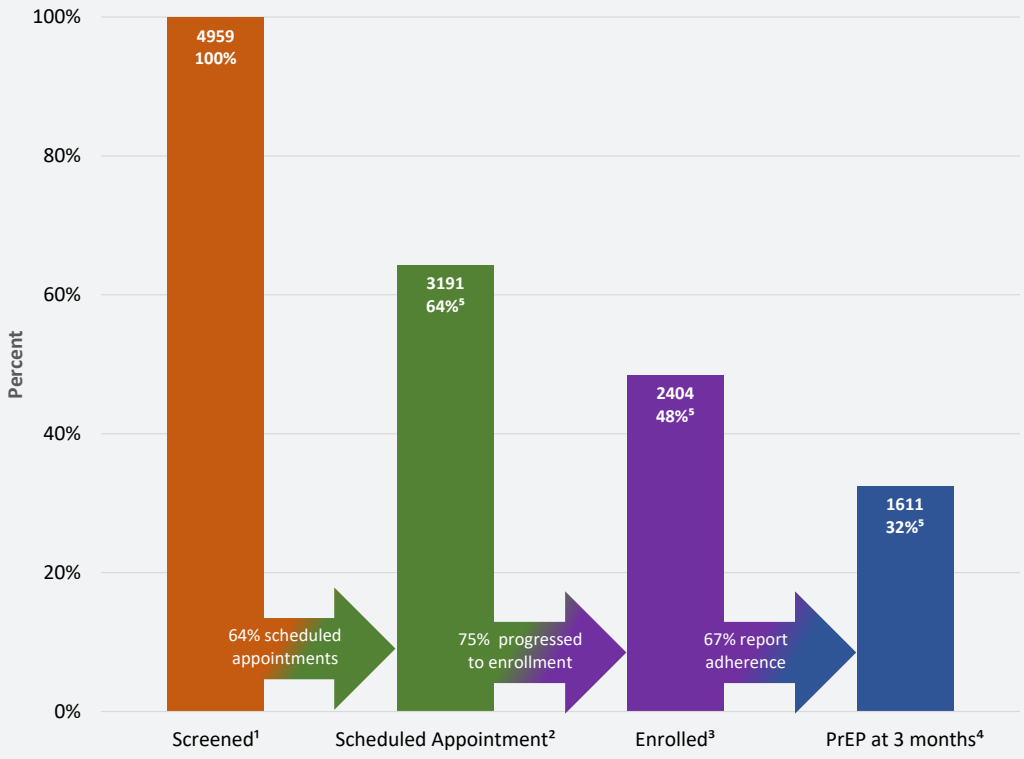
2 Each SFCC PrEP Program participant is represented in each year that they were enrolled and continued to receive PrEP through SFCC. Because participants can change which regimen they want to use, if a participant used more than one regimen in the year, their regimen is identified according to the following hierarchy: CAB-LA, 2-1-1, Daily.

3 Numbers in each sub-group may not add up to the total due to patients without PrEP regimen information.

4 Patient-level race/ethnicity data were updated in the STI data system in 2024. Race/ethnicity stratifications may not match data in prior reports. Patients considered as Latine/x if "Hispanic" or "Latine/x" ethnicity was reported, even if other race/ethnicities also reported for the patient. Patients were considered as "multiracial" if they had one or more race/ethnicity reported (excluding Hispanic or Latine/x ethnicity). Pacific Islander was disaggregated from the group "Other" and grouped with Asian and Multiracial was removed from "Other" and reported separately. "Native American" are included in "Other/Unknown" due to small numbers.

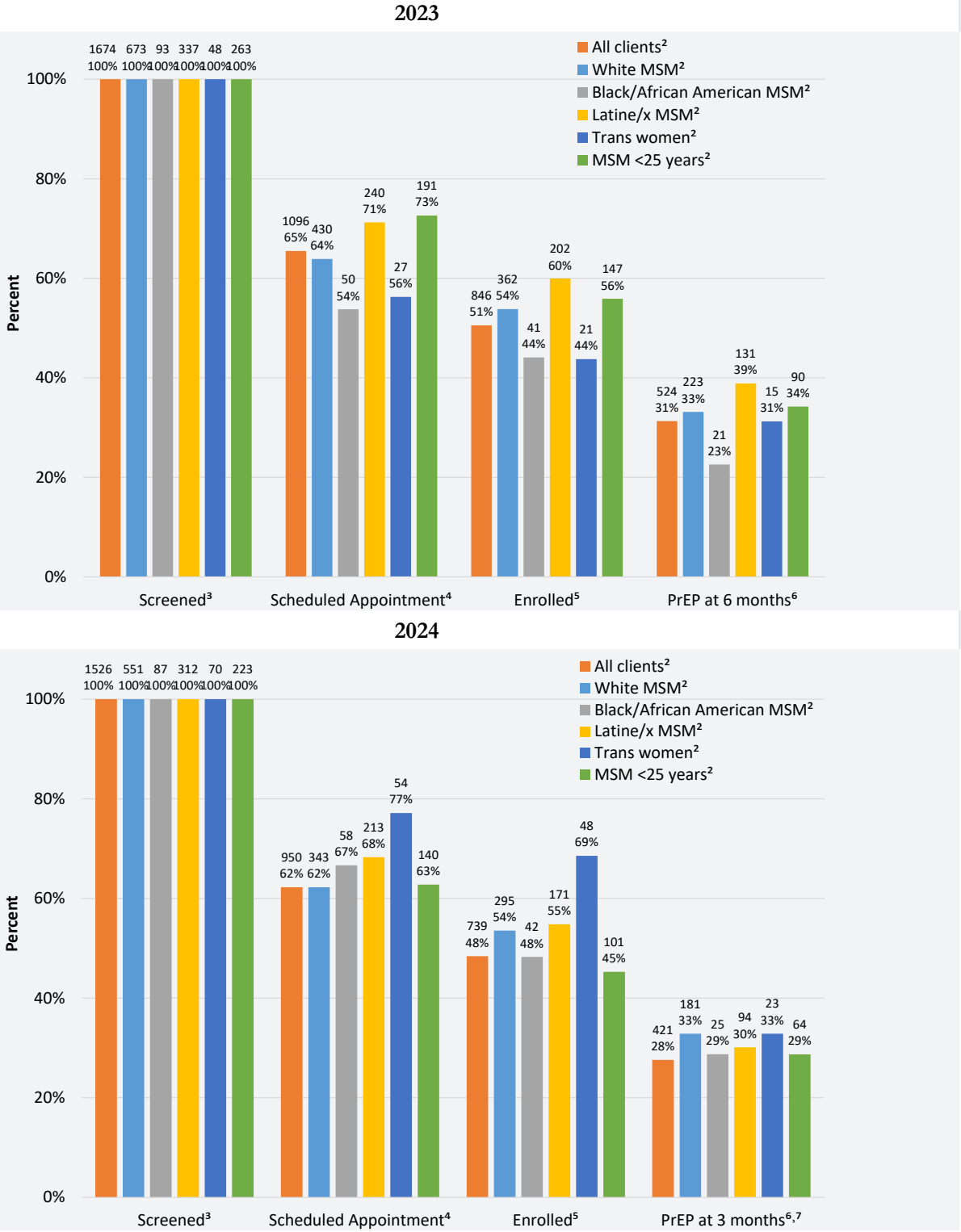
5 For data stratified among cis and trans women: PrEP 2-1-1 is not typically indicated for cis women and so therefore the PrEP 2-1-1 data are primarily among trans women.

## Figure 16.3 PrEP screening, appointments, enrollment, and PrEP use at three-month follow-up among San Francisco AIDS Foundation Clients, 2022-2024




1 PrEP screening was defined as all people who were seen for sexual health care at SFAF, were HIV-negative, and did not report current PrEP use on screening date.
2 Scheduled appointment for PrEP was defined as scheduling an appointment for PrEP enrollment.
3 Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.
4 PrEP at three months was defined as still being enrolled in the SFAF PrEP program at three-month follow-up with either a clinical visit or prescription refill.
5 Percentages were based on the number of people screened.

## Figure 16.4 PrEP screening, appointments, enrollment, and PrEP use at three- and six-month follow-ups by priority populations[1] among San Francisco AIDS Foundation clients, 2023-2024




1 These priority populations were White MSM, Black/African American MSM, Latine/x MSM, trans women, and MSM <25 years old; and they were not mutually exclusive.

2 Percentages were based on the number of people screened.

3 PrEP screening was defined as all people who were seen for sexual health care at SFAF, were HIV-negative, and did not report current PrEP use on screening date.

4 Scheduled appointment for PrEP was defined as scheduling an appointment for PrEP enrollment.

5 Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.

6 PrEP at three months and six months was defined as still being enrolled in the SFAF PrEP program at that time with either a clinical visit or prescription refill.

7 All clients included every client on PrEP at three months in 2024, not just the listed subgroups. The listed subgroups had higher PrEP persistence at three months than the PrEP clients overall.

## Table 16.2 PrEP enrollment and PrEP use at three- or six-month follow-up by priority populations[1] and PrEP regimen, San Francisco AIDS Foundation clients, 2023-2024

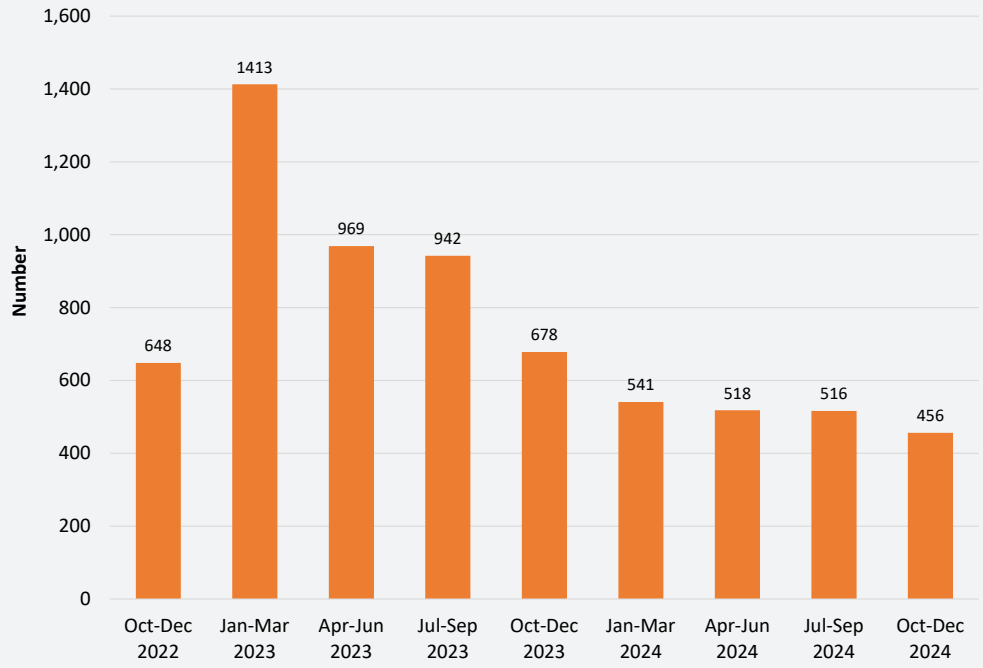
| | | 2023 | | 2024 | |
|---|---|---|---|---|---|
| | | Enrolled[2] | PrEP at Six Months[3] | Enrolled[2] | PrEP at Three Months[3] |
| | | Number (Column %) | Number (row % of Enrolled PrEP Regimen) | Number (Column %) | Number (row % of Enrolled PrEP Regimen) |
| | **All Clients** | **846** | **524** | **739** | **421** |
| | Daily PrEP | 617 (73) | 390 (63) | 529 (72) | 294 (56) |
| | PrEP 2-1-1 | 147 (17) | 84 (57) | 141 (19) | 78 (55) |
| | CAB-LA | 82 (10) | 50 (61) | 69 ( 9) | 49 (71) |
| Priority Populations/ PrEP Regimens | **White MSM** | **362** | **223** | **295** | **181** |
| | Daily PrEP | 261 (72) | 169 (65) | 210 (71) | 132 (63) |
| | PrEP 2-1-1 | 75 (21) | 41 (55) | 61 (21) | 33 (54) |
| | CAB-LA | 26 ( 7) | 13 (50) | 24 ( 8) | 16 (67) |
| | **Black/African American MSM** | **41** | **21** | **42** | **25** |
| | Daily PrEP | 29 (71) | 15 (52) | 33 (79) | 18 (55) |
| | PrEP 2-1-1 | 5 (12) | 2 (40) | 5 (12) | 4 (80) |
| | CAB-LA | 7 (17) | 4 (57) | 4 (10) | 3 (75) |
| | **Latine/x MSM** | **202** | **131** | **171** | **94** |
| | Daily PrEP | 140 (69) | 89 (64) | 117 (68) | 59 (50) |
| | PrEP 2-1-1 | 37 (18) | 24 (65) | 30 (18) | 20 (67) |
| | CAB-LA | 25 (12) | 18 (72) | 24 (14) | 15 (63) |
| | **MSM <25 years** | **147** | **90** | **101** | **64** |
| | Daily PrEP | 108 (73) | 67 (62) | 78 (77) | 53 (68) |
| | PrEP 2-1-1 | 22 (15) | 14 (64) | 15 (15) | 7 (47) |
| | CAB-LA | 17 (12) | 9 (53) | 8 ( 8) | 4 (50) |

1 These priority populations were White MSM, Black/African American MSM, Latine/x MSM, trans women, and MSM <25 years old); and they were not mutually exclusive. Data on trans women are not displayed due to small numbers.

2 Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.

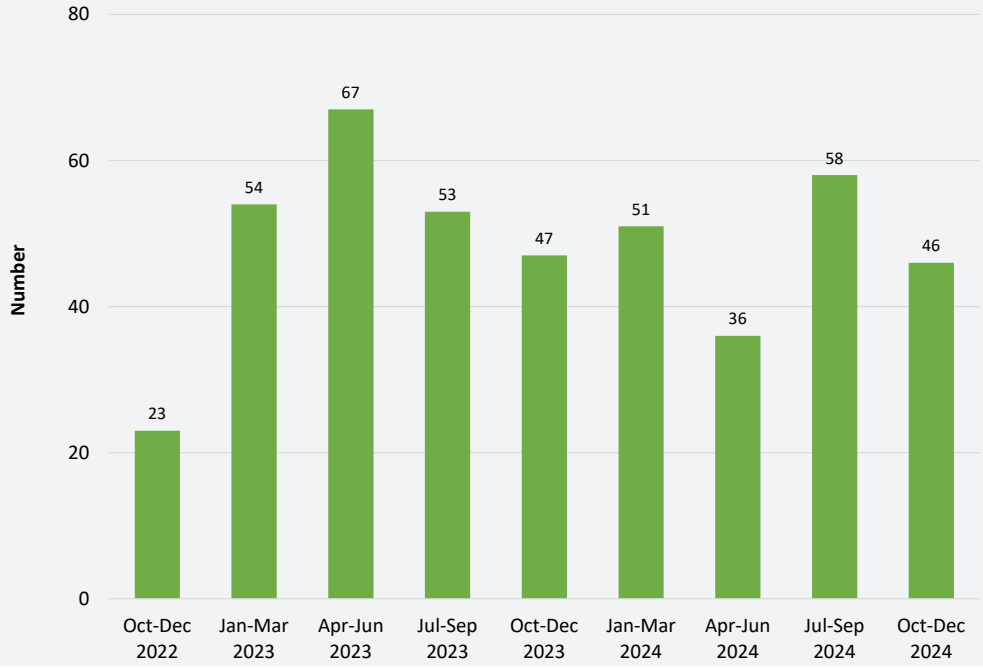
3 PrEP at three months and six months was defined as still being enrolled in the SFAF PrEP program at that time with either a clinical visit or prescription refill. All clients included every client on PrEP at three months and six months, not just the listed subgroups. The listed subgroups may have had higher PrEP persistence at three months and six months than the PrEP clients overall.

## Figure 16.5 Number of New Doxy-PEP Prescriptions[1], New Product Initiative, October 2022 - December 2024, San Francisco



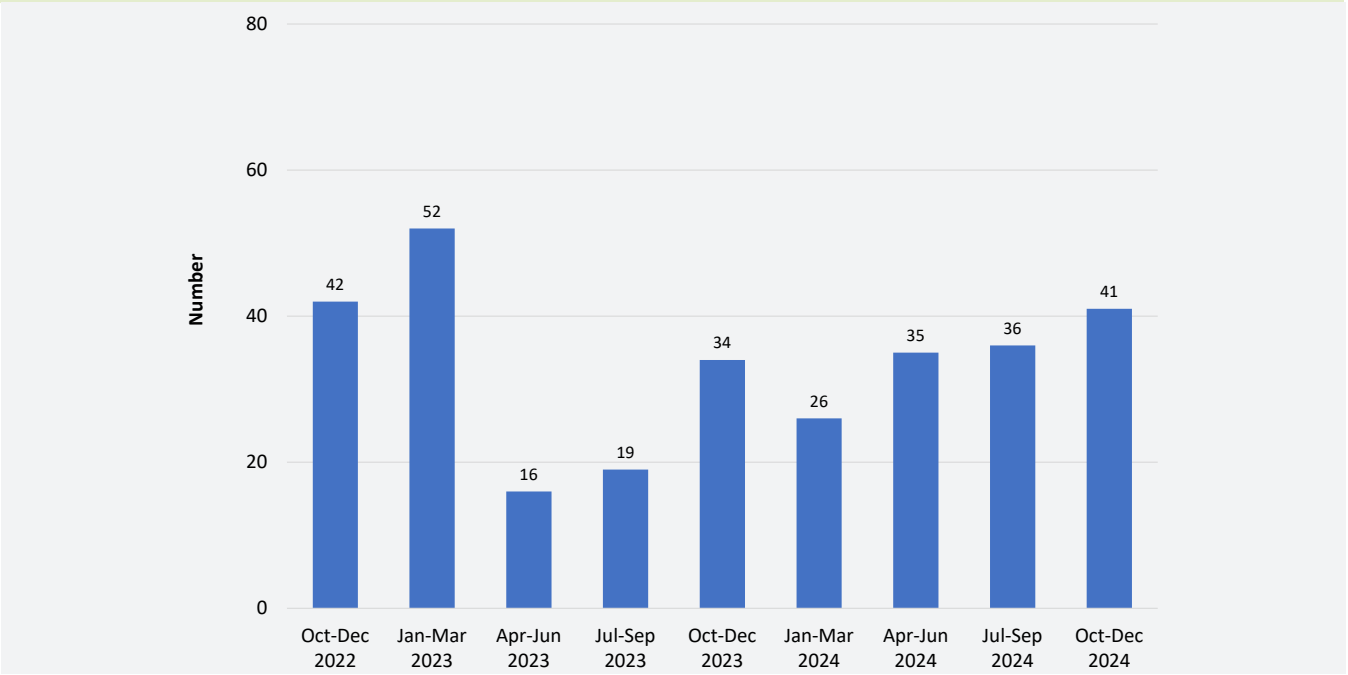

1 Data from Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco. Data during October 2022 to December 2023 from Kaiser were among people using PrEP only.

## Figure 16.6 Number of New CAB-LA Prescriptions for HIV Prevention[1], New Product Initiative, October 2022 - December 2024, San Francisco




1 Data from Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco.

## Figure 16.7 Number of New CAB-LA/RPV Prescriptions for HIV Treatment[1], New Product Initiative, October 2022 - December 2024, San Francisco




1 Data from Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco.

# 17 Geographic Distribution of People with HIV

### The Castro had the highest HIV prevalence while the Tenderloin had the highest cumulative rate of new diagnoses

There were 11,552 current San Francisco residents living with HIV as of December 31, 2024, regardless of their residence at HIV diagnosis. By neighborhood, the Castro had the highest number of PLWH (N=1,545), followed by the Tenderloin (N=1,519), the Mission (N=1,174), and the Western Addition (N=1,156) (Map 17.1). The Castro, Diamond Heights, Mission, South of Market, Tenderloin, and Western Addition neighborhoods included census tracts with the highest numbers of PLWH (shown in blue). Four census tracts in the Castro had the largest number of PLWH, followed by census tracts in the South of Market and Western Addition neighborhoods. The Tenderloin census tracts are smaller in geographic area but have similarly high numbers of PLWH, indicative of the high density of PLWH by geographic area in this neighborhood.

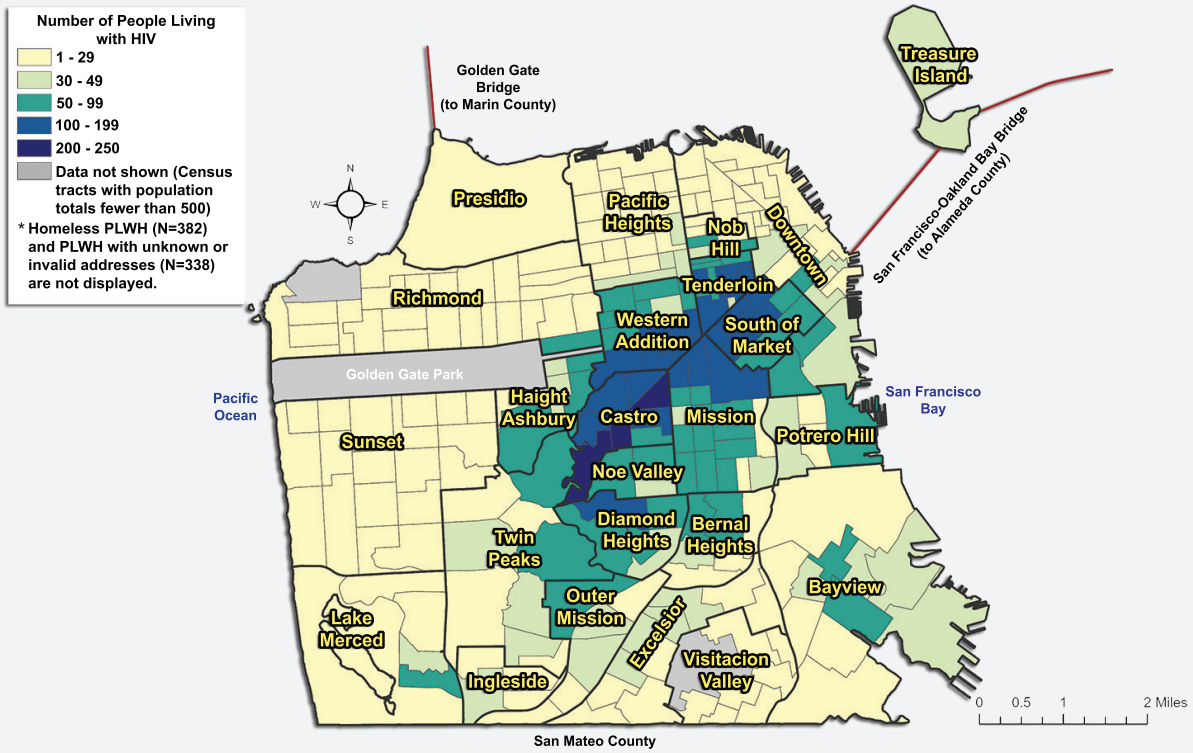
When accounting for population size, the Castro had the highest HIV prevalence (5,774 PLWH per 100,000), followed by the Tenderloin (3,469 per 100,000), South of Market (3,098 per 100,000), the Western Addition (2,559 per 100,000), and the Mission (2,030 per 100,000) (Map 17.2). The Tenderloin had the highest cumulative rate of new diagnoses in 2023-2024 (96 per 100,000), followed by South of Market (70 per 100,000), the Castro (64 per 100,000), and Mission (61 per 100,000) (Map 17.3).

In 2024, the Tenderloin had the highest mortality rate (from all causes) among PLWH (91 deaths per 100,000), followed by the Castro (86 deaths per 100,000), and South of Market (84 deaths per 100,000) (Map 17.4). Although HIV prevalence in the Castro was 1.7 times higher than the Tenderloin's (Map 17.2), the Tenderloin's mortality rate exceeded that of the Castro. The Ingleside, Outer Mission, and Presidio neighborhoods had no deaths among PLWH in 2024.

Citywide, 74% of PLWH in San Francisco who were diagnosed through December 2023 were virally suppressed as of December 2024 (Map 17.5). Three neighborhoods had a viral suppression prevalence more than one percentage point below the city-wide level: Treasure Island (67%), Downtown (70%), and Potrero Hill (72%). At 37% virally suppressed, unhoused PLWH had a much lower prevalence of viral suppression compared to PLWH with a residential address in any neighborhood.

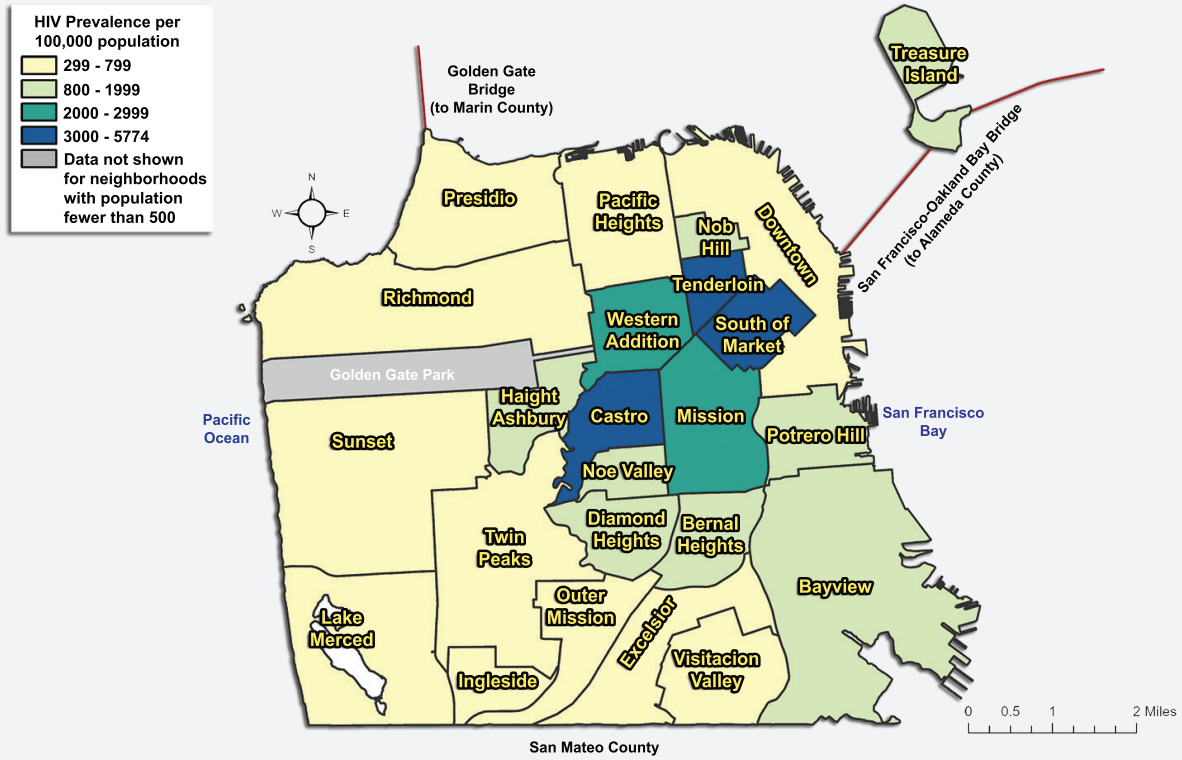
Between January 1, 2023, and December 31, 2024, a total of 1,048 San Francisco residents living with HIV relocated from the city (See Technical Notes "Migration of PLWH"). The majority (65%) of those left moved to other counties within California (Map 17.6). Among those who relocated out of state, the most common destinations were the South Atlantic (7%), followed by the Pacific (6%), Middle Atlantic (5%), and Mountain (5%) regions, as defined by the U.S. Census Bureau.

## Map 17.1 Geographic distribution[1] of people living with HIV who resided in San Francisco as of December 2024



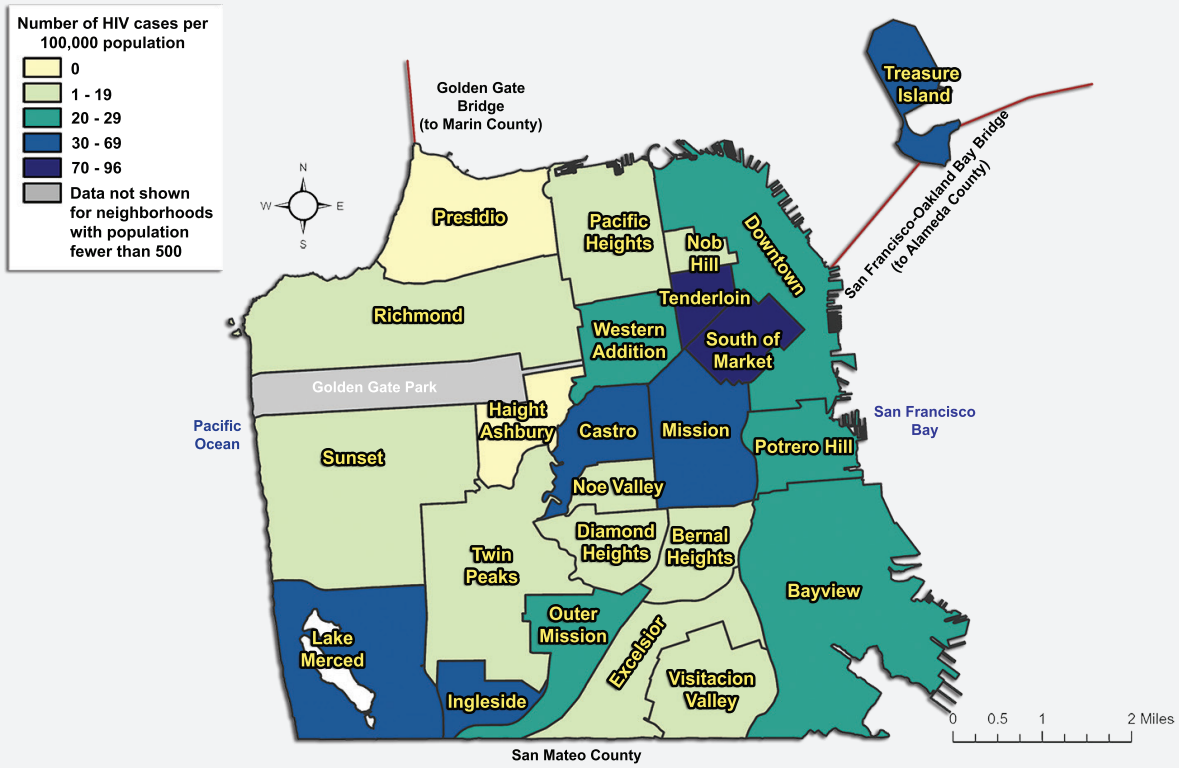

1 The most recently reported address for PLWH as of December 31, 2024, was geocoded and mapped to census tract and neighborhood. Addresses were obtained through chart review, laboratory reports, and communication with other jurisdictions. Census tract boundaries were from 2020 U.S. Census data (compiled and reported by DataSF: https://data.sfgov.org/Geographic-Locations-and-Boundaries/Census-2020-Tracts-for-San-Francisco/tmph-tgz9.

## Map 17.2 HIV prevalence per 100,000 population[1] by neighborhood, 2024, San Francisco



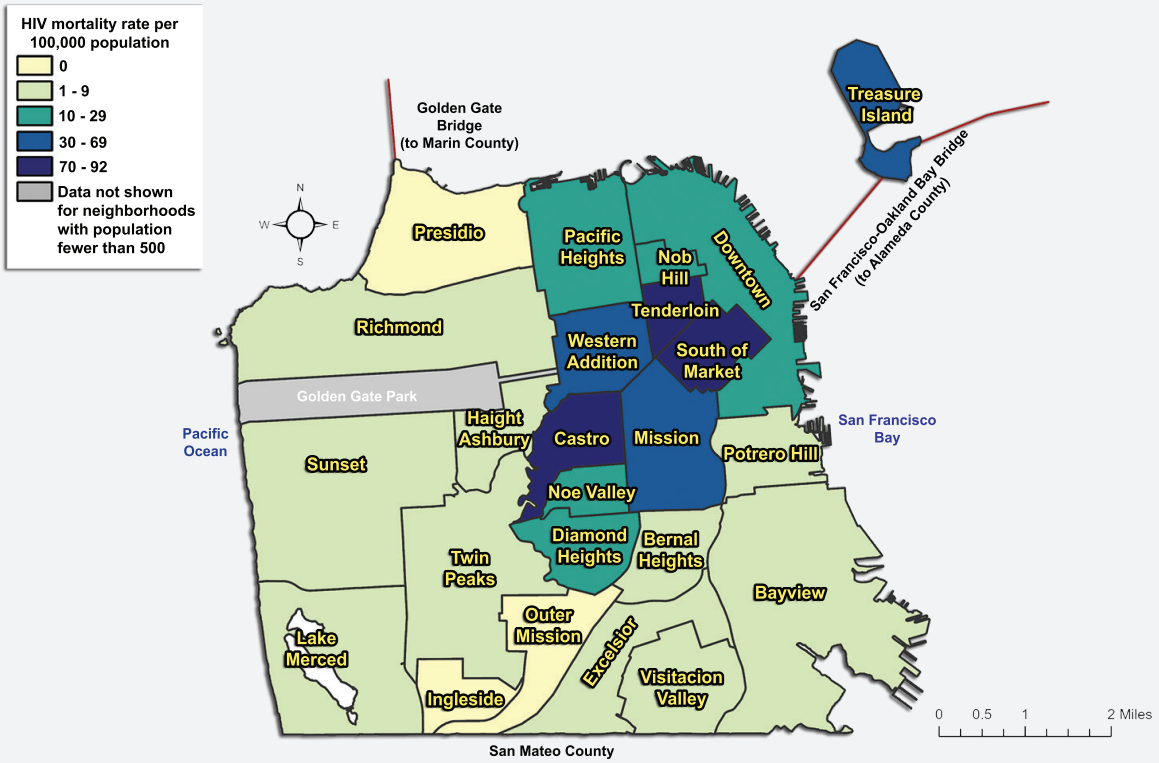

1 Numerators represent PLWH whose most recent address as of December 31, 2024, was geocoded and mapped to neighborhood. Population denominators were from 2020 U.S. Census data (compiled and reported by the California Department of Finance: https://dof.ca.gov/forecasting/Demographics/2020-census-data/).

## Map 17.3 Rates of HIV diagnosis per 100,000 population[1] for people diagnosed with HIV by neighborhood, 2023-2024, San Francisco



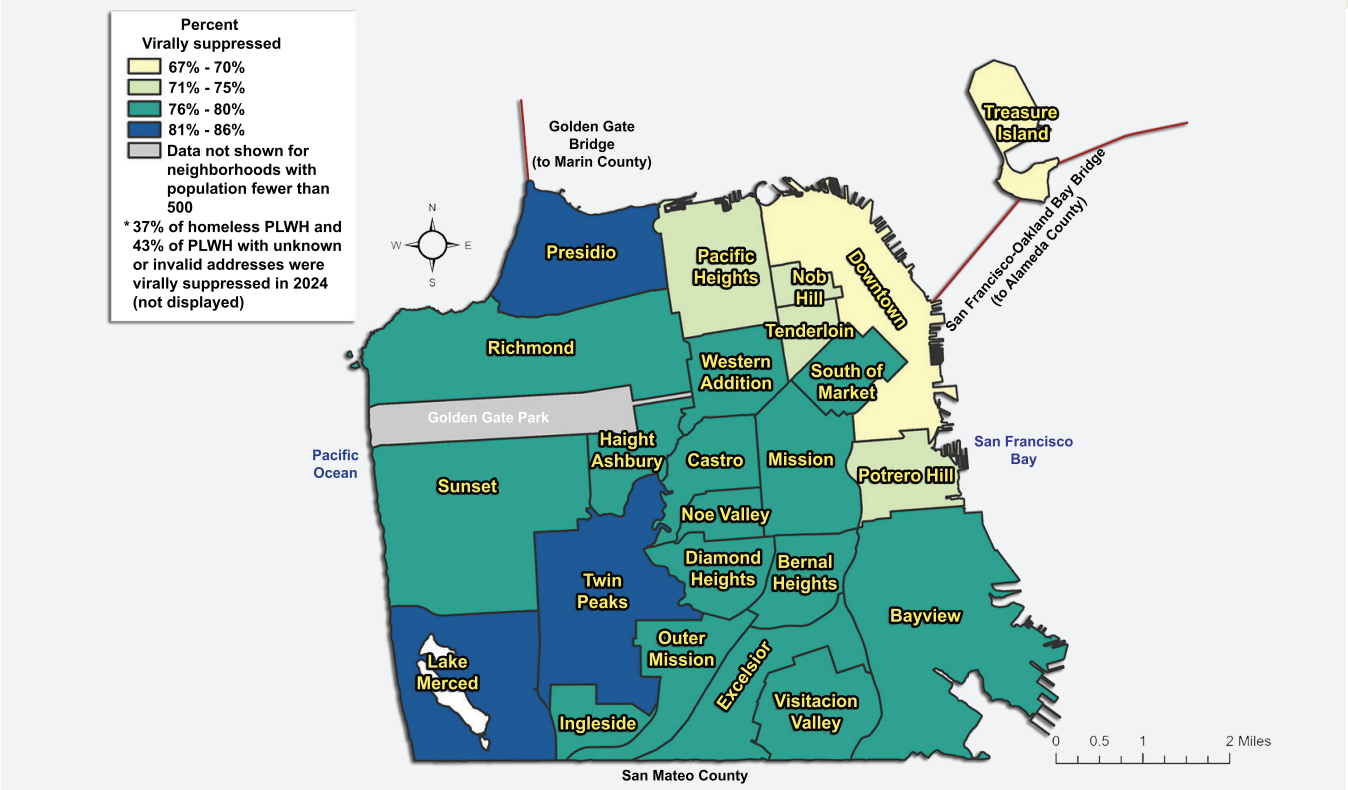

1 Numerators represent new diagnoses over two years. Residence at time of diagnosis was geocoded and mapped to San Francisco neighborhood. Population denominators were from 2020 U.S. Census data (compiled and reported by the California Department of Finance: https://dof.ca.gov/forecasting/Demographics/2020-census-data/).

## Map 17.4 Mortality rates among people with HIV per 100,000 population[1] by neighborhood, 2024, San Francisco



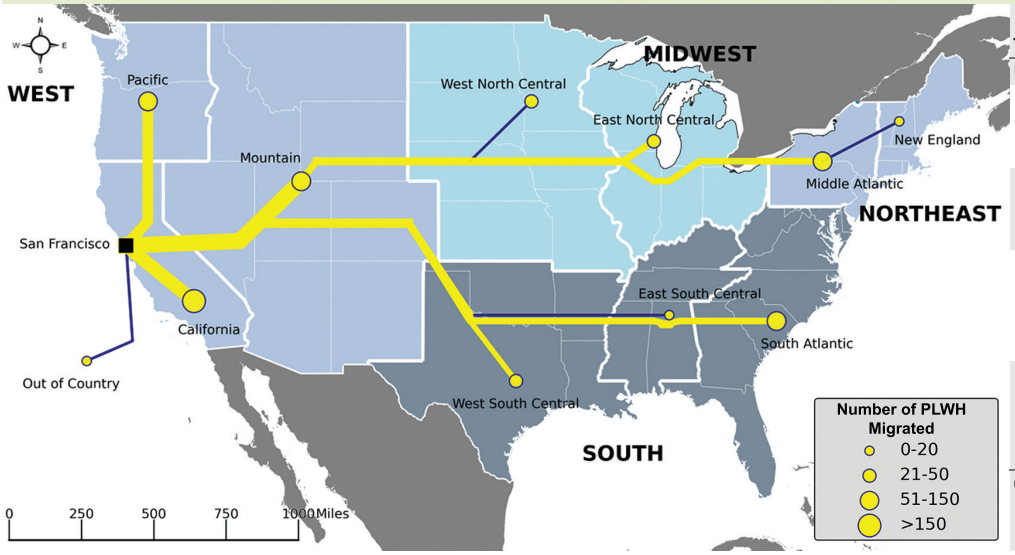

1 Numerators represent deaths among PLWH due to all causes. The residence reported on the death certificate was geocoded and mapped to neighborhood. Population denominators were from 2020 U.S. Census data (compiled and reported by the California Department of Finance: https://dof.ca.gov/forecasting/Demographics/2020-census-data/).

## Map 17.5 Geographic distribution of proportion[1] of people living with HIV as of December 2024 and diagnosed through 2023 who were virally suppressed in 2024, San Francisco




1 The most recently reported address for PLWH as of December 31, 2024, was geocoded and mapped to neighborhood. Numerators represent PLWH diagnosed through December 31, 2023, whose most recent viral load in 2024 was less than 200 copies per mL. Denominators represent all PLWH diagnosed through 2023 and living as of December 31, 2024.

## Map 17.6 Geographic distribution of people living with HIV who resided in San Francisco as of December 2022 and moved away between January 2023 and December 2024




| | Number | % |
|---|---|---|
| **Total** | **1,048** | |
| US Region/Division[1] | | |
| Midwest | | |
| East North Central | 26 | 2% |
| West North Central | 21 | 2% |
| Northeast | | |
| Middle Atlantic | 57 | 5% |
| New England | 13 | 1% |
| South | | |
| East South Central | 15 | 1% |
| South Atlantic | 75 | 7% |
| West South Central | 45 | 4% |
| West | | |
| California | 681 | 65% |
| Mountain | 56 | 5% |
| Pacific[2] | 58 | 6% |
| Out of Country[3] | 1 | <1% |

1 The US Census Bureau divides the country into four regions (Midwest, Northeast, South, and West) which are further divided into nine regional divisions. States are colored by region in the map, while thicker borders indicate states groups by regional division.

2 The Pacific regional division includes Alaska and Hawaii, though they are not depicted on the map. California is depicted as distinct from the Pacific regional division for the purposes of this map.

3 The out-of-country group includes any PLWH migrating outside of the 50 United States and Washington D.C.

# 18 Social Determinants of Health

HIV diagnosis rates for years 2022 and 2023 were evaluated by selected social determinants of health (SDH; see Technical Notes "Social Determinants of Health") in the census tract of residence at diagnosis. In both years 2022 and 2023, the highest HIV diagnosis rates occurred in census tracts with ≥8% of residents living below the federal poverty level, ≥18% with less than a high school diploma, and median household incomes under $105,000 (Table 18.1). Among men, diagnosis rates in these areas reached 61.7 per 100,000 in 2022 and 56.6 per 100,000 in 2023. Women and trans women had lower diagnosis rates overall, though rates remained higher in areas with lower educational attainment and income levels. Across both years, diagnosis rates increased as poverty and educational disadvantage increased, and as household income decreased.

In 2022 and 2023, Black/African American and Latine/x people had the highest HIV diagnosis rates across most of the selected social determinant categories. Among Black/African Americans, the highest rates were observed in census tracts with ≥8% of residents living below the federal poverty level and in areas with median household incomes under $105,000 (Table 18.2). Latine/x people also had elevated rates, especially in census tracts with higher poverty levels and lower educational attainment. Among Whites, diagnosis rates were lower overall but reached their highest levels in census tracts with elevated poverty and median household incomes under $105,000.

By age at diagnosis, HIV diagnosis rates were highest in 2022 and 2023 among individuals aged 25–34 years across the SDH categories examined (Table 18.3). In census tracts with ≥8% of residents living below the federal poverty level and median household incomes below $105,000, rates for this age group exceeded 75 per 100,000. Diagnosis rates were lowest among adults aged 55 years and older across all SDH categories during both years.

In both years, the distribution of new HIV diagnoses among MSM, MSM-PWID, and PWID varied by social determinant category (Table 18.4). Patterns among MSM and MSM-PWID remained consistent between 2022 and 2023, with MSM-PWID more frequently diagnosed in census tracts with ≥8% of residents living below the federal poverty level.

## Table 18.1 HIV diagnosis rates among people aged 18 years and older by selected social determinants of health[1] and gender, 2022-2023, San Francisco

| | | Year of Diagnosis[2] | | | | | |
|---|---|---|---|---|---|---|---|
| | | 2002 | | | 2023 | | |
| | | Men | Women/ Trans Women[3] | Total | Men | Women/ Trans Women[3] | Total |
| | | Number of new diagnoses (Rate per 100,000) | | | | | |
| | **Total** | **146 (39.3)** | **24 ( 6.8)** | **170 (23.6)** | **128 (41.5)** | **20 ( 5.7)** | **148 (20.5)** |
| Below Federal Poverty Level (%) | **<3%** | 33 (23.2) | 6 ( 4.1) | 39 (13.5) | 29 (20.4) | 3 ( 2.1) | 32 (11.1) |
| | **3.00% - 4.99%** | 41 (53.5) | 5 ( 6.7) | 46 (30.4) | 28 (36.6) | 4 ( 5.3) | 32 (21.1) |
| | **5.00% - 7.99%** | 24 (32.1) | 3 ( 4.3) | 27 (18.6) | 27 (36.1) | 3 ( 4.3) | 30 (20.7) |
| | **≥8%** | 48 (61.7) | 10 (16.9) | 58 (42.4) | 44 (56.6) | 10 (16.9) | 54 (39.5) |
| Less Than High School Diploma (%) | **<5%** | 41 (33.7) | 5 ( 4.4) | 46 (37.9) | 38 (31.3) | 3 ( 2.6) | 41 (33.8) |
| | **5.00% - 10.99%** | 42 (36.9) | 4 ( 3.7) | 46 (41.6) | 33 (29.0) | 8 ( 7.5) | 41 (37.1) |
| | **11.00 % - 17.99%** | 28 (44.3) | 3 ( 4.9) | 31 (50.6) | 31 (49.1) | 4 ( 6.5) | 35 (57.1) |
| | **≥18%** | 35 (48.1) | 12 (17.8) | 47 (66.6) | 26 (35.7) | 5 ( 7.4) | 31 (43.9) |
| Median Household Income ($) | **< $105,000** | 41 (50.3) | 12 (15.7) | 53 (67.1) | 43 (52.8) | 9 (11.8) | 52 (65.8) |
| | **$105,000 - $144,999** | 39 (39.1) | 8 ( 8.6) | 47 (48.2) | 28 (28.1) | 7 ( 7.6) | 35 (35.9) |
| | **$145,000 - $182,999** | 38 (38.4) | 2 ( 2.1) | 40 (41.3) | 32 (32.3) | 1 ( 1.0) | 33 (34.1) |
| | **≥ $183,000** | 28 (30.8) | 2 ( 2.4) | 30 (33.2) | 25 (27.5) | 3 ( 3.6) | 28 (31.0) |

1 See Technical Notes "Social Determinants of Health."
2 Date of diagnosis was defined by evidence of a confirmed HIV test and did not account for self-report of HIV infection.
3 Population denominators for women/ trans women were females.

## Table 18.2 HIV diagnosis rates among people aged 18 years and older by selected social determinants of health[1] and gender, 2022-2023, San Francisco

| | | Year of Diagnosis[2] | | | | | |
|---|---|---|---|---|---|---|---|
| | | 2022 | | | 2023 | | |
| | | Black/ African American | Latine/x | White | Black/ African American | Latine/x | White |
| | | Number of new diagnoses (Rate per 100,000) | | | | | |
| | **Total** | **19 (48.5)** | **87 (73.0)** | **40 (13.6)** | **25 (63.8)** | **56 (47.0)** | **41 (13.9)** |
| Below Federal Poverty Level (%) | **<3%** | 3 (28.8) | 19 (49.6) | 13 (10.0) | 6 (57.6) | 12 (31.3) | 11 ( 8.5) |
| | **3.00% - 4.99%** | 1 (14.9) | 26 (97.8) | 11 (17.6) | 3 (44.8) | 16 (60.2) | 7 (11.2) |
| | **5.00% - 7.99%** | 3 (34.8) | 13 (52.8) | 8 (13.9) | 6 (69.7) | 8 (32.5) | 9 (15.6) |
| | **≥8%** | 12 (89.2) | 29 (97.7) | 8 (17.5) | 10 (74.3) | 20 (67.4) | 14 (30.6) |
| Less Than High School Diploma (%) | **<5%** | 3 (39.1) | 21 (74.6) | 17 (12.0) | 3 (39.1) | 14 (49.7) | 15 (10.6) |
| | **5.00% - 10.99%** | 7 (66.9) | 21 (72.3) | 12 (12.9) | 7 (66.9) | 18 (62.0) | 11 (11.8) |
| | **11.00 % - 17.99%** | 2 (29.5) | 16 (72.0) | 8 (20.8) | 5 (73.7) | 12 (54.0) | 9 (23.4) |
| | **≥18%** | 7 (49.1) | 29 (72.9) | 3 (13.7) | 10 (70.1) | 12 (30.1) | 6 (27.3) |
| Median Household Income ($) | **< $105,000** | 11 (72.6) | 24 (68.0) | 11 (27.1) | 11 (72.6) | 20 (56.7) | 14 (34.5) |
| | **$105,000 - $144,999** | 5 (40.7) | 28 (79.5) | 7 (11.1) | 8 (65.2) | 14 (39.7) | 5 ( 7.9) |
| | **$145,000 - $182,999** | 3 (46.6) | 20 (75.1) | 11 (12.2) | 2 (31.1) | 13 (48.8) | 12 (13.3) |
| | **≥ $183,000** | 0 ( 0.0) | 15 (67.9) | 11 (10.9) | 4 (75.4) | 9 (40.8) | 10 ( 9.9) |

1 See Technical Notes "Social Determinants of Health."
2 Date of diagnosis was defined by evidence of a confirmed HIV test and did not account for self-report of HIV infection.

## Table 18.3 HIV diagnosis rates among persons aged 18 years and older by selected social determinants of health[1] and age group at diagnosis, 2022-2023, San Francisco

| | | Year of Diagnosis[2] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2022 | | | | | 2023 | | | | |
| | | Age at Diagnosis | | | | | Age at Diagnosis | | | | |
| | | 18-24 | 25-34 | 35-44 | 45-54 | 55+ | 18-24 | 25-34 | 35-44 | 45-54 | 55+ |
| | | Number of new diagnoses (Rate per 100,000) | | | | | | | | | |
| | Total | 14 (26.7) | 73 (41.1) | 41 (30.0) | 27 (24.4) | 15 ( 6.1) | 16 (30.6) | 62 (34.9) | 37 (27.1) | 20 (18.1) | 13 ( 5.3) |
| Below Federal Poverty Level (%) | <3% | 4 (23.9) | 15 (20.4) | 8 (14.6) | 8 (17.9) | 4 ( 4.1) | 3 (17.9) | 12 (16.3) | 12 (21.9) | 2 ( 4.5) | 3 ( 3.1) |
| | 3.00% - 4.99% | 5 (51.9) | 25 (66.1) | 8 (28.4) | 3 (13.1) | 5 ( 9.4) | 3 (31.2) | 12 (31.7) | 6 (21.3) | 7 (30.7) | 4 ( 7.5) |
| | 5.00% - 7.99% | 1 ( 8.4) | 8 (24.1) | 11 (40.0) | 4 (17.4) | 3 ( 6.0) | 4 (33.6) | 13 (39.2) | 8 (29.1) | 5 (21.8) | 0 ( 0.0) |
| | ≥8% | 4 (28.4) | 25 (75.5) | 14 (53.5) | 12 (59.6) | 3 ( 6.9) | 6 (42.6) | 25 (75.5) | 11 (42.0) | 6 (29.8) | 6 (13.9) |
| Less Than High School Diploma (%) | <5% | 2 (11.0) | 19 (26.0) | 13 (28.4) | 7 (20.3) | 5 ( 7.8) | 4 (21.9) | 20 (27.4) | 7 (15.3) | 6 (17.4) | 4 ( 6.2) |
| | 5.00% - 10.99% | 5 (31.4) | 20 (37.1) | 8 (19.5) | 9 (27.2) | 4 ( 5.2) | 5 (31.4) | 15 (27.8) | 13 (31.8) | 5 (15.1) | 3 ( 3.9) |
| | 11.00 % - 17.99% | 2 (26.2) | 15 (55.4) | 8 (33.9) | 3 (15.6) | 3 ( 6.4) | 1 (13.1) | 14 (51.7) | 11 (46.6) | 4 (20.9) | 5 (10.6) |
| | ≥18% | 5 (47.5) | 19 (79.9) | 12 (45.7) | 8 (33.5) | 3 ( 5.4) | 6 (57.0) | 13 (54.7) | 6 (22.8) | 5 (20.9) | 1 ( 1.8) |
| Median Household Income ($) | < $105,000 | 5 (33.5) | 25 (79.2) | 10 (35.7) | 8 (35.3) | 5 ( 8.2) | 6 (40.2) | 25 (79.2) | 12 (42.8) | 6 (26.5) | 3 ( 4.9) |
| | $105,000 - $144,999 | 5 (36.2) | 18 (40.7) | 14 (38.5) | 8 (26.1) | 2 ( 3.0) | 6 (43.4) | 10 (22.6) | 11 (30.2) | 6 (19.6) | 2 ( 3.0) |
| | $145,000 - $182,999 | 3 (23.4) | 18 (38.2) | 10 (27.4) | 5 (16.1) | 4 ( 5.8) | 3 (23.4) | 13 (27.6) | 8 (21.9) | 5 (16.1) | 4 ( 5.8) |
| | ≥ $183,000 | 1 ( 9.3) | 12 (21.9) | 7 (19.6) | 6 (22.7) | 4 ( 8.5) | 1 ( 9.3) | 14 (25.5) | 6 (16.8) | 3 (11.4) | 4 ( 8.5) |

1 See Technical Notes "Social Determinants of Health."
2 Date of diagnosis was defined by evidence of a confirmed HIV test and did not account for self-report of HIV infection.

## Table 18.4 Proportions of new HIV diagnoses among persons aged 18 years and older by selected social determinants of health[1] and transmission category, 2022-2023, San Francisco

| | | Year of Diagnosis[2] | | | | | |
|---|---|---|---|---|---|---|---|
| | | 2022 | | | 2023 | | |
| | | MSM Non-PWID | MSM-PWID | Non-MSM PWID | MSM Non-PWID | MSM-PWID | Non-MSM PWID |
| | | Number of new diagnoses (%) | | | | | |
| | Total | 129 (100) | 14 (100) | 6 (100) | 118 (100) | 11 (100) | 5 (100) |
| Below Federal Poverty Level (%) | <3% | 32 (25) | 3 (21) | 2 (33) | 26 (22) | 2 (18) | 0 ( 0) |
| | 3.00% - 4.99% | 36 (28) | 2 (14) | 1 (17) | 26 (22) | 0 ( 0) | 2 (40) |
| | 5.00% - 7.99% | 21 (16) | 2 (14) | 1 (17) | 26 (22) | 2 (18) | 0 ( 0) |
| | ≥8% | 40 (31) | 7 (50) | 2 (33) | 40 (34) | 7 (64) | 3 (60) |
| Less Than High School Diploma (%) | <5% | 38 (29) | 5 (36) | 0 ( 0) | 34 (29) | 3 (27) | 0 ( 0) |
| | 5.00% - 10.99% | 37 (29) | 4 (29) | 1 (17) | 31 (26) | 4 (36) | 1 (20) |
| | 11.00 % - 17.99% | 23 (18) | 2 (14) | 3 (50) | 30 (25) | 2 (18) | 2 (40) |
| | ≥18% | 31 (24) | 3 (21) | 2 (33) | 23 (19) | 2 (18) | 2 (40) |
| Median Household Income ($) | < $105,000 | 38 (29) | 4 (29) | 3 (50) | 42 (36) | 3 (27) | 1 (20) |
| | $105,000 - $144,999 | 33 (26) | 2 (14) | 3 (50) | 27 (23) | 2 (18) | 3 (60) |
| | $145,000 - $182,999 | 33 (26) | 5 (36) | 0 ( 0) | 26 (22) | 5 (45) | 1 (20) |
| | ≥ $183,000 | 25 (19) | 3 (21) | 0 ( 0) | 23 (19) | 1 ( 9) | 0 ( 0) |

1 See Technical Notes "Social Determinants of Health."
2 Date of diagnosis was defined by evidence of a confirmed HIV test and did not account for self-report of HIV infection.

# Technical Notes
## (in alphabetic order by topic)

### CD4-based Model

The CD4 T-lymphocyte (CD4 cells) count can be used to estimate how long someone has been infected with HIV. HIV targets CD4 cells and without treatment, HIV reduces the number of CD4 cells in a person's body. When no treatment has been received, the CD4 cell count can be used to estimate the time since infection at the date of CD4 test. The CD4-based model uses HIV surveillance data and the first CD4 value after diagnosis to estimate HIV incidence (new infections in people with diagnosed and undiagnosed HIV), HIV prevalence (existing HIV infections among people with diagnosed and undiagnosed with HIV), and the percentage of new and existing HIV infections that are undiagnosed.

The CD4 data for people who had no evidence of antiretroviral therapy (ART) use and no viral suppression (viral load result <200 copies/mL) prior to their first CD4 test result were included in this model. The date of HIV acquisition was estimated for each person with a CD4 test by using a CD4 depletion model[1]. To account for people without a CD4 test result, people with CD4 test results were assigned a weight based on the year of HIV diagnosis, sex, race/ethnicity, transmission category, age at diagnosis, disease classification, and vital status at the end of the analytic year. Then, based on the estimated time from HIV infection to diagnosis, the diagnosis delay distribution was estimated by using standard survival analysis for right truncated data and used to estimate annual HIV incidence (new infections), which included people with diagnosed and undiagnosed infection.

The annual estimated number of new HIV infections (incidence, diagnosed and undiagnosed), HIV prevalence (diagnosed and undiagnosed), and the percentage of people with undiagnosed infection in this report were generated from the CD4 Model SAS program[2] developed by the CDC. This program applied the CD4 depletion model and used prevalence of diagnosed infection and data on deaths among people aged 13 years and older with HIV in San Francisco to estimate the distribution of delay from infection to diagnosis. To account for the impact of the COVID-19 pandemic on HIV diagnoses, adjustments are made to the monthly distribution of diagnoses reported during the three years of 2020-2023 affected by COVID-19 to match the average monthly distribution of diagnoses reported during the three sets of three-year pre-COVID periods (2015-2017, 2016-2018, 2017-2019).

The number of people with undiagnosed HIV infection at the end of a given year was estimated by subtracting the number of cumulative reported diagnoses from cumulative infections. HIV prevalence, which represents counts of people with diagnosed or undiagnosed HIV infection who were alive at the end of a given year, was estimated by adding the number of people with undiagnosed HIV infection to the number of people living with diagnosed HIV infection reported.

The percentage of diagnosed (or undiagnosed) infections was determined by dividing the number of people living with diagnosed (or undiagnosed) infections by the total prevalence for each year.

The CD4 model relied on a series of assumptions: (1) the CD4 depletion model is accurate; (2) individuals received no ART treatment before their first CD4 test; (3) all data adjustments (e.g., multiple imputation for missing values of transmission category, weighting to account for those without a CD4 test) are unbiased

1 Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. J Acquir Immune Defic Syndr. 2017 Jan 1; 74(1):3-9.

2 SAS Program: Estimating HIV Incidence and Prevalence using the CD4-Based Model and eHARS Data, User Guide Version 6.0, November 2024.

(the error is random and not systematic); (4) the distribution of diagnosis is relatively stable; and (5) a person's infection, diagnosis, and death occur in a "closed" population (no migration) or balanced population (approximately the same number of infected people moved into or out of the area under consideration).

## Date of Initial HIV Diagnosis

The date of HIV diagnosis for people newly diagnosed was based on the earliest date of any of the following: positive HIV antibody test, positive HIV antigen/antibody combination test, detectable nucleic acid amplification/viral load test, or physician-documented diagnosis in absence of sufficient laboratory evidence. In this report, the date of initial HIV diagnosis for assessing trends in new HIV diagnoses took into account patient self-report of a positive HIV test as noted in the medical record that was prior to the confirmed HIV diagnosis made by laboratory or clinical evidence. However, CD4 or undetectable viral load tests prior to the confirmed HIV diagnosis were not used to determine date of initial HIV diagnosis. Data for the most recent year should be interpreted with caution as the number of diagnoses may be underestimated due to reporting delays.

## Death Ascertainment

Death information among people reported with HIV was obtained through the following mechanisms: (1) monthly matches with local vital statistics registry, (2) annual matches with the Social Security Death Master File, (3) annual matches with the National Death Index (NDI), (4) routine medical record review, (5) notification from other health departments, and (6) matches with other disease registry databases. Matches to the NDI include matches to both the NDI Early Release Program (https://www.cdc.gov/nchs/ndi/apply/ndi-early-release.html?CDC_AAref_Val=https://www.cdc.gov/nchs/ndi/ndi_early_release.htm) and the NDI final file.

Cause of death information on death certificates was summarized and coded using the International Classification of Diseases, 10th revision (ICD-10) for deaths that occurred since 1999. A single cause of death was identified from all reported conditions that began the chain of events that resulted in death; this is known as the underlying cause of death. All conditions (including the underlying cause of death) listed on the death certificate are known as the multiple causes of death (https://www.cdc.gov/nchs/icd/icd-10/?CDC_AAref_Val=https://www.cdc.gov/nchs/icd/icd10.htm). We obtained the ICD codes from annual matches to the NDI from 1999 to 2023. Decedents through 2022 have been matched to the NDI final file and decedents through 2023 have been matched to the NDI Early Release Program. NDI information for 2024 decedents was not available at the time of this report's preparation.

NDI added data release stipulations in 2025 for aggregate reports, charts, tables, or public use files. No figure, including totals, will be less than 10 in tabulations for sub-national geographic areas, regardless of number of years combined. No data on an identifiable case will be derivable through subtraction or other calculation from the combination of tables in any presentation or publication. No data will permit disclosure when used in combination with other known data.

Deaths classified as B20-B24 and all Stage 3 (AIDS)-related opportunistic infections and cancers listed on the death certificate were included in the HIV-related classification. Deaths classified as R99 (ill-defined and unknown cause of mortality) were included in the non-HIV-related classification.

For Table 5.3, underlying causes of death that were HIV-related infections were classified using codes B20.0 - B20.9. Underlying causes of death ICD-10 codes for diseases and conditions that are Stage 3 opportunistic illnesses and conditions and meet case definition of Stage 3 HIV (AIDS) (excluding B20.0-B20.9 and Stage 3 (AIDS)-related cancers and malignant neoplasms) were categorized as "HIV, other diseases and conditions". Deaths with underlying cause of death code B24 were classified as "unspecified HIV disease".

Cause of death information for racial subgroups such as Asian, Pacific Islander, Native American, and multiracial decedents was not displayed due to small numbers.

Case-fatality rates in people diagnosed with HIV were calculated using the single, underlying cause of death for each person.

## Estimate of ART Use

Surveillance data provided information that indicated when a person was prescribed ART but did not provide information on use or adherence. Information on the date ART is prescribed was obtained from medical chart reviews or reported by health care providers. People whose medical records indicated that they were prescribed ART were assumed to have received and used it. Surveillance data may overestimate ART use in some individuals because not everyone who is prescribed ART will begin taking it and, if they do, they may start at a later date. However, surveillance data may underestimate ART use because the initial case report may not capture subsequent ART prescription information. The San Francisco Department of Public Health (SFDPH) collected follow-up information from selected health care facilities. For people who received care at these sites, treatment prescription data were likely more complete because it allowed capture of ART prescriptions after the case report was completed. Follow-up information was not available for people who have moved out of San Francisco or who received ongoing medical care outside of the city. We calculated an estimate of ART use among all people living with HIV.

## Gender Status

Sex at birth was collected as part of routine HIV case surveillance. People who were classified as female at birth and have no other gender identity noted were classified as cis women. People who were classified as male at birth and have no other gender identity noted were classified as cis men. In September 1996, SFDPH began collecting transgender status when this information is contained in the medical record. Transgender individuals were listed as either trans women or trans men and reported through active and passive surveillance methods (see Technical Notes "HIV Surveillance Methods"). Due to the small number of trans men diagnosed with HIV and small population size, data on trans men were sometimes suppressed in this report to protect confidentiality. We believe this report likely underestimated the number of trans women and trans men affected by HIV because gender status information may not be complete in HIV surveillance data sources, such as the medical record. Information that may have been discussed with the health care provider but not recorded in the medical record was generally not available for the purposes of HIV case reporting.

## Grouping of Data Categories

Data in certain racial/ethnic or risk categories were grouped together when the number of people with HIV in that particular group was small and/or did not present significant trends. For example, "Other" in the race/

ethnicity breakdown in some tables or figures represents API, Native American, and people of multiple race/ethnicities. Whenever possible, this report presented the expanded racial/ethnic categories rather than aggregating into the group "Other." The label "Other" in the Transmission Category breakdown may include transfusion recipients, hemophiliacs, heterosexuals, people acquiring HIV perinatally, or people of unidentified risk.

## HIV and STI Diagnosis

The diagnosis of an STI among PLWH was determined through a computerized match of the SFDPH HIV and STI case registries. The data from the STI registry included data reported through March 13, 2025, for people diagnosed with gonorrhea, chlamydia, non-gonococcal urethritis, or infectious syphilis (primary, secondary, early latent). People with STIs included in this report were diagnosed with the STI after their HIV diagnosis.

## HIV Care Outcomes and Definitions

The SFDPH monitors engagement in care and care outcomes among people newly diagnosed with HIV based on their earliest laboratory-confirmed HIV positive test and those living with HIV using reports of CD4, HIV viral load and genotype tests as indicators of care, and viral load test results to measure viral suppression, defined as a viral load less than 200 copies/mL. For new diagnoses, linkage to care within 30 days of diagnosis, retention in care 3-9 months after linkage, and viral suppression within six and 12 months of diagnosis were assessed. For PLWH, receipt of care (one laboratory test), retention in care (two laboratory tests at least three months apart) and viral suppression (suppressed at most recent viral load in a 12-month period) were assessed.

Complete laboratory reporting of HIV-related test results is critical to evaluating care outcomes and data-to-care activities (see Technical Notes "Linkage, Integration, Navigation and Comprehensive Services"). Gaps in care information may have occurred for people who received care outside of San Francisco (Note: California law requires laboratories to report all HIV-related test results to the local health department where the provider is located). In addition, some patients may have been in care—in the sense of being adherent to ART and having a regular provider—and simply not have had any laboratory tests performed in the time period assessed.

## HIV Case Rates and HIV Mortality Rates

Annual race-specific diagnosis rates were calculated as the number of people diagnosed with HIV for a particular racial/ethnic group during each year divided by the projected San Francisco population for that racial/ethnic group, age 0 to 110 years, multiplied by 100,000. Age-adjusted mortality rates were calculated for people 18 years and older. For each racial/ethnic and gender group, the number of deaths among people with HIV each year was divided by annual projected San Francisco population estimates across 14 age groups (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+ years) to generate crude rates which were applied to the standard population, defined using the annual California population estimates from the Department of Finance. Population denominators by year were obtained from the State of California, Department of Finance, Demographic Research Unit: California Population Projections[3] (http://www.dof.ca.gov/Forecasting/Demographics/Projections/). The annual population estimates were not available for transgender people. The San Francisco trans women population estimate used was from Raymond HF, Wilson

3 California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release). Sacramento: California. April 2025. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release). Sacramento: California. July 2021.

EC, McFarland W. Transwoman Population Size. Am J Public Health. 2017 Sep;107(9):e12. doi: 10.2105/AJPH.2017.303964. PMID: 28787216; PMCID: PMC5551612.

## HIV Disease Stage 3 (AIDS) Survival

For those who died, survival time was calculated as the time between the date of HIV disease stage 3 (AIDS) diagnosis and the date of death. People not known to have died were censored on the date of their last known follow-up or on December 31, 2023, whichever was more recent. This analysis included people who met the case definition for HIV disease stage 3 (AIDS). The follow-up information for cases was obtained through retrospective and prospective reviews of laboratory records and medical charts. Dates of death were obtained through review of local death certificates, reports from the California State Office of AIDS, and matches with the National Death Index (NDI) and Social Security death files. The most recent NDI and Social Security death file matches included deaths that occurred through December 31, 2023. Survival time estimates reflect deaths that were HIV- and non-HIV related.

## HIV Pre-exposure Prophylaxis (PrEP) Regimens

PrEP is a highly effective HIV prevention method for people without HIV. PrEP may be prescribed using different formularies with various dosing schedules.

The daily PrEP regimen involves taking oral medication: one pill each day.

The PrEP 2-1-1 regimen schedules taking oral medication around times of sex: two pills 2-24 hours before sex, one pill 24 hours after the first dose, and one pill 24 hours after the second dose. People who have sex more than 24 hours after taking the first dose, or have sex over multiple days, continue taking one pill every day until two doses have been taken following the last time of sex.

The long-acting cabotegravir (CAB-LA) PrEP regimen is administered as an intramuscular injection by health care providers[4]. The patient initially receives an injection of cabotegravir one time each month for the first two months. After that, the frequency of injections of cabotegravir changes to one time every two months.

The San Francisco City Clinic (SFCC) PrEP regimen data (Table 16.1) included only SFCC patients enrolled in SFCC's PrEP program, and all PrEP patients were included regardless of residency location. Each PrEP Program participant was represented in each year that they were enrolled and continued to receive PrEP through SFCC.

Data in Figures 16.1 and 16.2 and Table 16.1 for all years leading up to and including 2023 are different in this report than presented in past reports due to updates to inclusion criteria to minimize misclassification of sexual practices and PrEP use. Prior reports for these figures and table defined MSM: cis men not known to be living with HIV who ever reported sex with a cis man. Additionally, Figures 16.1 and 16.2 in prior reports included only patients with available PrEP-use data in the year of visit. In this report, we included all cis men not known to be living with HIV who reported sex with a cis man in the past year, regardless of whether there was available data on the patient's use of PrEP. These changes, alongside continuous quality improvement of data cleaning and management processes, resulted in differences in counts and proportions reported in prior

4 ClinicalInfo.HIV.gov: Federally approved medical practice guidelines for HIV/AIDS. Available from https://clinicalinfo.hiv.gov/en/drugs/cabotegravir-1/patient#:~:text=Long%2Dacting%20injectable%20cabotegravir%20for%20HIV%20PrEP%20will%20be%20administered,one%20time%20every%202%20months.

years. Overall trends are similar as previously reported, though the magnitude of the disparity in PrEP use by race/ethnicity is larger.

For the SFCC and San Francisco AIDS Foundation (SFAF), participants could change which regimen they choose to use, and if a participant used more than one regimen in the year, their regimen was identified according to the following hierarchy: CAB-LA, 2-1-1, Daily. CAB-LA was defined as having received an injection in the year. If no CAB-LA injection was received, PrEP method of 2-1-1 vs. Daily was based on current PrEP methods recorded for the year. The 2-1-1 regimen was reported over Daily if both were recorded. If there was no current PrEP regimen recorded for the year, the participant's regimen at enrollment was used.

## HIV Surveillance Methods

San Francisco HIV cases were reported primarily through active surveillance activities whereby public health personnel reviewed laboratory and pathology reports and medical records to identify cases and completed the case report forms. HIV cases were also identified through passive reporting from HIV medical and testing providers, review of death certificates, validation studies using secondary data sources such as hospital billing records or other disease registries, and reports from other health departments. HIV cases were routinely de-duplicated (removing duplicate cases) with other California counties, states, and U.S. territories. The surveillance system was evaluated regularly for completeness, timeliness, and accuracy.

The completeness of case reporting of HIV diagnoses in 2023 was evaluated (on 12/31/2024) and found to be 99% (using CDC developed reporting delay model). In terms of timeliness of reporting, an estimated 97% of 2023 diagnoses were reported within three months of HIV diagnosis.

The HIV data in this report included people who were residents of San Francisco at the time they were diagnosed with HIV (all stages of infection) including San Francisco residents who were diagnosed in other jurisdictions. This report also included data in some sections for out-of-jurisdiction residents who were diagnosed or received care in San Francisco (see Technical Notes "Out-of-Jurisdiction Residents Diagnosed with HIV") or who moved to San Francisco after HIV diagnosis (see Technical Notes "Residence and Receipt of Care for PLWH"). San Francisco started confidential name-based case reporting for HIV cases in April 2006, as mandated by California law.

## HIV Transmission Category Heterosexual Contact

In 2010, the CDC HIV Incidence and Case Surveillance Branch implemented a definition for female presumed heterosexual contact to reclassify the transmission category for women diagnosed with HIV who would otherwise be reported with no identified risk[5]. Like other transmission categories, the definition uses patient history variables collected on the HIV adult case report form. The female presumed heterosexual contact definition includes the following components: (1) the patient's sex at birth was female, (2) the patient had sex with male(s), (3) the patient had no indication of injection drug use, and (4) there is no other known information that would suggest a likely alternative source of HIV infection (such as an occupational exposure).

Beginning with the 2022 HIV Epidemiology Annual Report, the transmission category "Heterosexual" included

5 Council of State and Territorial Epidemiologists Position statements 2007: Heterosexual HIV transmission classification. Available from https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/07-id-09.pdf.

people whose transmission category met the "female presumed heterosexual contact" definition.

## Housing Status

Housing status for people with HIV was determined through collection of address at time of diagnosis and current address through laboratory reports, passive case reports, medical record review, death certificates, and reports from other health departments. A person was defined as homeless if: (1) the medical record states that the patient is homeless or not housed or (2) the person's address is a known homeless shelter or Navigation Center.

People with missing address information were not classified as homeless. Individuals were also considered "not homeless" if they resided in (1) single room occupancy (SRO) facility, (2) transitional housing, including shelter-in- place (SIP) shelters, (3) partner's, family member's, or other non-family member's residence, or (4) institutional facility (examples: hospice, inpatient drug/alcohol recovery facility, facility housing physically/mentally disabled people, residential treatment program, correctional facility, long-term care facility).

The HIV surveillance definition for homelessness excluded people with marginalized or unstable housing, and therefore our findings may differ from other Department of Public Health or City and County of San Francisco programs where the definition for homelessness included these populations.

## Linkage, Integration, Navigation and Comprehensive Services

Linkage, Integration, Navigation and Comprehensive Services (LINCS) is a SFDPH program that helps PLWH re-engage with care. Since 2011, health care navigators on the LINCS team have worked at the San Francisco City Clinic and other SFDPH sites to address patient needs, including finding insurance, attending care appointments and maintaining adherence to medication. Patients may have come to LINCS through direct referral by a provider, self-referral, or, since 2015, not-in-care lists generated from HIV surveillance or medical record databases. The housing status of LINCS clients was defined through LINCS programmatic data, which encompasses several sources, including STI surveillance records and patient self-attestation during interview. Trans women were classified as being transgender per HIV surveillance records or LINCS data. Transmission category is determined from HIV surveillance data.

Care outcomes for LINCS clients, including receipt of care (one laboratory test), retention in care (presence of a second test 3-6 months after the first), and viral suppression (suppressed on most recent viral load result in a 12-month period), were assessed.

LINCS outcomes varied from year to year due to staffing capacity and the predominant referral sources. Provider referrals included patients who had no evidence of care after diagnosis, did not access care over many months, or were not adherent to medication. The Data to Care (DTC) program began in 2016 and included people reported in the San Francisco HIV case registry who had never had an HIV lab recorded after their HIV diagnosis or had no evidence of a care visit (defined as a HIV viral load, CD4 or genotype test) in 12 months or longer. Only current San Francisco residents who are confirmed to be out of care were eligible for LINCS. People referred to the LINCS program who were not eligible for navigation services included those already

in HIV care, not being locatable, or being deceased or incarcerated. In addition, potential LINCS clients may have refused services or become lost to follow-up after LINCS enrollment.

## Migration of PLWH

The migration status of PLWH was determined based on the most recently reported addresses at the end of the calendar years 2022, 2023 and 2024. To assess migration, individuals were required to have valid addresses reported for at least two of the three years. Valid addresses included both housed and unhoused locations, as long as they could be mapped to a specific county in California or out-of-state jurisdiction (e.g., "Homeless" in "San Francisco Co."). Individuals were classified as out-migrating if they had a San Francisco address reported in 2022 or 2023, followed by an out-of-jurisdiction (OOJ) address in 2023 or 2024. Individuals were classified as in-migrating if they had an OOJ address in 2022 or 2023, followed by a San Francisco address in 2023 or 2024.

## MSM Intercept Survey

The STOP AIDS Project, which joined the SFAF in 2011, began collecting behavioral health survey data among MSM in the 1990s. The surveys have allowed for an ongoing assessment of demographic, sexual, drug-taking, health, and health-seeking behaviors collected throughout the year. The questions have evolved over the years, but an effort has been made to keep consistency to allow for trend data. This data supplements other more rigorous data collection like National HIV Behavioral Surveillance, which occurs every three years for MSM. In past years, outreach staff engaged individuals in conversations outside of bars, sex clubs, and other places that attracted a high volume of MSM. In 2019 and 2020, data collection was limited by staffing and then COVID limitations. Starting in 2021, the data collection transitioned to online and moved to Springboard HealthLab, and recruitment has been through dating apps and other online platforms. The data were available through June 2024 after which funding for data collection stopped.

## New Product Initiative

In October 2022, the New Product Initiative (NPI) was launched by Getting to Zero San Francisco, a consortium of over 300 members working towards zero HIV infections, zero HIV-associated deaths, and zero HIV stigma and discrimination. This initiative was designed to collect data on the rollout of three new biomedical STI prevention and HIV prevention and treatment options and track uptake and evaluate disparities by age and race/ethnicity. The first four clinics to provide data were two large-volume sexual health facilities (Magnet Sexual Health Clinic and San Francisco City Clinic), an HIV treatment clinic (ZSFGH Ward 86), and a Health Maintenance Organization (Kaiser HMO San Francisco).

## Out-of-Jurisdiction (OOJ) Residents Diagnosed with HIV

Routine HIV case surveillance assigns case ownership by residence at diagnosis. People with HIV who resided in San Francisco at time of diagnosis were considered San Francisco cases. People with HIV who were diagnosed or received care in San Francisco but resided elsewhere at time of diagnosis were considered OOJ cases. In 2009, the California Department of Public Health upgraded the surveillance database and updated procedures, and since then case reporting for OOJ cases has been conducted and reported in the same manner as San Francisco cases.

## People Living with HIV (PLWH)

We recognize that not all PLWH have been diagnosed as having HIV infection. In San Francisco, the proportion unaware of their HIV infection is estimated to be 3%. Therefore, in this report we used the term "people living with HIV" to mean those who have been diagnosed with HIV except where we discuss those who are unaware of their HIV diagnosis.

## Residence and Receipt of Care for PLWH

The overall number of PLWH in San Francisco is affected by 1) out-migration: San Francisco residents at the time of diagnosis who later moved out of San Francisco, and 2) in-migration: OOJ residents at the time of diagnosis who moved to and received care in San Francisco. Because in- and out-migration occurred and the residence at time of diagnosis may have differed from the current residence among PLWH, SFDPH collected and updated information regarding current residence for PLWH who resided in San Francisco at time of diagnosis as well as PLWH who resided elsewhere at time of diagnosis but received care in San Francisco. This impacts the calculation of care indicators among PLWH. Care indicators (defined by using CD4, viral load, or genotype tests) were assessed for PLWH known to reside in San Francisco, based on their most recent available residence as of the end of the calendar year, regardless of their residence at time of diagnosis (Table 3.1 and Table 3.4).

## San Francisco HIV/STI Home Testing Program

The San Francisco HIV/STI Home Testing Program (Take Me Home) is a partnership between the SFDPH Community Health Equity & Promotion (CHEP) Branch, Disease Prevention and Control (DPC) Branch, Applied Research, Community Health Epidemiology, and Surveillance (ARCHES) Branch, and the National Mailed HIV Testing Program developed by Building Healthy Online Communities (BHOC) and the Emory University, Rollins School of Public Health. The goal of the program is to provide a low-barrier, confidential, home-based HIV/STI testing option to reach individuals who are not accessing HIV/STI testing locations.

The free HIV/STI Home Testing Program was promoted via online social networking apps (Instagram, Facebook & Grinder), mobile platforms (Text "Good" to 21201), the San Francisco City Clinic website, traditional media (television & radio advertisements), social marketing campaign(s) (Have Good Sex, PrEPSupports), Community Engagement Partnerships (Local dating mixer events, Black Joy Parade, Viva La Vulva Podcast, Adult Happy Hour Podcast, Coffee & Conversation-Amplifying Black Voices, Gold Beams Eargasm social event, Second Saturday's-pop-up Village Bayview Hunter's Point) and direct community outreach. Clients were directed to the home testing portal, where they could order free home test kits if they had a San Francisco mailing address. Clients without a San Francisco mailing address were directed to the Centers for Disease Control (CDC) National Free Home Testing program.

The program was piloted from March to December 2020 and offered only the HIV OraQuick rapid test in this period. This was a self-administered test that allowed clients to collect their saliva sample, perform the test, and interpret the test result themselves at their location of choice based on the instructions provided in the test kit. Outcomes of this pilot phase were published in the 2020 San Francisco HIV Epidemiology Annual Report.

In January 2021, the program was expanded to include hepatitis C virus (HCV), syphilis, gonorrhea, and chlamydia testing. Clients were able to self-collect rectal and throat swabs and a urine sample for "3-site" gonorrhea and chlamydia testing. Clients were offered a laboratory-based HIV antibody test (fingerstick dried blood spot) instead of a self-administered HIV OraQuick (oral swab). The specimen collection kits were mailed to clients and contained supplies and instructions to collect samples for tests they ordered. The samples were then mailed to a designated laboratory for processing. Clients were able to access the results through a secure portal. Clients who tested positive for HIV, HCV or an STI were contacted by a disease intervention specialist from SFDPH's LINCS program and were connected to treatment and care.

## Social Determinants of Health

Social determinants of health (SDH)—including federal poverty level, educational attainment, and median household income—were evaluated among people diagnosed with HIV in San Francisco. This analysis was based on persons aged 18 years and older at the time of HIV diagnosis in 2022 and 2023 who resided in San Francisco and were reported to the local HIV surveillance registry. Residential addresses were geocoded at the U.S. Census tract level, with SDH assignment assessed at least 12 months after diagnosis to ensure stability of residence. Cases without a geocodable census tract (e.g., persons experiencing homelessness) were excluded from the analysis. Census tract-level SDH data were derived from the U.S. Census Bureau's American Community Survey (ACS) 5-year estimates (2019–2023). Each case was assigned SDH indicator values corresponding to their residential census tract at the time of diagnosis. Poverty and educational attainment quartiles were determined using ACS data from all U.S. census tracts (including the 50 states, District of Columbia, and Puerto Rico), while quartiles for median household income were derived specifically from San Francisco census tracts to better reflect local economic conditions. Population denominators used to calculate HIV diagnosis rates (per 100,000) by SDH and demographic characteristics were drawn from the ACS. Proportions of SDH indicators by HIV transmission category were also calculated; however, because the ACS does not include population denominators by transmission category or transgender status, rates could not be computed for these subgroups.

## Stage of Disease at HIV Diagnosis

In 2014, the United States surveillance case definition[6] for HIV infection among adults and adolescents aged ≥13 years and children age<13 years was revised to expand the HIV infection classification staging system into five stages of HIV infection as described below. Using this case definition, stages 1-3 were classified based on the first CD4 T-lymphocyte count and age on date of CD4 T-lymphocyte test, unless there was a stage-3-defining opportunistic illness. The CD4 T-lymphocyte percentage of total lymphocytes was only used when the corresponding CD4 T-lymphocyte count was unknown. This change in definition may have reduced the number of people diagnosed with stage 3 from 2014 onward.

- HIV infection stage 0: This stage is early HIV infection and is established by a sequence of discordant HIV test results indicative of early HIV infection. The criteria for stage 0 infection can be established by a testing history of 1) a confirmed HIV positive test that occurs 180 days or less after a negative or indeterminate test for HIV infection, 2) a negative or indeterminate HIV antibody test on or less than 180 days before a positive HIV virologic test and on or less than 60 days after a positive HIV antibody

6 Selik RE, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI. Revised Surveillance Case Definitions for HIV Infection -- United States, 2014. MMWR 2014;63(No. RR-3):1-10.

test, or 3) a negative or indeterminate HIV antibody test on or less than 60 days after a positive HIV virologic test. This sequence of discordant results may be based on testing history (previous laboratory documented or patient's self-report of negative/indeterminate results), or by a HIV testing algorithm. If the criteria for stage 0 are met, the stage is 0 (supersedes other stages) regardless of criteria for other stages (CD4 T-lymphocyte test results and opportunistic illness diagnoses).

- HIV infection stages 1-3: HIV infection stages 1-3 are based on age-specific CD4 T-lymphocyte count or CD4 T-lymphocyte percentage of total lymphocytes.

| | Age on date of CD4 T-lymphocyte test | | | | | |
|---|---|---|---|---|---|---|
| | <1 year | | 1-5 years | | ≥6 years | |
| Stage | Cells/ µL | % | Cells/ µL | % | Cells/ µL | % |
| 1 | ≥1,500 | ≥34 | ≥1,000 | ≥30 | ≥500 | ≥26 |
| 2 | 750-1,499 | 26-33 | 500-999 | 22-29 | 200-499 | 14-25 |
| 3 | <750 | <26 | <500 | <22 | <200 | <14 |

Data on people with HIV infection stage 3 (AIDS) include people whose infection has ever been classified as stage 3 (AIDS).

- HIV infection, stage unknown: No information available on CD4 count or percentage and no reported information on AIDS-defining conditions (every effort is made to collect CD4 counts or percentages at time of diagnosis).

# D Data Tables



| Year | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 |
|---|---|---|---|---|---|---|---|---|---|---|
| HIV disease stage 3 diagnoses | 3 | 26 | 99 | 274 | 557 | 859 | 1236 | 1636 | 1762 | 2157 |
| HIV disease stage 3 deaths | 0 | 8 | 32 | 111 | 273 | 534 | 807 | 878 | 1038 | 1278 |
| People living with HIV ever classified as stage 3 | 3 | 21 | 88 | 251 | 535 | 860 | 1289 | 2047 | 2771 | 3650 |

| Year | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|
| HIV disease stage 3 diagnoses | 2043 | 2284 | 2324 | 2060 | 1774 | 1546 | 1061 | 791 | 681 | 572 |
| HIV disease stage 3 deaths | 1363 | 1512 | 1639 | 1603 | 1599 | 1486 | 992 | 424 | 401 | 352 |
| People living with HIV ever classified as stage 3 | 4330 | 5102 | 5787 | 6244 | 6419 | 6479 | 6548 | 6915 | 7195 | 7415 |

| Year | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|
| HIV disease stage 3 diagnoses | 552 | 505 | 478 | 542 | 476 | 475 | 450 | 443 | 434 | 324 |
| HIV disease stage 3 deaths | 349 | 324 | 320 | 294 | 300 | 307 | 287 | 269 | 227 | 207 |
| People living with HIV ever classified as stage 3 | 7618 | 7799 | 7957 | 8205 | 8381 | 8549 | 8712 | 8886 | 9093 | 9210 |

| Year | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| HIV disease stage 3 diagnoses | 301 | 252 | 243 | 187 | 140 | 125 | 97 | 132 | 114 | 111 |
| HIV disease stage 3 deaths | 193 | 190 | 181 | 191 | 188 | 203 | 183 | 202 | 208 | 192 |
| People living with HIV ever classified as stage 3 | 9318 | 9380 | 9442 | 9438 | 9390 | 9312 | 9226 | 9156 | 9062 | 8981 |

| Year | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| HIV disease stage 3 diagnoses | 90 | 89 | 72 | 92 | 82 |
| HIV disease stage 3 deaths | 209 | 203 | 247 | 225 | 174 |
| People living with HIV ever classified as stage 3 | 8862 | 8748 | 8573 | 8440 | 8348 |

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 122 | 90 | 83 | 60 | 59 | 41 | 55 | 46 | 51 | 39 |
| Black/African American | 43 | 33 | 41 | 40 | 30 | 28 | 26 | 24 | 27 | 40 |
| Latine/x | 87 | 79 | 81 | 96 | 71 | 65 | 66 | 76 | 43 | 47 |
| Asian/Pacific Islander | 39 | 42 | 33 | 22 | 21 | 17 | 20 | 16 | 19 | 18 |
| Other/Unknown | 20 | 7 | 15 | 7 | 9 | 4 | 7 | 6 | 0 | 2 |



| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 57 | 40 | 37 | 28 | 25 | 18 | 28 | 23 | 27 | 16 |
| Black/African American | 125 | 87 | 125 | 126 | 88 | 88 | 80 | 73 | 84 | 119 |
| Latine/x | 111 | 94 | 99 | 116 | 80 | 78 | 83 | 112 | 60 | 60 |
| Asian/Pacific Islander | 29 | 30 | 22 | 13 | 15 | 11 | 9 | 9 | 8 | 12 |



| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 5 | 4 | 3 | 1 | 2 | 4 | 3 | 2 | 2 | 5 |
| Black/African American | 35 | 43 | 43 | 35 | 26 | 23 | 15 | 24 | 25 | 60 |
| Latine/x | 11 | 6 | 11 | 9 | 8 | 5 | 17 | 3 | 3 | 9 |
| Asian/Pacific Islander | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 1 |



| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| MSM | 232 | 170 | 154 | 142 | 125 | 98 | 86 | 105 | 88 | 91 |
| PWID | 6 | 10 | 15 | 19 | 6 | 5 | 10 | 8 | 6 | 6 |
| MSM-PWID | 27 | 23 | 32 | 26 | 16 | 14 | 23 | 17 | 14 | 9 |
| Heterosexual | 7 | 7 | 6 | 4 | 4 | 3 | 6 | 2 | 0 | 0 |
| Unknown | 3 | 3 | 12 | 4 | 6 | 6 | 9 | 10 | 5 | 4 |

## Figure 2.5 Number of cis women diagnosed with HIV by transmission category, 2015-2024, San Francisco . . . . . 12

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| **PWID** | 11 | 11 | 10 | 6 | 5 | 8 | 8 | 4 | 3 | 4 |
| **Heterosexual** | 18 | 13 | 14 | 11 | 12 | 9 | 14 | 10 | 11 | 21 |
| **Unknown** | 0 | 0 | 4 | 1 | 0 | 0 | 1 | 0 | 0 | 1 |

## Figure 3.4 Trends in median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2019-2023, San Francisco . . . . . 28

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **Overall** | 42 | 48 | 44 | 41 | 37 |

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **White** | 51 | 46 | 50 | 63 | 45 |
| **Black/African American** | 44 | 63 | 50 | 76 | 43 |
| **Latine/x** | 37 | 41 | 40 | 33 | 28 |
| **Asian/Pacific Islander** | 39 | 71 | 53 | 35 | 32 |

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **MSM** | 40 | 39 | 36 | 36 | 32 |
| **PWID** | 65 | 55 | 61 | 126 | 42 |
| **MSM-PWID** | 44 | 78 | 104 | 63 | 66 |
| **Heterosexual** | 45 | 68 | 56 | 35 | 48 |

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **Homeless** | 44 | 67 | 61 | 76 | 36 |
| **Non-Homeless** | 41 | 44 | 42 | 39 | 38 |

## Figure 5.1 Age-adjusted mortality rates among people aged 18 and older with HIV per 100,000 by gender and race/ethnicity, 2014-2023, San Francisco . . . . . 37

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|---|---|---|---|
| **White cis men** | 81 | 83 | 79 | 90 | 75 | 80 | 108 | 101 | 119 | 116 |
| **Black/African American cis men** | 146 | 164 | 142 | 144 | 199 | 150 | 189 | 213 | 257 | 263 |
| **Latine/x cis men** | 65 | 58 | 43 | 63 | 81 | 89 | 69 | 81 | 104 | 77 |
| **White cis women** | 3 | 6 | 5 | 5 | 6 | 5 | 6 | 8 | 5 | 8 |
| **Black/African American cis women** | 61 | 56 | 70 | 41 | 60 | 52 | 23 | 46 | 87 | 41 |
| **Latine/x cis women** | 8 | 7 | 16 | 10 | 5 | 3 | 11 | 12 | 3 | 11 |
| **Trans women (not age-adjusted)** | | | | 290 | 161 | 161 | 322 | 386 | 354 | 290 |

| White | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Public | 49% | 45% | 43% | 31% | 51% |
| Private | 34% | 29% | 30% | 47% | 36% |
| None | 15% | 22% | 17% | 16% | 8% |
| Missing | 2% | 4% | 9% | 6% | 5% |

| Black/ African American | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Public | 50% | 62% | 71% | 67% | 70% |
| Private | 14% | 27% | 21% | 15% | 13% |
| None | 21% | 12% | 4% | 15% | 18% |
| Missing | 14% | 0% | 4% | 4% | 0% |

| Latine/x | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Public | 38% | 47% | 34% | 44% | 32% |
| Private | 14% | 20% | 21% | 14% | 36% |
| None | 46% | 29% | 42% | 40% | 32% |
| Missing | 2% | 5% | 3% | 2% | 0% |

| Asian/ Pacific Islander | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Public | 24% | 35% | 31% | 37% | 17% |
| Private | 29% | 20% | 50% | 53% | 28% |
| None | 41% | 25% | 13% | 11% | 50% |
| Missing | 6% | 20% | 6% | 0% | 6% |



| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 107 | 76 | 66 | 49 | 45 | 27 | 40 | 34 | 42 | 25 |
| Black/African American | 27 | 18 | 22 | 23 | 15 | 17 | 10 | 14 | 14 | 22 |
| Latine/x | 76 | 58 | 61 | 75 | 56 | 51 | 48 | 60 | 37 | 34 |
| Asian/Pacific Islander | 36 | 36 | 26 | 18 | 19 | 15 | 10 | 11 | 9 | 17 |
| Other | 13 | 5 | 11 | 3 | 6 | 2 | 1 | 3 | 0 | 2 |



| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| Male Rectal Gonorrhea (HIV+) | 403 | 429 | 467 | 436 | 354 | 351 | 421 | 396 | 317 | 323 |
| Male Rectal Gonorrhea (HIV-) | 679 | 869 | 1013 | 1050 | 1018 | 671 | 1130 | 1171 | 956 | 1012 |
| Male Gonococcal Proctitis (HIV+) | 21 | 19 | 20 | 19 | 14 | 25 | 15 | 22 | 14 | 15 |
| Male Gonococcal Proctitis (HIV-) | 20 | 49 | 38 | 35 | 36 | 25 | 46 | 42 | 32 | 29 |

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 8 | 7 | 10 | 10 | 7 | 8 | 9 | 7 | 4 | 3 |
| Black/African American | 2 | 6 | 8 | 7 | 1 | 3 | 4 | 0 | 2 | 5 |
| Latine/x | 2 | 5 | 5 | 6 | 3 | 3 | 1 | 3 | 1 | 2 |
| Other/Unknown | 5 | 4 | 2 | 3 | 0 | 0 | 4 | 2 | 2 | 0 |



| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| 18-24 years | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| 25-29 years | 5 | 3 | 0 | 1 | 0 | 1 | 8 | 2 | 1 | 1 |
| 30-39 years | 5 | 7 | 8 | 7 | 6 | 4 | 4 | 3 | 1 | 2 |
| 40-49 years | 4 | 4 | 8 | 8 | 4 | 2 | 5 | 5 | 4 | 3 |
| 50+ years | 3 | 6 | 8 | 8 | 1 | 7 | 1 | 2 | 2 | 4 |

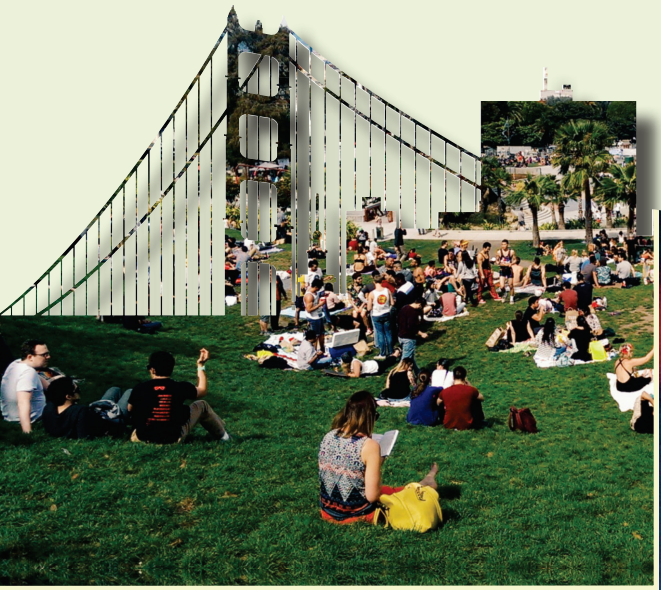


| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 5 | 4 | 4 | 0 | 1 | 4 | 3 | 1 | 2 | 7 |
| Black/African American | 9 | 7 | 4 | 9 | 9 | 3 | 3 | 6 | 6 | 9 |
| Latine/x | 7 | 6 | 6 | 7 | 6 | 3 | 12 | 3 | 1 | 5 |
| Other/Unknown | 4 | 3 | 6 | 0 | 2 | 2 | 3 | 3 | 4 | 1 |

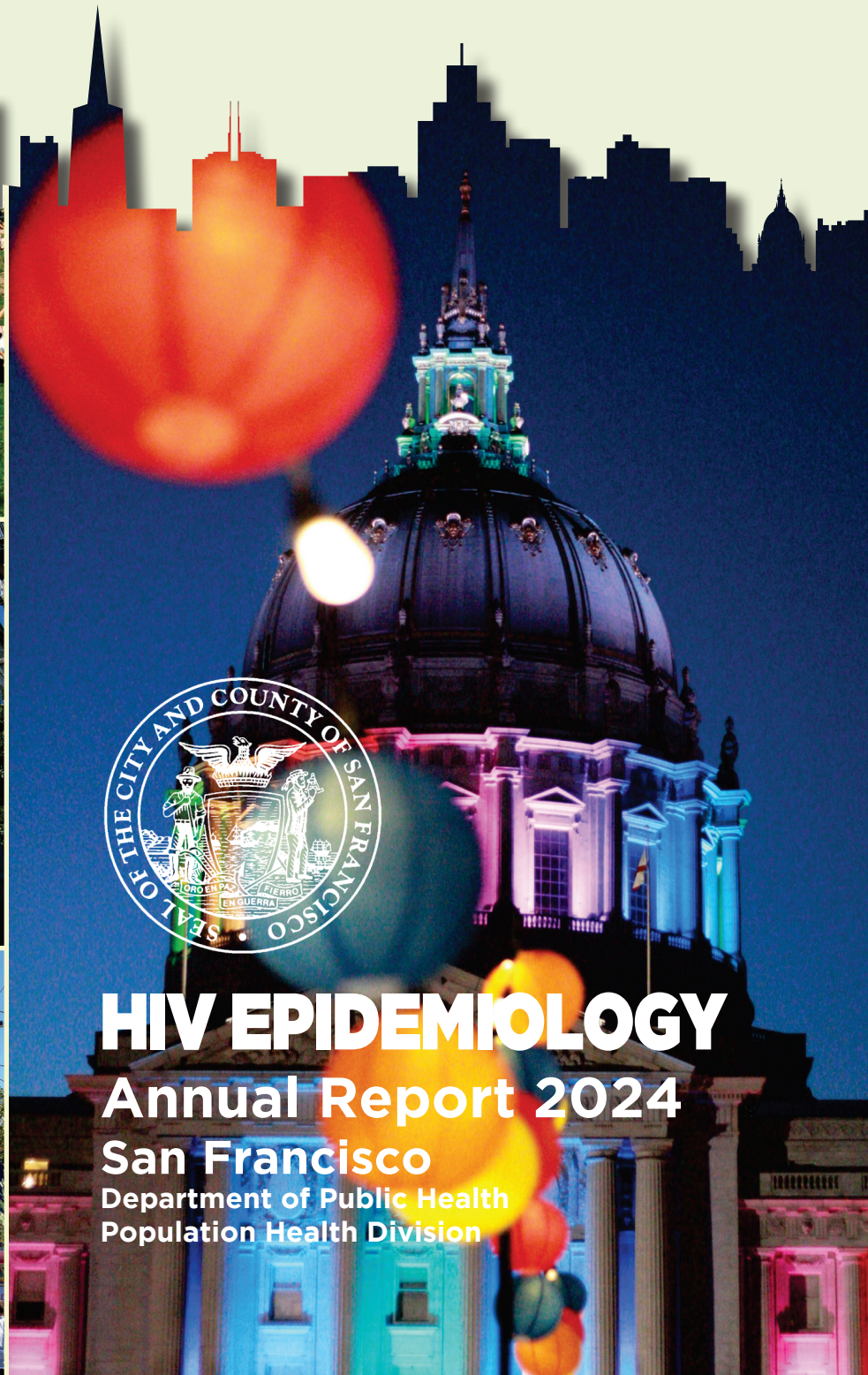


| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| White | 8 | 7 | 5 | 2 | 4 | 7 | 5 | 3 | 3 | 8 |
| Black/African American | 8 | 10 | 10 | 8 | 6 | 5 | 3 | 5 | 5 | 12 |
| Latine/x | 7 | 4 | 7 | 6 | 5 | 3 | 10 | 2 | 2 | 5 |
| Other/Unknown | 6 | 3 | 6 | 2 | 2 | 2 | 5 | 4 | 4 | 1 |

| | Map 17.1 | Map 17.2 | Map 17.3 | Map 17.4 | Map 17.5 |
|---|---|---|---|---|---|
| | Number of PLWH | HIV prevalence per 100,000 | Two-year rate of new diagnoses per 100,000 | HIV mortality rate per 100,000 | Percent of PLWH virally suppressed |
| **Bayview** | 350 | 812 | 26 | 9 | 78% |
| **Bernal Heights** | 228 | 967 | 4 | 8 | 78% |
| **Castro** | 1545 | 5774 | 64 | 86 | 78% |
| **Diamond Heights** | 267 | 1487 | 17 | 22 | 80% |
| **Downtown** | 662 | 755 | 21 | 14 | 70% |
| **Excelsior** | 267 | 571 | 11 | 4 | 77% |
| **Haight Ashbury** | 269 | 1163 | 0 | 4 | 76% |
| **Ingleside** | 92 | 551 | 36 | 0 | 76% |
| **Lake Merced** | 116 | 729 | 31 | 6 | 81% |
| **Mission** | 1174 | 2030 | 61 | 33 | 76% |
| **Nob Hill** | 266 | 1361 | 15 | 20 | 74% |
| **Noe Valley** | 214 | 1623 | 15 | 23 | 78% |
| **Outer Mission** | 182 | 635 | 21 | 0 | 79% |
| **Pacific Heights** | 294 | 515 | 16 | 11 | 75% |
| **Potrero Hill** | 182 | 1083 | 24 | 6 | 72% |
| **Presidio** | 13 | 352 | 0 | 0 | 85% |
| **Richmond** | 414 | 430 | 11 | 5 | 78% |
| **South Of Market** | 883 | 3098 | 70 | 84 | 76% |
| **Sunset** | 269 | 299 | 10 | 2 | 76% |
| **Tenderloin** | 1519 | 3469 | 96 | 91 | 73% |
| **Treasure Island** | 41 | 1493 | 36 | 36 | 67% |
| **Twin Peaks** | 299 | 686 | 11 | 7 | 86% |
| **Visitacion Valley** | 128 | 508 | 12 | 8 | 78% |
| **Western Addition** | 1156 | 2559 | 29 | 55 | 80% |
| **Homeless** | 382 | N/A | N/A | N/A | 37% |
| **Unknown** | 338 | N/A | N/A | N/A | 43% |





SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO
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# HIV EPIDEMIOLOGY

## Annual Report 2024

## San Francisco

**Department of Public Health**
**Population Health Division**