

HIV EPIDEMIOLOGY

Annual Report 2025

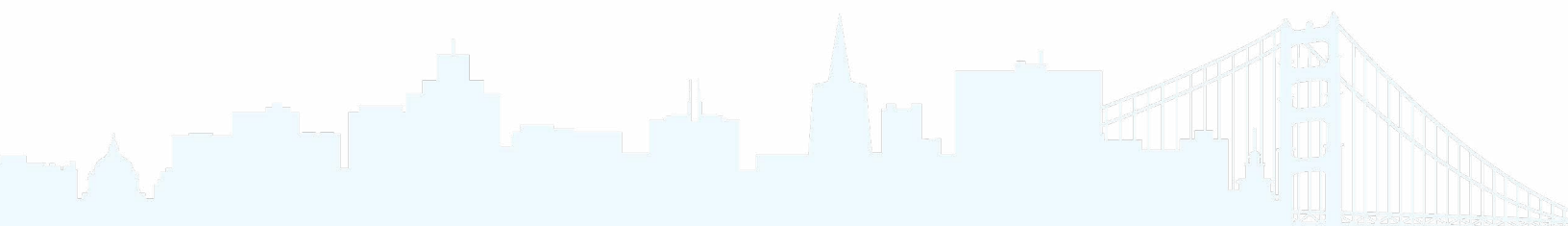
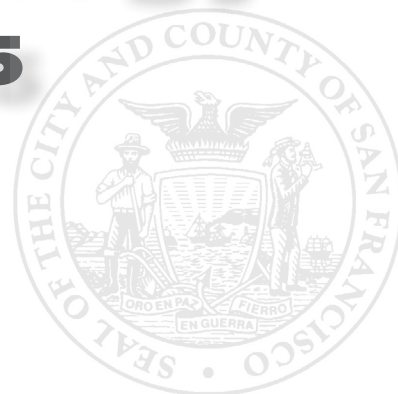
San Francisco

Department of Public Health
Population Health Division



HIV Epidemiology

Annual Report 2025



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Abbreviations

API	Asian/Pacific Islander
ART	Antiretroviral therapy
CAB	Cabotegravir
CCDMF	California Comprehensive Death Master File
CD4	CD4 T-lymphocyte
CDC	Centers for Disease Control and Prevention
DOXY	Doxycycline
HCV	Hepatitis C virus
HMO	Health maintenance organization
LAI	Long-acting injectable
LEN	Lenacapavir
LINCS	Linkage Integration Navigation Comprehensive Service
MSM	Men who have sex with men
MSM-PWID	Men who have sex with men and who also inject drugs
NCHS	National Center for Health Statistics
NDI	National Death Index
NPI	New Product Initiative
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
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
ZSFGH	Zuckerberg San Francisco General Hospital



Executive Summary

By the end of 2025, 136 people were newly diagnosed with HIV in San Francisco (SF), a decrease of 8% from 2024 (Figure 1.1). Cis men who have sex with men (MSM) continue to be disproportionately affected by HIV. MSM and MSM and people who inject drugs (MSM-PWID) comprised 65% of all new diagnoses in 2025 (Table 1.5). People who acquired HIV through heterosexual contact accounted for 12% of all new diagnoses in 2025, a 33% decline in one year but still higher than pre-pandemic levels. People with other/unidentified risks increased in 2025 while the proportion of all new diagnoses who were trans women who have sex with men (TWSM) remained relatively stable at 7%. New diagnoses were highest among people ages 30 to 39, accounting for 38% of all new HIV diagnoses. Latine/x and Black/ African Americans consistently carry the largest burden, comprising 39% and 23% of all new diagnoses, despite representing only 17% and 5% of the city population (Table 1.5, Figure 2.2). Of all persons with a new HIV diagnosis in 2025, 17% were classified as stage 0, the earliest stage of infection, and 16% were classified as stage 3 (AIDS), late stage of infection (Tables 2.2 and 2.3). The number of new AIDS diagnoses was 103, an increase of 26% in one year (Figure 1.1). Late stage diagnoses were highest among Latine/x (22%) and people with other/unidentified transmission risk (29%), increasing two-fold from 2024. Similar upticks occurred among people whose country of birth was non-US. In contrast, late stage diagnoses decreased in Black/African Americans, cis women, and people with heterosexual risk from 2024 to 2025. Demographic disparities highlight the need for sustained public health responses to end the HIV epidemic. The proportion of people living with HIV (PLWH) aged 60 and older increased from 38% in 2021 to 51% in 2025 (Table 1.2).

Other key takeaways include:

- The proportion of people living with HIV (PLWH) aged 60 and older increased from 38% in 2021 to 51% in 2025 (Table 1.2).
- Since 2018, the annual number of deaths exceeded the annual number of new HIV diagnoses (Figure 1.2).
- Of the 15,238 PLWH diagnosed with HIV while residing in SF, 8,286 (54%) were still living in the city based on their most recent available address (Table 1.4). An additional 3,166 PLWH in SF were diagnosed outside of SF.
- In 2025, 92% of people newly diagnosed with HIV were linked to care within one month (Figure 3.1). The proportion retained in care was 72% among people diagnosed in 2024. Viral suppression (viral load <200 copies/mL) within 12 months of diagnosis decreased from 87% in 2023 to 81% in 2024. The proportion virally suppressed within six months was 80% among people diagnosed in the first three quarters of 2025.
- By neighborhood, the Castro had the highest HIV prevalence (5,602 PLWH per 100,000), followed by the Tenderloin (3,551 per 100,000), South of Market (3,213 per 100,000), the Western Addition (2,508 per 100,000), and the Mission (2,022 per 100,000) (Map 17.2).



1

Overview of HIV in San Francisco

Since the beginning of the HIV epidemic, there have been significant shifts in the distribution of people living with HIV in San Francisco, California, and the United States. By the end of 2025 there were 15,238 residents of San Francisco living with a diagnosis of HIV (Table 1.1). San Franciscans represented 10.6% of the total number of people diagnosed and living with HIV infection (PLWH) in the state of California and 1.3% of PLWH in the United States. In 2025, there were 136 people diagnosed with HIV in San Francisco, 65% of whom were cis men who have sex with men (MSM and MSM-PWID), followed by 12% who acquired HIV through heterosexual contact. The number of San Francisco residents diagnosed with HIV stage 3 (AIDS) reached a peak in 1992 and then declined. In 2025, the number of people diagnosed with stage 3 (AIDS) was 103 (Figure 1.1). In 2013 the number of deaths among people with stage 3 (AIDS) diagnoses exceeded the number of new stage 3 (AIDS) diagnoses. People living with stage 3 (AIDS) diagnoses peaked in 2012 at 9,434 and declined through 2025 to 8,211. The number of deaths among people ever classified as stage 3 (AIDS) decreased dramatically beginning in 1995 due to the wide availability and use of combination antiretroviral therapies. As PLWH live longer, the proportion of people aged 60 and older increased from 38% in 2021 to 51% in 2025 (Table 1.2).

Among the 15,238 San Francisco residents at the time of HIV diagnosis, 8,286 (54%) were still living in the city based on their most recent available address (Table 1.4). Of the 11,452 PLWH who had a known current San Francisco address by the end of 2025, 3,166 (28%) were outside of San Francisco (Out-of-Jurisdiction, OOJ) residents at diagnosis. Compared with San Francisco residents at diagnosis, OOJ residents at diagnosis were younger with a greater proportion under 50 years old. 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 starting in 2019, accounting for 26% of people diagnosed by San Francisco providers in 2025 (Figure 1.3).

In 2025, the proportion of Latine/x diagnosed with HIV was 39% while Whites and Black/African Americans each accounted for 23% (Table 1.5). Though cis men made up the largest share of diagnoses each year, in 2025 the proportion of diagnoses among trans women and people with other gender identity was 7% and 2% respectively. No children or adolescents (<18 years) were diagnosed in 2025. The proportion of MSM (including MSM-PWID) diagnosed declined over time, from 76% in 2016 to 65% in 2025.

Racial/ethnic groups and HIV transmission categories used throughout this report are defined in the Technical Notes section on “Racial/ethnic Group” and “HIV Transmission Category.”

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 2025 (N=15,238)	California ² 2024 (N=143,918)	United States ³ 2024 (N=1,159,672)	San Francisco ¹ 2025 (N=136)	California ² 2024 (N=4,538)	United States ³ 2024 (N=38,856)
Gender ⁴	Cis Men	91%	86%	77%	80%	80%	81%
	Cis Women	6%	12%	23%	11%	16%	19%
	Trans Women	3%	2%	--	7%	3%	--
	Trans Men	<1%	<1%	--	0%	<1%	--
	Other	<1%	<1%	--	2%	<1%	--
Race/Ethnicity	White	55%	32%	27%	23%	20%	21%
	Black/African American	11%	16%	39%	23%	15%	39%
	Latine/x	23%	43%	27%	39%	58%	34%
	Asian/Pacific Islander	7%	5%	2%	11%	5%	2%
	Native American	<1%	<1%	<1%	1%	<1%	<1%
	Other/Unknown	4%	4%	5%	2%	2%	3%
Transmission Category ⁵	MSM	74%	66%	59%	57%	49%	65%
	TWSM	2%	2%	--	7%	3%	--
	PWID	5%	5%	10%	7%	5%	6%
	MSM-PWID	12%	6%	5%	8%	3%	3%
	TWSM-PWID	1%	--	--	0%	--	--
	Heterosexual	5%	16%	25%	12%	23%	25%
	Other/Unidentified	2%	5%	1%	9%	17%	1%

1 San Francisco data were reported through March 19, 2026 for HIV diagnoses through December 31, 2025. San Francisco 2025 new diagnoses may be revised due to case reporting delay. Death reporting was incomplete for 2025; the number of San Francisco PLWH may be revised downward.

2 California data were reported through December 31, 2025 for HIV diagnoses through December 31, 2024. California Department of Public Health, Office of AIDS, California HIV Surveillance Report - 2024. Released on June 30, 2026. <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California-HIV-Surveillance-Report-2024.pdf>. 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, 2025 and reflect people diagnosed through December 31, 2024. U.S. data reflect unadjusted numbers for 50 states and 6 territories and freely associated states and may be found in Tables for the HIV Surveillance Report: HIV Diagnoses, Deaths, and Prevalence, 2024. Centers for Disease Control and Prevention. HIV diagnoses, deaths, and prevalence, 2020–2024. Published May 18, 2026. Accessed July 8, 2026. <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>. U.S. racial/ethnic group data for PLWH only reflect people with racial/ethnic group information.

4 These five gender categories are used in San Francisco HIV surveillance data. See Technical Notes on “Gender Status.” U.S. National HIV Surveillance System (NHSS) does not include gender categories; data representing cis men included all males at birth, and data representing 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.

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Table 1.2 Trends in people living with HIV by demographic and risk characteristics, 2021-2025, San Francisco

		2021	2022	2023	2024	2025 ²
		Number (%)				
Total¹		15,839	15,691	15,523	15,365	15,238
Gender³	Cis Men	14,462 (91)	14,325 (91)	14,160 (91)	13,997 (91)	13,868 (91)
	Cis Women	911 (6)	899 (6)	889 (6)	894 (6)	892 (6)
	Trans Women	451 (3)	452 (3)	454 (3)	450 (3)	451 (3)
	Trans Men	10 (<1)	10 (<1)	12 (<1)	13 (<1)	13 (<1)
	Other	5 (<1)	5 (<1)	8 (<1)	11 (<1)	14 (<1)
Race/Ethnicity	White	8,847 (56)	8,710 (56)	8,582 (55)	8,441 (55)	8,324 (55)
	Black/African American	1,833 (12)	1,790 (11)	1,758 (11)	1,744 (11)	1,732 (11)
	Latine/x	3,441 (22)	3,470 (22)	3,471 (22)	3,469 (23)	3,477 (23)
	Asian/Pacific Islander	1,054 (7)	1,061 (7)	1,072 (7)	1,083 (7)	1,087 (7)
	Native American	57 (<1)	59 (<1)	59 (<1)	59 (<1)	60 (<1)
	Multi-race	599 (4)	593 (4)	573 (4)	561 (4)	548 (4)
	Unknown	8 (<1)	8 (<1)	8 (<1)	8 (<1)	10 (<1)
Age in Years (at end of each year)	0 - 24	71 (<1)	70 (<1)	69 (<1)	68 (<1)	55 (<1)
	25 - 29	296 (2)	273 (2)	228 (1)	194 (1)	182 (1)
	30 - 39	1,630 (10)	1,542 (10)	1,458 (9)	1,379 (9)	1,274 (8)
	40 - 49	2,547 (16)	2,414 (15)	2,320 (15)	2,263 (15)	2,214 (15)
	50 - 59	5,258 (33)	4,925 (31)	4,555 (29)	4,151 (27)	3,788 (25)
	60 - 69	4,319 (27)	4,530 (29)	4,723 (30)	4,876 (32)	5,020 (33)
	70+	1,718 (11)	1,937 (12)	2,170 (14)	2,434 (16)	2,705 (18)
Transmission Category	MSM	11,597 (73)	11,520 (73)	11,424 (74)	11,332 (74)	11,260 (74)
	TWSM	278 (2)	285 (2)	286 (2)	287 (2)	295 (2)
	PWID	822 (5)	788 (5)	766 (5)	742 (5)	720 (5)
	MSM-PWID	2,094 (13)	2,044 (13)	1,992 (13)	1,945 (13)	1,890 (12)
	TWSM-PWID	169 (1)	163 (1)	164 (1)	159 (1)	153 (1)
	Heterosexual	662 (4)	666 (4)	666 (4)	676 (4)	687 (5)
	Other/Unidentified	217 (1)	225 (1)	225 (1)	224 (1)	233 (2)

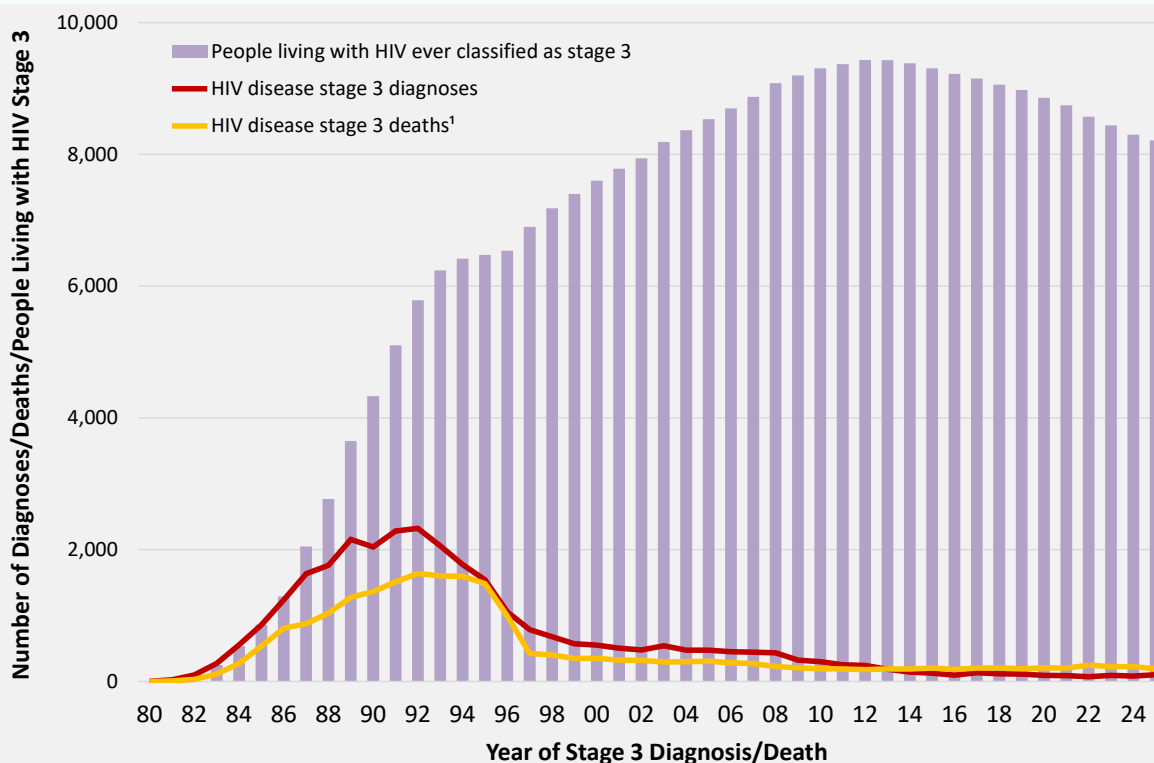
¹ People living with HIV at the end of each year.

² Provisional numbers will be revised when death reporting for 2025 is complete.

³ See Technical Notes on “Gender Status.”

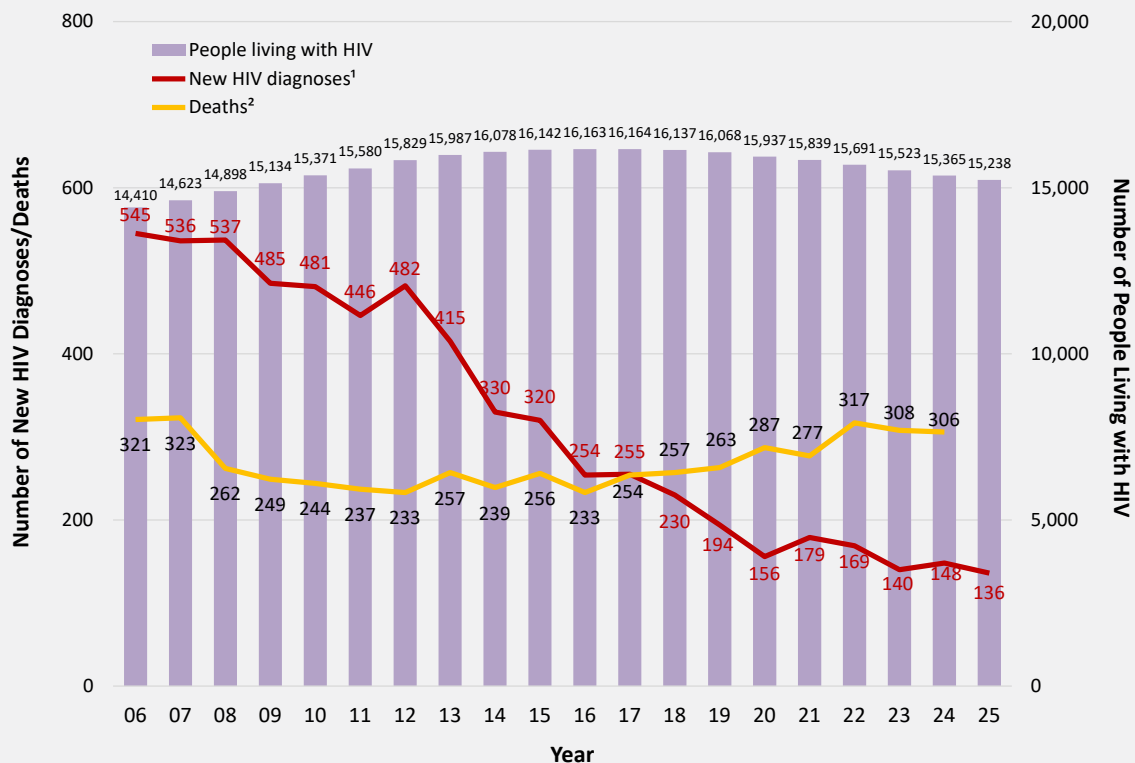
Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Figure 1.1 HIV disease stage 3 (AIDS) diagnoses, deaths, and prevalence, 1980-2025, San Francisco



¹ Death reporting for 2025 was not complete.

Figure 1.2 HIV diagnoses, deaths, and prevalence, 2006-2025, San Francisco



¹ See Technical Notes on “Date of Initial HIV Diagnosis.”

² Death reporting for 2025 was not complete.

Table 1.3 Characteristics of people living with HIV through December 2025, San Francisco

			White	Black/African American	Latine/x	Asian/Pacific Islander & Native American	Multi-Race	Total Number ¹
			Number (%)					
Cis Men	Transmission Category	MSM	6,634 (83)	836 (65)	2,563 (83)	856 (85)	358 (74)	11,249
		PWID	138 (2)	144 (11)	60 (2)	24 (2)	14 (3)	380
		MSM-PWID	1,158 (14)	211 (16)	336 (11)	83 (8)	99 (20)	1,888
		Heterosexual	29 (<1)	57 (4)	55 (2)	18 (2)	6 (1)	165
		Other/Unidentified	48 (1)	43 (3)	60 (2)	24 (2)	6 (1)	186
	Age in Years (as of 12/31/2025)	0 - 24	3 (<1)	4 (<1)	23 (1)	5 (<1)	3 (1)	39
		25 - 29	22 (<1)	32 (2)	73 (2)	17 (2)	3 (1)	147
		30 - 39	294 (4)	153 (12)	459 (15)	152 (15)	29 (6)	1,087
		40 - 49	806 (10)	166 (13)	617 (20)	233 (23)	100 (21)	1,924
		50 - 59	1,905 (24)	277 (21)	825 (27)	311 (31)	137 (28)	3,457
		60 - 69	3,090 (39)	410 (32)	804 (26)	202 (20)	145 (30)	4,653
		70+	1,887 (24)	249 (19)	273 (9)	85 (8)	66 (14)	2,561
	Cis Men Total		8,007	1,291	3,074	1,005	483	13,868
Cis Women	Transmission Category	PWID	124 (52)	125 (41)	58 (26)	12 (14)	16 (46)	335
		Heterosexual	105 (44)	171 (56)	153 (68)	66 (79)	16 (46)	511
		Other/Unidentified	9 (4)	12 (4)	14 (6)	6 (7)	3 (9)	46
	Age in Years (as of 12/31/2025)	0 - 24	2 (1)	3 (1)	3 (1)	0 (0)	0 (0)	8
		25 - 29	0 (0)	6 (2)	4 (2)	2 (2)	3 (9)	15
		30 - 39	18 (8)	36 (12)	37 (16)	6 (7)	5 (14)	102
		40 - 49	40 (17)	45 (15)	54 (24)	20 (24)	7 (20)	167
		50 - 59	61 (26)	65 (21)	45 (20)	27 (32)	12 (34)	210
		60 - 69	86 (36)	109 (35)	50 (22)	17 (20)	6 (17)	269
		70+	31 (13)	44 (14)	32 (14)	12 (14)	2 (6)	121
	Cis Women Total		238	308	225	84	35	892
	Trans Women Total		72	128	169	55	27	451
	Total		8,324	1,732	3,477	1,147	548	15,238

¹ Includes people whose racial/ethnic information was not available. Data on trans men and people with other gender identity were not released separately due to small numbers. See Technical Notes on “Gender Status.”

Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.

Table 1.4 Characteristics of people living with HIV through December 2025 by residence status, San Francisco

		PLWH who were SF residents based on most recent address ¹ (N=11,452)		
		PLWH who were SF residents at diagnosis	SF residents at diagnosis	Out of jurisdiction (OOJ) residents at diagnosis
		Number (%)		
Total		15,238	8,286	3,166
Gender ²	Cis Men	13,868 (91)	7,356 (89)	2,868 (91)
	Cis Women	892 (6)	594 (7)	127 (4)
	Trans Women	451 (3)	312 (4)	150 (5)
	Other	27 (<1)	24 (<1)	21 (<1)
Race/Ethnicity	White	8,324 (55)	4,011 (48)	1,408 (44)
	Black/African American	1,732 (11)	1,025 (12)	471 (15)
	Latine/x	3,477 (23)	2,206 (27)	902 (28)
	Asian/Pacific Islander	1,087 (7)	728 (9)	177 (6)
	Other/Unknown	618 (4)	316 (4)	208 (7)
Age in Years (as of 12/31/2025)	0 - 24	55 (<1)	40 (<1)	19 (1)
	25 - 29	182 (1)	124 (1)	98 (3)
	30 - 39	1,274 (8)	811 (10)	690 (22)
	40 - 49	2,214 (15)	1,246 (15)	802 (25)
	50 - 59	3,788 (25)	1,995 (24)	706 (22)
	60 - 69	5,020 (33)	2,552 (31)	665 (21)
	70+	2,705 (18)	1,518 (18)	186 (6)
Transmission Category	MSM	11,260 (74)	5,835 (70)	2,384 (75)
	TWSM	295 (2)	205 (2)	111 (4)
	PWID	720 (5)	475 (6)	105 (3)
	MSM-PWID	1,890 (12)	1,040 (13)	313 (10)
	TWSM-PWID	153 (1)	105 (1)	38 (1)
	Heterosexual ³	687 (5)	471 (6)	120 (4)
	Other/Unidentified	233 (2)	155 (2)	95 (3)

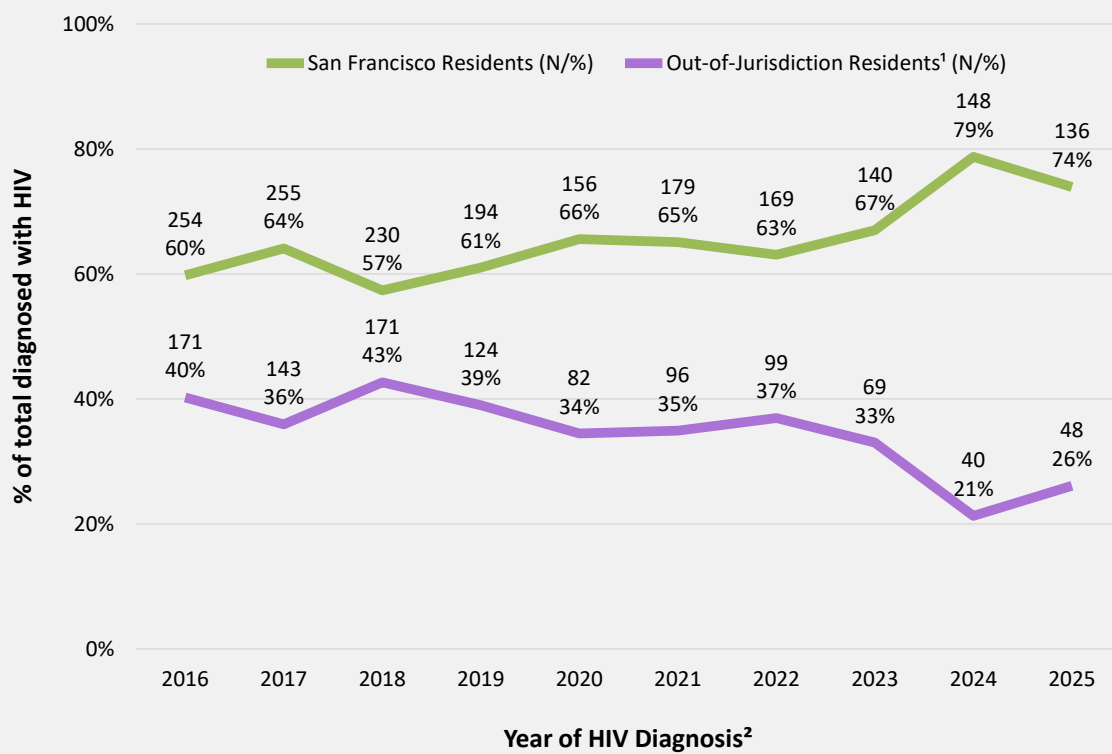
¹ See Technical Notes on “Residence and Receipt of Care for PLWH.”

² Other gender includes trans men and people with other gender identity. See Technical Notes on “Gender Status.”

³ Includes female presumed heterosexual.

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

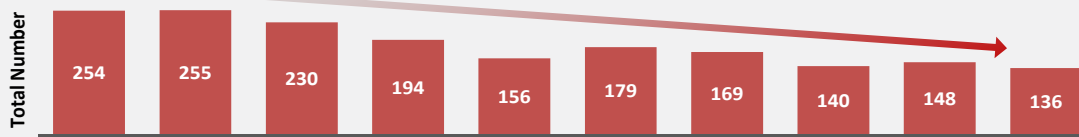
Figure 1.3 San Francisco residents and out-of-jurisdiction residents diagnosed with HIV in San Francisco, 2016-2025



1 See Technical Notes on “Out-of-Jurisdiction Residents Diagnosed with HIV.”

2 See Technical Notes on “Date of Initial HIV Diagnosis.”

Table 1.5 Trends in people diagnosed with HIV by demographic and risk characteristics, 2016-2025, San Francisco

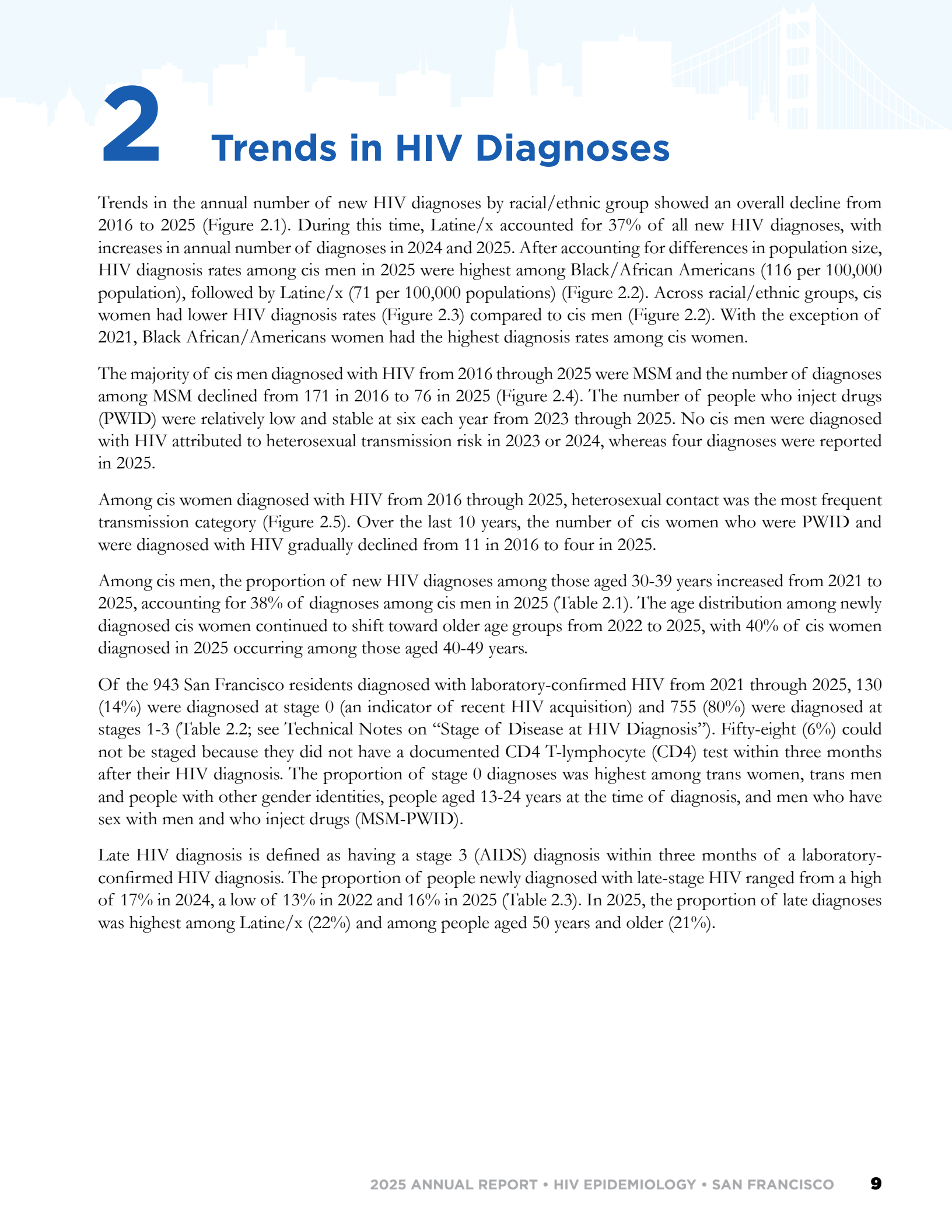


		Year of Initial HIV Diagnosis ¹									
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Gender ²	Cis Men	85%	86%	87%	83%	81%	77%	84%	79%	73%	80%
	Cis Women	9%	11%	8%	9%	11%	13%	8%	10%	18%	11%
	Trans Women	5%	3%	5%	7%	7%	9%	7%	8%	6%	7%
	Trans Men	<1%	0%	<1%	1%	1%	1%	1%	1%	1%	0%
	Other	0%	0%	0%	0%	0%	1%	0%	2%	2%	2%
Race/Ethnicity	White	36%	33%	26%	30%	26%	31%	26%	36%	26%	23%
	Black/African American	13%	17%	18%	15%	18%	16%	14%	19%	28%	23%
	Latine/x	31%	32%	42%	38%	43%	39%	46%	31%	32%	39%
	Asian/Pacific Islander	17%	13%	10%	12%	11%	11%	10%	14%	12%	11%
	Native American	0%	1%	<1%	2%	1%	2%	2%	0%	0%	1%
	Multi-race	4%	5%	3%	3%	1%	2%	2%	0%	2%	2%
Age at HIV Diagnosis (years)	0 - 17	<1%	1%	1%	0%	0%	0%	1%	0%	1%	0%
	18 - 24	17%	12%	17%	11%	15%	10%	12%	16%	11%	8%
	25 - 29	21%	18%	20%	18%	17%	20%	22%	14%	16%	16%
	30 - 39	31%	34%	32%	37%	31%	34%	28%	35%	41%	38%
	40 - 49	16%	20%	19%	16%	17%	20%	22%	19%	17%	20%
	50+	14%	15%	11%	19%	19%	17%	15%	16%	14%	18%
Transmission Category	MSM	67%	60%	63%	65%	63%	51%	62%	63%	62%	57%
	TWSM	4%	2%	3%	5%	6%	7%	7%	6%	5%	7%
	PWID	9%	10%	11%	6%	9%	10%	7%	6%	7%	7%
	MSM-PWID	9%	13%	12%	9%	9%	13%	10%	10%	6%	8%
	TWSM-PWID	2%	1%	1%	3%	1%	3%	0%	2%	1%	0%
	Heterosexual	8%	8%	7%	9%	8%	12%	8%	9%	16%	12%
	Other/Unidentified	1%	6%	2%	4%	4%	4%	6%	4%	3%	9%

1 Data included people diagnosed with HIV infection in any stage and reported as of March 19, 2026. Percentages may not add to 100 due to rounding. See Technical Notes on “Date of Initial HIV Diagnosis.”

2 Other gender includes trans men and people with other gender identity. See Technical Notes on “Gender Status.”

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.



2

Trends in HIV Diagnoses

Trends in the annual number of new HIV diagnoses by racial/ethnic group showed an overall decline from 2016 to 2025 (Figure 2.1). During this time, Latine/x accounted for 37% of all new HIV diagnoses, with increases in annual number of diagnoses in 2024 and 2025. After accounting for differences in population size, HIV diagnosis rates among cis men in 2025 were highest among Black/African Americans (116 per 100,000 population), followed by Latine/x (71 per 100,000 populations) (Figure 2.2). Across racial/ethnic groups, cis women had lower HIV diagnosis rates (Figure 2.3) compared to cis men (Figure 2.2). With the exception of 2021, Black African/Americans women had the highest diagnosis rates among cis women.

The majority of cis men diagnosed with HIV from 2016 through 2025 were MSM and the number of diagnoses among MSM declined from 171 in 2016 to 76 in 2025 (Figure 2.4). The number of people who inject drugs (PWID) were relatively low and stable at six each year from 2023 through 2025. No cis men were diagnosed with HIV attributed to heterosexual transmission risk in 2023 or 2024, whereas four diagnoses were reported in 2025.

Among cis women diagnosed with HIV from 2016 through 2025, heterosexual contact was the most frequent transmission category (Figure 2.5). Over the last 10 years, the number of cis women who were PWID and were diagnosed with HIV gradually declined from 11 in 2016 to four in 2025.

Among cis men, the proportion of new HIV diagnoses among those aged 30-39 years increased from 2021 to 2025, accounting for 38% of diagnoses among cis men in 2025 (Table 2.1). The age distribution among newly diagnosed cis women continued to shift toward older age groups from 2022 to 2025, with 40% of cis women diagnosed in 2025 occurring among those aged 40-49 years.

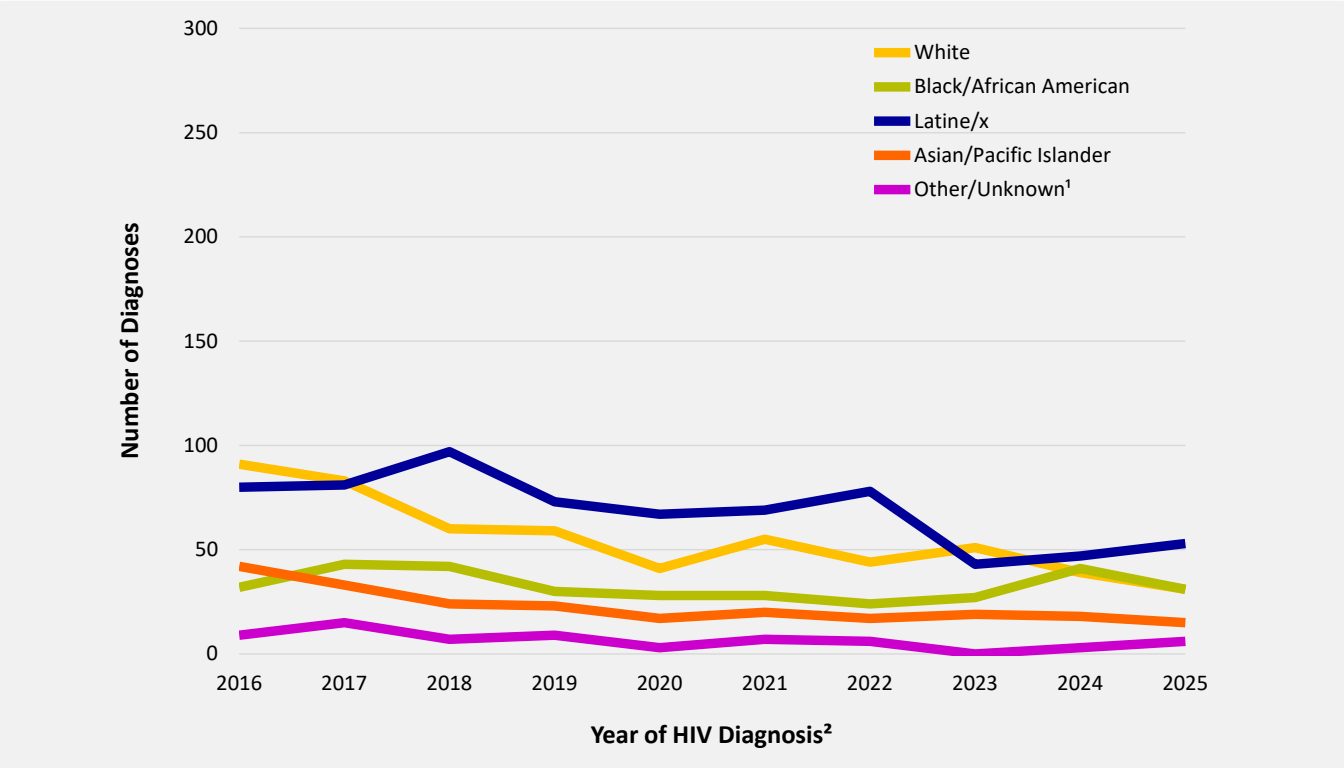
Of the 943 San Francisco residents diagnosed with laboratory-confirmed HIV from 2021 through 2025, 130 (14%) were diagnosed at stage 0 (an indicator of recent HIV acquisition) and 755 (80%) were diagnosed at stages 1-3 (Table 2.2; see Technical Notes on “Stage of Disease at HIV Diagnosis”). Fifty-eight (6%) could not be staged because they did not have a documented CD4 T-lymphocyte (CD4) test within three months after their HIV diagnosis. The proportion of stage 0 diagnoses was highest among trans women, trans men and people with other gender identities, people aged 13-24 years at the 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 a laboratory-confirmed HIV diagnosis. The proportion of people newly diagnosed with late-stage HIV ranged from a high of 17% in 2024, a low of 13% in 2022 and 16% in 2025 (Table 2.3). In 2025, the proportion of late diagnoses was highest among Latine/x (22%) and among people aged 50 years and older (21%).



Race/ethnicity

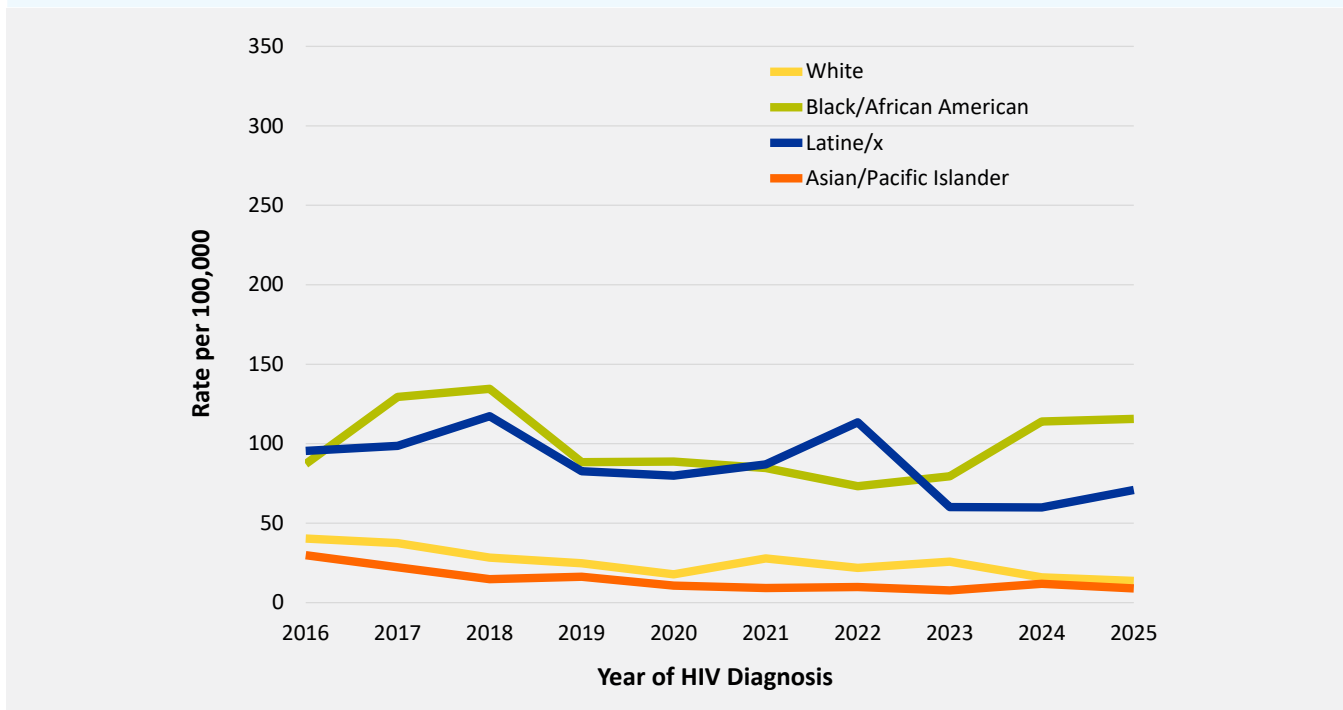
Figure 2.1 Number of people diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco



1 HIV diagnoses in the “Other/Unknown” racial/ethnic category include 25% Native Americans, 72% multi-race, and 3% unknown.

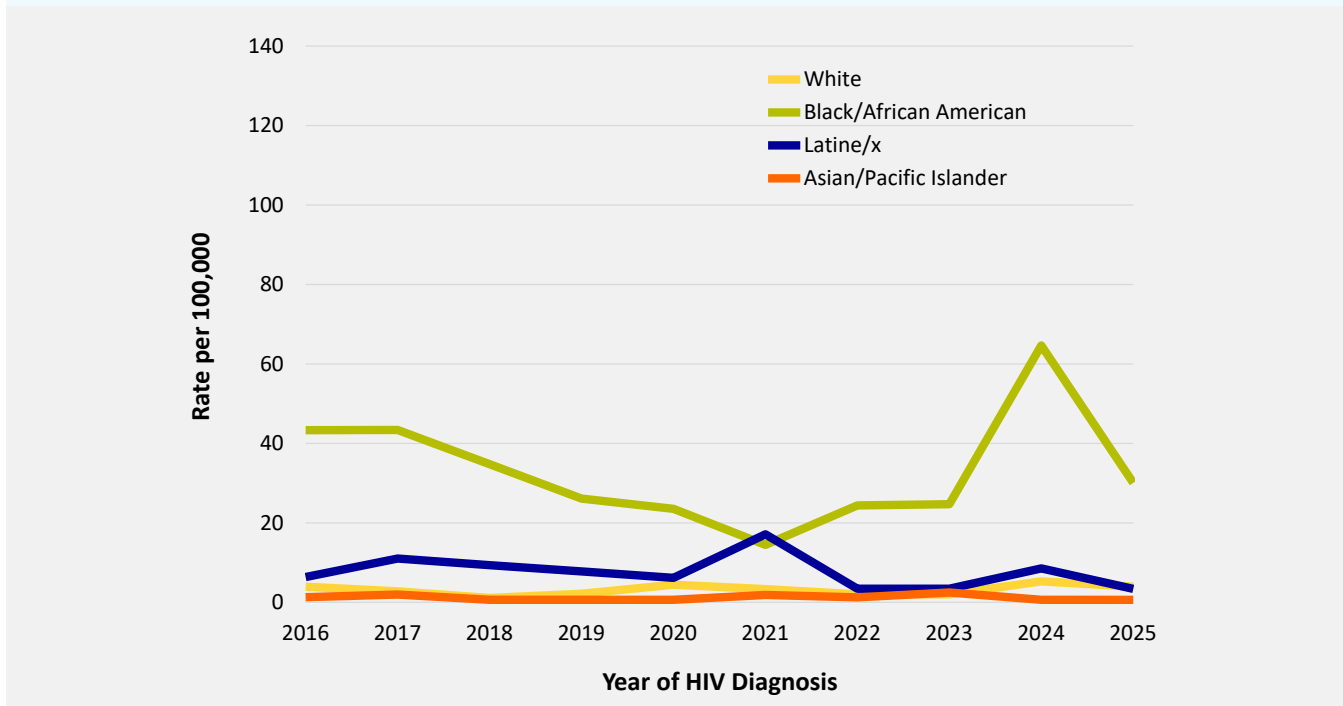
2 See Technical Notes on “Date of Initial HIV Diagnosis.”

Figure 2.2 Annual rates¹ of cis men diagnosed with HIV per 100,000 population by race/ethnicity, 2016-2025, San Francisco



¹ See Technical Notes on “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.

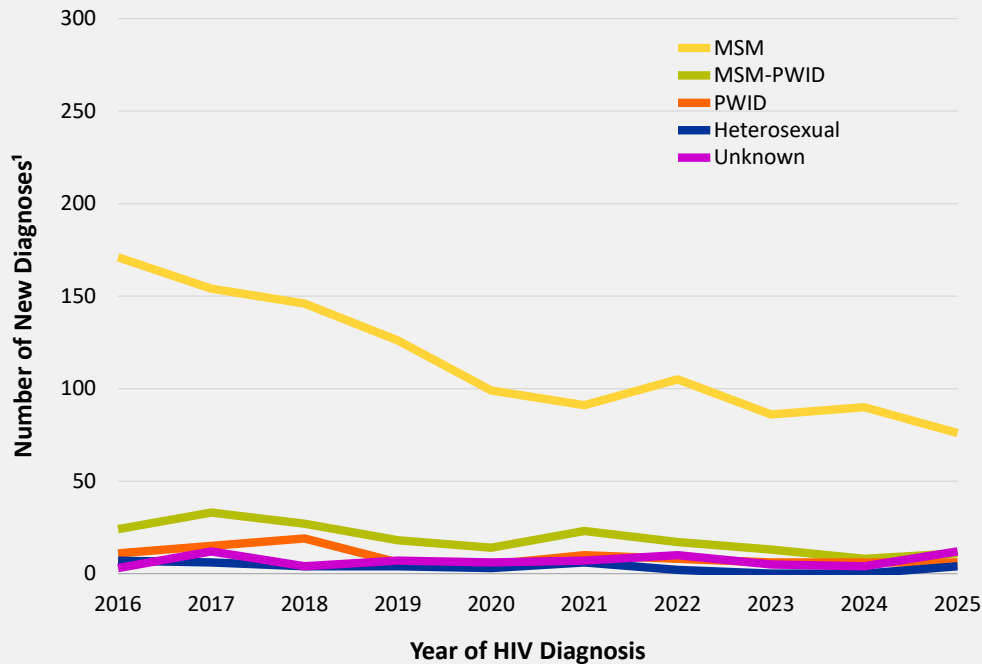
Figure 2.3 Annual rates¹ of cis women diagnosed with HIV per 100,000 population by race/ethnicity, 2016-2025, San Francisco



¹ See Technical Notes on “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

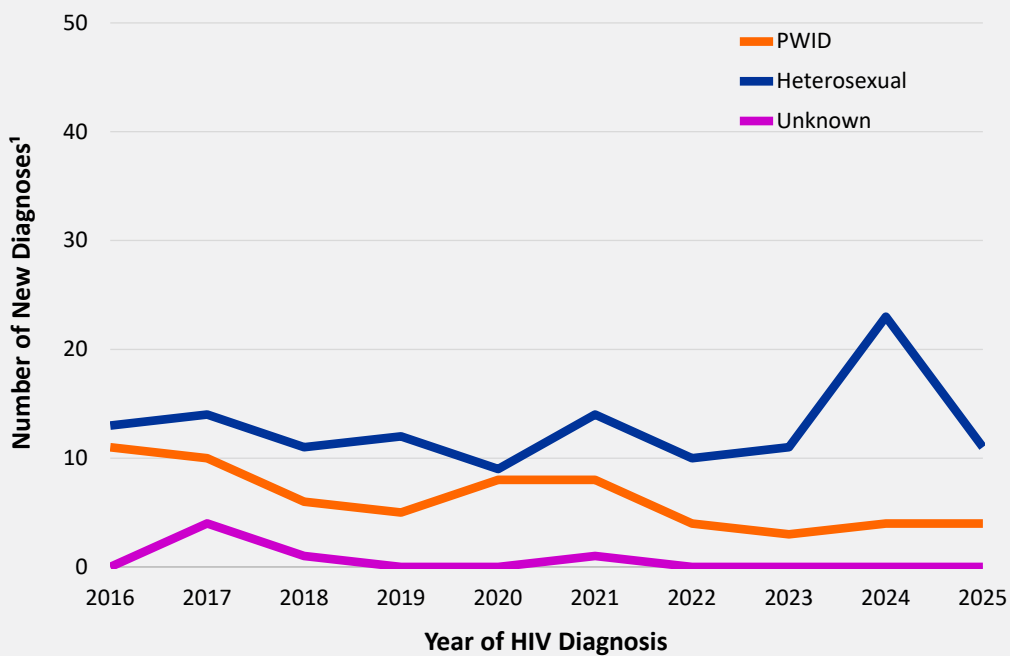
Figure 2.4 Number of cis men diagnosed with HIV by transmission category, 2016-2025, San Francisco



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

Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.

Figure 2.5 Number of cis women diagnosed with HIV by transmission category, 2016-2025, San Francisco



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

Abbreviation: PWID= people who inject drugs.

Age

Table 2.1 Number of people diagnosed with HIV by gender¹ and age at diagnosis, 2021-2025, San Francisco

		Year of Initial HIV Diagnosis ²				
		2021	2022	2023	2024	2025
		Number (%)				
Cis Men (Age in years)	0 - 24	14 (10)	19 (13)	16 (15)	10 (9)	10 (9)
	25 - 29	23 (17)	33 (23)	16 (15)	19 (18)	20 (18)
	30 - 39	49 (36)	42 (30)	37 (34)	48 (44)	41 (38)
	40 - 49	26 (19)	28 (20)	23 (21)	18 (17)	18 (17)
	50+	25 (18)	20 (14)	18 (16)	13 (12)	20 (18)
	Cis Men Total	137	142	110	108	109
Cis Women (Age in years)	0 - 24	1 (4)	1 (7)	2 (14)	2 (7)	1 (7)
	25 - 29	7 (30)	2 (14)	2 (14)	3 (11)	0 (0)
	30 - 39	6 (26)	4 (29)	4 (29)	9 (33)	5 (33)
	40 - 49	4 (17)	4 (29)	3 (21)	5 (19)	6 (40)
	50+	5 (22)	3 (21)	3 (21)	8 (30)	3 (20)
	Cis Women Total	23	14	14	27	15

¹ Data on trans women, trans men, and people with other gender identity by age are not presented due to small numbers and small population size. See Technical Notes on “Gender Status.”

² See Technical Notes on “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, 2021-2025, San Francisco

		New Diagnoses ¹	Stage at Diagnosis ²		
			Stage 0	Stage 1-3	Unknown
		Number (row % of new diagnoses)			
Total		943	130 (14)	755 (80)	58 (6)
Year of HIV Diagnosis	2021	191	33 (17)	143 (75)	15 (8)
	2022	210	26 (12)	172 (82)	12 (6)
	2023	188	23 (12)	155 (82)	10 (5)
	2024	187	20 (11)	159 (85)	8 (4)
	2025	167	28 (17)	126 (75)	13 (8)
Gender ³	Cis Men	756	98 (13)	613 (81)	45 (6)
	Cis Women	105	15 (14)	82 (78)	8 (8)
	Trans Women	64	12 (19)	47 (73)	5 (8)
	Other	18	5 (28)	13 (72)	0 (0)
Race/Ethnicity	White	251	44 (18)	189 (75)	18 (7)
	Black/African American	158	26 (16)	121 (77)	11 (7)
	Latine/x	389	46 (12)	324 (83)	19 (5)
	Asian/Pacific Islander	124	6 (5)	112 (90)	6 (5)
	Other/Unknown	21	8 (38)	9 (43)	4 (19)
Age at HIV Diagnosis (years)	13-24	90	19 (21)	63 (70)	8 (9)
	25-29	165	20 (12)	136 (82)	9 (5)
	30-39	363	50 (14)	290 (80)	23 (6)
	40-49	181	26 (14)	148 (82)	7 (4)
	50+	144	15 (10)	118 (82)	11 (8)
Transmission Category ⁴	MSM	599	76 (13)	492 (82)	31 (5)
	PWID	59	10 (17)	45 (76)	4 (7)
	MSM-PWID	74	19 (26)	49 (66)	6 (8)
	Heterosexual	101	11 (11)	82 (81)	8 (8)
	Other/Unidentified	110	14 (13)	87 (79)	9 (8)

1 New diagnoses include 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 on “Stage of Disease at HIV Diagnosis.”

3 Other gender includes trans men and people with other gender identity. See Technical Notes on “Gender Status.”

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

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

People diagnosed with late-stage HIV disease

Table 2.3 Late diagnoses among people diagnosed with laboratory-confirmed HIV by demographic and risk characteristics, 2021-2025, San Francisco

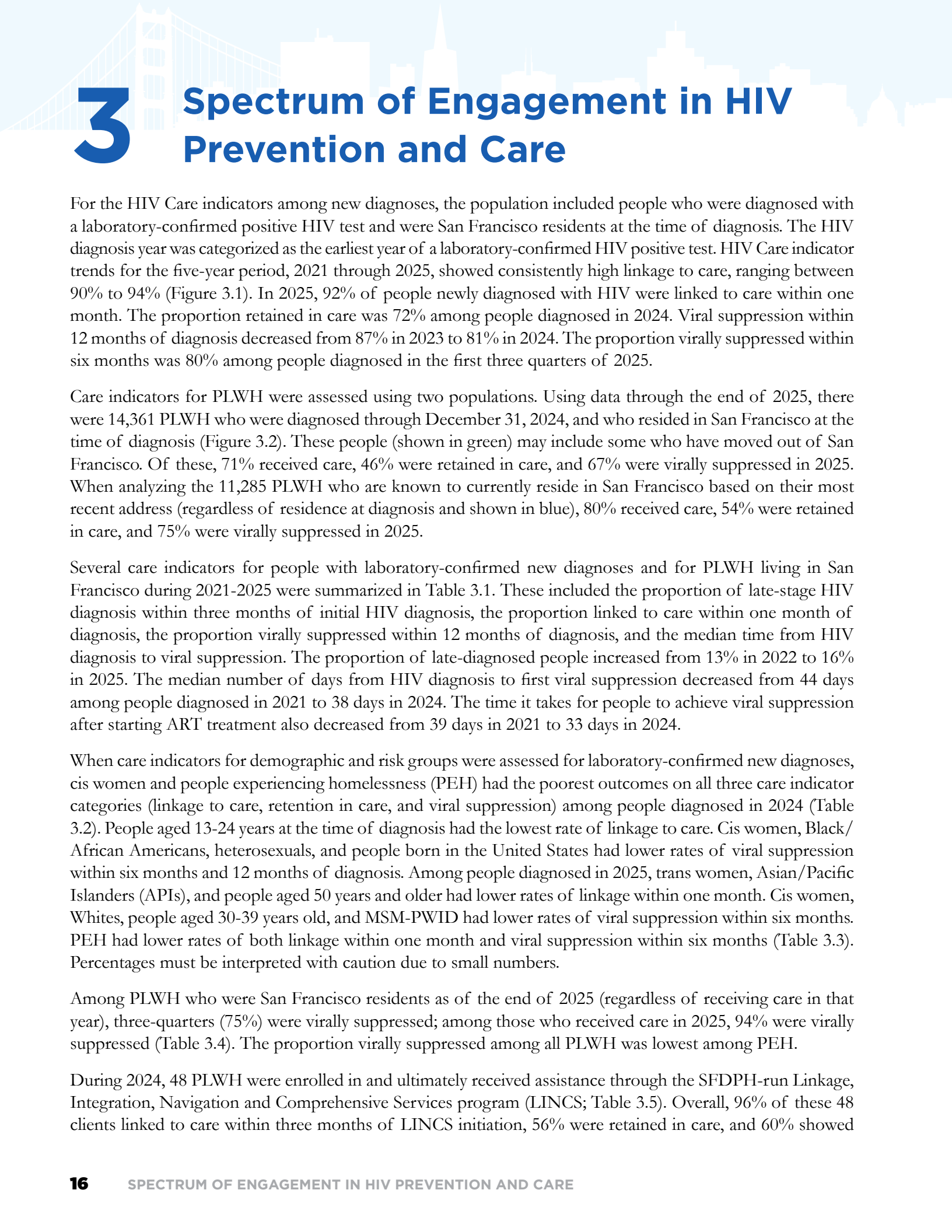
		Year of Diagnosis ¹				
		2021	2022	2023	2024	2025
		Number of new diagnoses (% who had a late diagnosis ²)				
	Total	191 (15)	210 (13)	188 (14)	187 (17)	167 (16)
Gender³	Cis Men	150 (15)	179 (14)	153 (14)	141 (16)	133 (17)
	Cis Women	23 (13)	18 (17)	15 (20)	31 (19)	18 (6)
	Trans Women	17 (12)	12 (0)	13 (8)	11 (18)	11 (18)
	Other	1 (0)	1 (0)	7 (0)	4 (25)	5 (0)
Race/Ethnicity	White	65 (14)	51 (16)	59 (15)	42 (19)	34 (12)
	Black/African American	28 (14)	25 (12)	27 (15)	42 (26)	36 (8)
	Latine/x	67 (13)	105 (12)	72 (11)	77 (6)	68 (22)
	Asian/Pacific Islander	24 (21)	24 (17)	30 (17)	24 (33)	22 (14)
	Other/Unknown	7 (14)	5 (0)	0 (0)	2 (0)	7 (14)
Age at HIV Diagnosis (Years)	13-24	13 (0)	21 (10)	22 (5)	20 (0)	14 (7)
	25-29	33 (12)	45 (9)	26 (12)	32 (16)	29 (14)
	30-39	71 (8)	67 (10)	81 (14)	79 (16)	65 (14)
	40-49	41 (24)	48 (17)	31 (16)	30 (17)	31 (19)
	50+	33 (24)	29 (24)	28 (21)	26 (35)	28 (21)
Transmission Category⁴	MSM	106 (17)	144 (13)	129 (16)	119 (18)	101 (18)
	PWID	17 (24)	12 (25)	9 (0)	10 (20)	11 (9)
	MSM-PWID	22 (0)	17 (12)	14 (7)	9 (11)	12 (0)
	Heterosexual	21 (14)	16 (13)	16 (19)	29 (17)	19 (0)
	Other/Unidentified	25 (12)	21 (14)	20 (5)	20 (10)	24 (29)
Housing Status	Homeless	41 (10)	32 (13)	38 (8)	30 (27)	24 (13)
	Housed	146 (16)	176 (13)	150 (15)	156 (15)	139 (17)
	Unknown	4 (0)	2 (50)	0 (0)	1 (100)	4 (0)
Country of Birth	US	93 (19)	81 (16)	78 (15)	94 (21)	73 (14)
	Non-US	58 (12)	92 (11)	76 (11)	68 (13)	53 (23)
	Unknown	40 (8)	37 (14)	34 (18)	25 (12)	41 (10)

¹ Date of HIV diagnosis is based on a confirmed laboratory HIV test and does not take into account patient self-report of HIV positive.

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

³ Other gender includes trans men and people with other gender identity. See Technical Notes on "Gender Status."

⁴ Heterosexual includes heterosexual and female presumed heterosexual. Other/Unidentified includes TWSM, TWSM-PWID and people with no identified risk factor. Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.



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 the 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, 2021 through 2025, showed consistently high linkage to care, ranging between 90% to 94% (Figure 3.1). In 2025, 92% of people newly diagnosed with HIV were linked to care within one month. The proportion retained in care was 72% among people diagnosed in 2024. Viral suppression within 12 months of diagnosis decreased from 87% in 2023 to 81% in 2024. The proportion virally suppressed within six months was 80% among people diagnosed in the first three quarters of 2025.

Care indicators for PLWH were assessed using two populations. Using data through the end of 2025, there were 14,361 PLWH who were diagnosed through December 31, 2024, and who resided in San Francisco at the time of diagnosis (Figure 3.2). These people (shown in green) may include some who have moved out of San Francisco. Of these, 71% received care, 46% were retained in care, and 67% were virally suppressed in 2025. When analyzing the 11,285 PLWH who are known to currently reside in San Francisco based on their most recent address (regardless of residence at diagnosis and shown in blue), 80% received care, 54% were retained in care, and 75% were virally suppressed in 2025.

Several care indicators for people with laboratory-confirmed new diagnoses and for PLWH living in San Francisco during 2021-2025 were 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. The proportion of late-diagnosed people increased from 13% in 2022 to 16% in 2025. The median number of days from HIV diagnosis to first viral suppression decreased from 44 days among people diagnosed in 2021 to 38 days in 2024. The time it takes for people to achieve viral suppression after starting ART treatment also decreased from 39 days in 2021 to 33 days in 2024.

When care indicators for demographic and risk groups were assessed for laboratory-confirmed new diagnoses, cis women and people experiencing homelessness (PEH) had the poorest outcomes on all three care indicator categories (linkage to care, retention in care, and viral suppression) among people diagnosed in 2024 (Table 3.2). People aged 13-24 years at the time of diagnosis had the lowest rate of linkage to care. Cis women, Black/African Americans, heterosexuals, and people born in the United States had lower rates of viral suppression within six months and 12 months of diagnosis. Among people diagnosed in 2025, trans women, Asian/Pacific Islanders (APIs), and people aged 50 years and older had lower rates of linkage within one month. Cis women, Whites, people aged 30-39 years old, and MSM-PWID had lower rates of viral suppression within six months. PEH had lower rates of both linkage within one month and viral suppression within six months (Table 3.3). Percentages must be interpreted with caution due to small numbers.

Among PLWH who were San Francisco residents as of the end of 2025 (regardless of receiving care in that year), three-quarters (75%) were virally suppressed; among those who received care in 2025, 94% were virally suppressed (Table 3.4). The proportion virally suppressed among all PLWH was lowest among PEH.

During 2024, 48 PLWH were enrolled in and ultimately received assistance through the SFDPH-run Linkage, Integration, Navigation and Comprehensive Services program (LINCS; Table 3.5). Overall, 96% of these 48 clients linked to care within three months of LINCS initiation, 56% were retained in care, and 60% showed



evidence of viral suppression at their most recent test within 12 months after LINCS enrollment. The percentages linked to care and retained in care were higher compared to 2023 (data were published in the 2024 HIV Epidemiology Annual Report), whereas the percentage virally suppressed was lower. A notable disparity in viral suppression was observed by housing status. Only 43% of LINCS clients experiencing homelessness at intake were virally suppressed at their most recent test, compared to 74% of clients who were housed.

Comparisons of San Francisco's HIV prevention and care indicators with California and U.S. indicators show that in 2024 San Francisco had higher proportions of people who were aware of their HIV serostatus, received care, and had suppressed viral loads in a more timely manner (Table 3.6). Data reflected high ART use in San Francisco (see Technical Notes on "Estimate of ART Use") among both PLWH and newly diagnosed people: 95% of people newly diagnosed in 2024 and 92% of PLWH as of December 2025 received ART (Table 3.7). Overall, the proportion of people who were diagnosed with HIV and initiated ART within seven days was higher in 2023 and 2024 than among those diagnosed in earlier years, but timely ART initiation differed by socio-demographic characteristics (Table 3.8). Trans women, Whites, Black/African Americans, people aged 50 years and older, PWID, and PEH were less likely to start ART within seven days of diagnosis. The median time from HIV diagnosis to viral suppression improved over time but differed by socio-demographic characteristics (Figure 3.3).

Among 15,238 people who resided in San Francisco at the time of diagnosis and were still living as of 2025, 71% were known to have received HIV care in 2025 (49% received care in San Francisco, 22% received care outside of San Francisco) and 29% did not receive HIV care (Table 3.9). Of the 29% not known to be in care, 11% had a current San Francisco address and represent a high priority population for re-engagement into care. Of the 11,682 PLWH who received care in San Francisco in 2025, over one-third (36%) were originally diagnosed elsewhere and 25% currently reside outside of San Francisco (Table 3.10). The majority of these 11,682 people were cis men, over 50 years old, and MSM (Table 3.11).

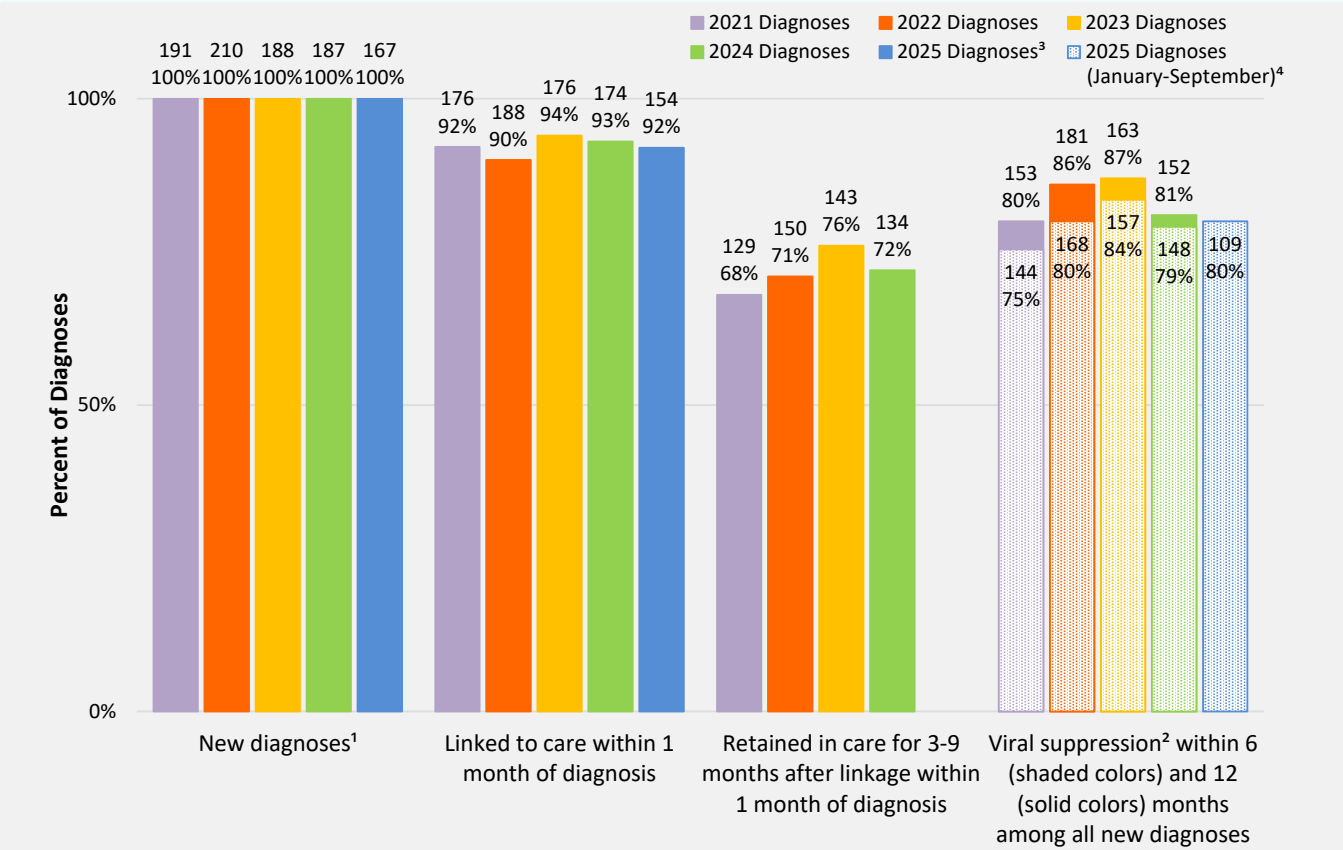
Home test kit orders through San Francisco's HIV/STI Home Testing Program (Take Me Home) increased steadily over time from 249 orders in 2021 to 1,667 orders in 2024 and decreased to 1,333 orders in 2025 (Figure 3.4). The specimen return rate among self-collection test kits remained stable; 56% in 2024 and 57% in 2025 (Table 3.12). Similar to 2024, the majority of people who ordered the self-collection test kits in 2025 were men and those between the ages of 25-39. Of those who ordered test kits in 2025, 32% were White, 15% Asian/Pacific Islander, 14% Latine/x, 5% Black/African American, and 6% identified as multiracial or other race. Test kit orders were received from many San Francisco neighborhoods, with most ordered from Pacific Heights/Marina (16%) and Mission (11%). Twenty-nine percent of people who ordered a test kit in 2025 reported having three or more sex partners in the past 12 months, and 5% reported taking PrEP. In 2025, the specimen return rate was higher among Whites and Asian/Pacific Islanders, people aged 50 years or older, residents of Richmond/Presidio, and people who reported taking PrEP.

In 2025, of 512 individuals who returned at least one specimen for chlamydia and gonorrhea through home testing, 15 (3%) had at least one anatomic site that tested positive for chlamydia. Thirteen (3%) had at least one anatomic site that tested positive for gonorrhea (data not shown). Overall, 34 (7%) individuals who returned at least one specimen in 2025 tested positive for gonorrhea, chlamydia, syphilis, and/or hepatitis C virus (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, 2021-2025, 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 self-report of HIV infection. The proportion of people who died within 12 months of their HIV diagnosis were 1% in 2021, 3% in 2022, 1% in 2023, 2% in 2024, and 2% in 2025. All of them had at least one laboratory test before death.

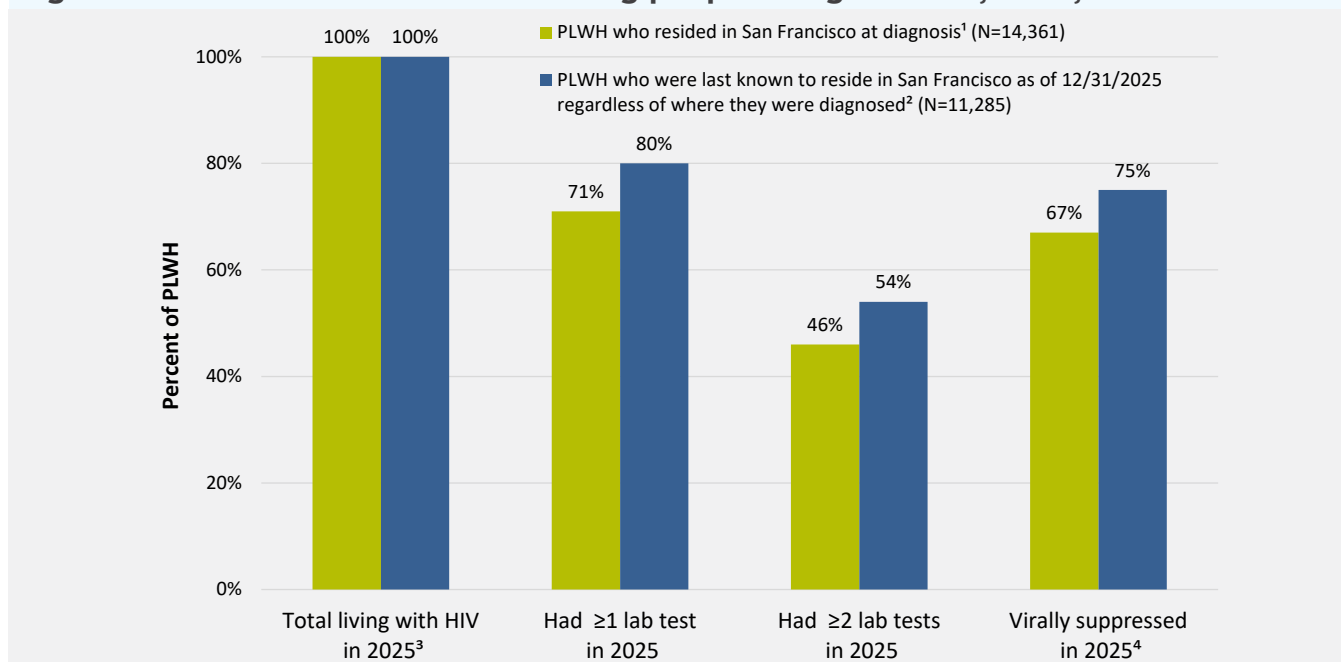
2 Viral suppression is defined as the latest viral load test within 6 and 12 months of HIV diagnosis <200 copies/mL. See Technical Notes on “HIV Care Outcomes and Definitions.”

3 Retention in care and viral suppression data were not available yet for the entire year of 2025.

4 People who were diagnosed between January and September 2025 (N=137) and virally suppressed within 6 months of HIV diagnosis.

Continuum of HIV care among people living with HIV

Figure 3.2 Continuum of HIV care among people living with HIV, 2025, San Francisco



1 PLWH who resided in San Francisco at diagnosis excluded people who were not San Francisco residents at the time of HIV diagnosis but were San Francisco residents at HIV stage 3 (AIDS) diagnosis.

2 See Technical Notes on “Residence and Receipt of Care for PLWH.”

3 PLWH included people living with HIV at the end of 2025 (≥ 13 years old) and diagnosed by the end of 2024.

4 Viral suppression is defined as the latest viral load in 2025 <200 copies/mL.

Abbreviation: PLWH= people living with HIV.

Trends in HIV care and prevention indicators

Table 3.1 Care and prevention indicators among people with a new laboratory-confirmed HIV diagnosis and living with HIV, 2021-2025, San Francisco

		Year				
		2021	2022	2023	2024	2025
Indicators	New HIV diagnoses¹	N=191	N=210	N=188	N=187	N=167
	Proportion developed HIV stage 3 (AIDS) within 3 months of diagnosis	15%	13%	14%	17%	16%
	Proportion linked to care within 1 month of diagnosis	92%	90%	94%	93%	92%
	Proportion virally suppressed ² within 12 months of diagnosis	80%	86%	87%	81%	NA
	Median time (days) from HIV diagnosis to first viral suppression	44	43	38	38	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 suppression ³	39	36	33	33	NA
	People living with HIV⁴ (≥13 years old)	N=11,688	N=11,578	N=11,377	N=11,321	N=11,285
	Proportion of cases who had ≥1 CD4/viral load/genotype test	79%	79%	80%	79%	80%
	Proportion received ≥2 tests among those with ≥1 test	67%	66%	69%	68%	68%
	Proportion virally suppressed ² among living cases	72%	74%	75%	74%	75%
	Proportion virally suppressed among those with ≥1 viral load test	94%	94%	94%	95%	95%

1 New HIV diagnoses included people diagnosed each year based on a confirmed HIV test and did not take into account self-report of HIV infection.

2 Viral suppression is 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 for median time in days from first care to ART initiation and from ART initiation to first viral suppression was limited to people diagnosed with HIV who were known to have started ART. See Technical Notes on “Estimate of ART Use.”

4 People living with HIV included people with HIV 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 on “Residence and Receipt of Care for PLWH.”

Abbreviations: PLWH= people living with HIV; ART=antiretroviral therapy.

Care indicators among people with HIV by demographic and risk characteristics

Table 3.2 Care indicators¹ among people with laboratory-confirmed HIV in 2024 by demographic and risk characteristics, San Francisco

		Number of new 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	93%	72%	79%	81%
Gender⁴	Cis Men	141	94%	71%	81%	83%
	Cis Women	31	87%	71%	71%	68%
	Trans Women	11	91%	73%	73%	91%
	Other	4	100%	100%	100%	100%
Race/ Ethnicity	White	42	95%	71%	69%	71%
	Black/African American	42	88%	67%	64%	67%
	Latine/x	77	94%	73%	92%	94%
	Asian/Pacific Islander	24	96%	79%	83%	88%
	Other/Unknown	2	100%	50%	50%	50%
Age at Diagnosis (Years)	13-24	20	85%	75%	85%	85%
	25-29	32	88%	75%	78%	75%
	30-39	79	94%	68%	75%	81%
	40-49	30	97%	73%	90%	87%
	50+	26	100%	73%	77%	81%
Transmission Category⁵	MSM	119	94%	75%	82%	84%
	PWID	10	90%	70%	90%	80%
	MSM-PWID	9	100%	56%	78%	78%
	Heterosexual	29	86%	69%	69%	66%
	Other/Unidentified	20	95%	65%	75%	90%
Housing Status at Diagnosis	Homeless	30	87%	70%	57%	63%
	Housed	156	94%	72%	84%	85%
	Unknown ⁶	1	100%	100%	0%	100%
Country of Birth	US/US Dep.	94	89%	66%	71%	73%
	Non-US	68	99%	84%	93%	94%
	Unknown	25	92%	60%	72%	76%

1 See Technical Notes on “HIV Care Outcomes and Definitions.”

2 New diagnoses included people diagnosed in 2024 based on a confirmed HIV test and did not take into account patient self-report of HIV infection. Numbers of new diagnoses were used as the denominator for all proportion calculation.

3 Percent of total new diagnoses.

4 Other gender included trans men and people with other gender identity, they were not released separately due to small number. See Technical Notes on “Gender Status.”

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

6 Unknown housing status included people whose street address in San Francisco at diagnosis listed as “Unknown.”

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Table 3.3 Care indicators¹ among people with laboratory-confirmed HIV in 2025 by demographic and risk characteristics, San Francisco

		Number of new diagnoses ²	% Linked to care within 1 month of diagnosis ³	% Virally suppressed within 6 months of diagnosis among people diagnosed in January-September 2025 (N=137)
Total		167	92%	80%
Gender⁴	Cis Men	133	92%	80%
	Cis Women	18	100%	71%
	Trans Women	11	82%	75%
	Other	5	80%	100%
Race/Ethnicity	White	34	88%	72%
	Black/African American	36	92%	74%
	Latine/x	68	97%	86%
	Asian/Pacific Islander	22	86%	82%
	Other/Unknown	7	86%	67%
Age at Diagnosis (Years)	13-24	14	93%	92%
	25-29	29	93%	88%
	30-39	65	92%	71%
	40-49	31	97%	86%
	50+	28	86%	76%
Transmission Category⁵	MSM	101	93%	84%
	PWID	11	100%	78%
	MSM-PWID	12	92%	38%
	Heterosexual	19	95%	81%
	Other/Unidentified	24	83%	76%
Housing Status at Diagnosis	Homeless	24	88%	71%
	Housed	139	93%	82%
	Unknown ⁶	4	100%	50%
Country of Birth	US/US Dep.	73	92%	73%
	Non-US	53	94%	90%
	Unknown	41	90%	79%

1 See Technical Notes on “HIV Care Outcomes and Definitions.” Retention in care and viral suppression data were not available yet for all of 2025.

2 New diagnoses included people diagnosed in 2025 based on a confirmed HIV test and did not take into account patient self-report of HIV infection. Numbers of new diagnoses were used as the denominator for all proportion calculation.

3 Percent of total diagnoses.

4 Other gender included trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

5 Heterosexual included female presumed heterosexual. Other/Unidentified included TWSM, TWSM-PWID and people with no identified risk factor. Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Table 3.4 Care indicators among people living with HIV in 2025 who were known to reside in San Francisco as of December 2025, by demographic and risk characteristics

		Number of PLWH ¹	% with >= 1 laboratory test in 2025 ²	% with >= 2 laboratory tests in 2025 ²	% Virally suppressed (most recent viral load test in 2025 <200 copies/mL)	
					among all PLWH	among PLWH with >= 1 laboratory test in 2025
Total		11,285	80%	54%	75%	94%
Gender ³	Cis Men	10,090	79%	53%	75%	95%
	Cis Women	704	85%	60%	77%	91%
	Trans Women	452	87%	64%	77%	89%
	Other	39	90%	59%	85%	94%
Race/Ethnicity	White	5,381	81%	54%	77%	95%
	Black/African American	1,466	83%	56%	74%	90%
	Latine/x	3,037	76%	54%	72%	95%
	Asian/Pacific Islander	882	77%	49%	73%	96%
	Other/Unknown	519	80%	54%	73%	91%
Age in Years (as of 12/31/2025)	13-24	47	91%	62%	85%	93%
	25-29	194	85%	58%	80%	94%
	30-39	1,436	80%	53%	72%	90%
	40-49	2,017	78%	49%	70%	91%
	50-59	2,683	78%	49%	73%	94%
	60-69	3,205	80%	57%	78%	97%
	70+	1,703	81%	59%	79%	98%
Transmission Category	MSM	8,117	79%	53%	76%	96%
	TWSM	306	88%	65%	81%	91%
	PWID	570	80%	56%	70%	88%
	MSM-PWID	1,341	81%	56%	74%	91%
	TWSM-PWID	143	85%	61%	69%	82%
	Heterosexual	573	83%	57%	76%	92%
	Other/Unidentified	235	66%	37%	60%	92%
Housing Status, Most Recent	Homeless	309	50%	34%	36%	71%
	Non-Homeless ⁴	10,976	80%	54%	76%	95%
Country of Birth	US/US Dep.	7,467	82%	55%	77%	94%
	Non-US	2,511	70%	50%	67%	96%
	Unknown	1,307	81%	53%	75%	92%

1 PLWH included San Francisco residents living with HIV as of the end of 2025 (≥13 years old) and diagnosed by the end of 2024. See Technical Notes on “Residence and Receipt of Care for PLWH.”

2 Percent of total PLWH.

3 Other gender included trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

4 Non-homeless included people whose most recent street address in San Francisco listed as “Unknown.”

Abbreviations: PLWH= people living with HIV; MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Table 3.5 Care indicators among people who accepted and completed LINC services in 2024 by demographic and risk characteristics, San Francisco

		Number who received LINC services	% Linked to care within 3 months of LINC initiation ¹	% Retained in care 3-9 months after linkage ¹	% Virally suppressed at most recent test in 12 months after LINC initiation ¹
Total		48	96%	56%	60%
Referral type²	Provider	25	92%	52%	52%
	Surveillance	23	100%	61%	70%
Gender	Cis Men	37	95%	49%	59%
	Cis Women	7	100%	86%	71%
	Other ³	4	100%	75%	50%
Race/Ethnicity	White	7	100%	43%	29%
	Black/African American	26	100%	65%	69%
	Latinx	12	83%	42%	58%
	Asian/Pacific Islander	2	100%	50%	100%
	Other/Unknown	1	100%	100%	0%
Age in Years (as of 12/31/2024)	13-24	2	100%	0%	0%
	25-29	7	86%	43%	57%
	30-39	15	93%	60%	73%
	40-49	10	100%	50%	60%
	50+	14	100%	71%	57%
Transmission Category	MSM	25	92%	48%	64%
	PWID	3	100%	67%	33%
	MSM-PWID	9	100%	56%	56%
	Heterosexual	3	100%	67%	100%
	Other/Unidentified ⁴	8	100%	75%	50%
Housing Status⁵	Homeless	21	95%	62%	43%
	Housed	27	96%	52%	74%

1 Percentage of people who received LINC and had disposition “Completed.”

2 Patients were referred to LINC directly by providers, or through HIV surveillance activities such as not-in-care lists or cluster detection and response.

3 Other gender included trans women, trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

4 Other/Unidentified transmission category Included TWSM, TWSM-PWID and people with no identified risk factor.

5 Housing status was based on the most recent residence at the time of LINC initiation in 2024.

Abbreviations: LINC= Linkage, Integration, Navigation and Comprehensive Service; MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.



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, 2024

		San Francisco 2024	California ¹ 2024	United States ¹ 2024
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	17%	22%	22%
	HIV care access and outcome			
	% newly diagnosed people linked to care within 1 month of HIV diagnosis	93%	84%	83%
	% newly diagnosed people virally suppressed within 6 months of HIV diagnosis	79%	70%	71%
	% PLWH who are in care (≥1 laboratory tests)	79%	76%	77%
	% PLWH who are virally suppressed	74%	69%	69%
	HIV mortality			
	Death rate per 1,000 people with HIV (all stages) diagnosis	19.2	14.9	15.5
	Death rate per 1,000 people with HIV stage 3 (AIDS) diagnosis	27.5	23.1	24.3

1 Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 7 territories and freely associated states, 2024. Published May 18, 2026. Accessed May 28, 2026. <https://stacks.cdc.gov/view/cdc/256155>

2 The estimated percent of people who are 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 11, 2026. See Technical Notes on “CD4-based Model.”

3 The estimated percent of people who are aware of their HIV diagnosis among people living with diagnosed and undiagnosed HIV infection in California and United States are available for 2022. Centers for Disease Control and Prevention. 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 June 2, 2026.

Abbreviation: PLWH= people living with HIV, CDC= Centers for Disease Control and Prevention; CD4= CD4 T-lymphocyte.

Use of antiretroviral therapy

Table 3.7 Estimate of ART use among people living with HIV through December 2025 and diagnosed in 2024 by demographic and risk characteristics, San Francisco

		People living with HIV ¹ , December 2025 Percent receiving ART, ever (N=14,361)	People newly diagnosed with HIV ¹ , 2024 Percent receiving ART (N=187)
Overall		92%	95%
Gender²	Cis Men	92%	96%
	Cis Women	92%	84%
	Trans Women	94%	100%
	Other	95%	100%
Race/Ethnicity	White	92%	90%
	Black/African American	89%	95%
	Latine/x	92%	99%
	Asian/Pacific Islander	92%	100%
	Other/Unknown	89%	50%
Age³ in Years	13 - 24	93%	95%
	25 - 29	97%	94%
	30 - 39	93%	99%
	40 - 49	88%	93%
	50 +	92%	85%
Transmission Category⁴	MSM	92%	97%
	PWID	87%	90%
	MSM-PWID	93%	100%
	Heterosexual	94%	83%
	Other/Unidentified	88%	100%
Housing Status⁵	Homeless	62%	87%
	Non-Homeless	92%	96%

1 PLWH included people living with HIV at the end of 2025 and diagnosed (through laboratory confirmation) in San Francisco by the end of 2024. New diagnoses excluded people who did not reside in San Francisco at HIV diagnosis but resided in San Francisco at the time of HIV stage 3 (AIDS) diagnosis.

2 Other gender included trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

3 Age as of December 31, 2025 for PLWH. Age at HIV diagnosis for people newly diagnosed with HIV.

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

5 Housing status was based on the most recent residence as of December 31, 2025 for PLWH and the residence at HIV diagnosis for people newly diagnosed with HIV. Non-homeless PLWH included people whose most recent street address in San Francisco listed as “Unknown” or most recent residence in other jurisdiction. Non-homeless people newly diagnosed with HIV included people whose street address in San Francisco at HIV diagnosis listed as “Unknown.”

Abbreviations: ART= antiretroviral therapy; MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs

Table 3.8 Time from HIV diagnosis to ART initiation among people diagnosed with HIV by demographic and risk characteristics, 2020-2024, 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	836	66%	18%	10%	6%
Year of Diagnosis²	2020	144	66%	15%	10%	9%
	2021	174	60%	24%	11%	4%
	2022	178	63%	14%	15%	7%
	2023	166	72%	16%	9%	4%
	2024	174	70%	20%	4%	6%
Gender³	Cis Men	668	67%	18%	10%	5%
	Cis Women	98	61%	17%	11%	10%
	Trans Women	57	56%	23%	16%	5%
	Other	13	100%	0%	0%	0%
Race/Ethnicity	White	240	61%	19%	11%	8%
	Black/African American	146	61%	18%	16%	5%
	Latine/x	330	72%	17%	7%	3%
	Asian/Pacific Islander	104	69%	17%	8%	6%
	Other/Unknown	16	50%	13%	13%	25%
Age at Diagnosis	13-24	88	64%	19%	15%	2%
	25-29	144	75%	15%	6%	4%
	30-39	300	68%	17%	10%	6%
	40-49	167	66%	18%	11%	5%
	50+	137	55%	22%	12%	12%
Transmission Category⁴	MSM	517	70%	17%	8%	5%
	PWID	61	56%	18%	16%	10%
	MSM-PWID	76	67%	17%	12%	4%
	Heterosexual	89	65%	17%	9%	9%
	Other/Unidentified	93	53%	24%	18%	5%
Housing Status at Diagnosis	Homeless	155	63%	9%	19%	10%
	Housed	671	67%	20%	8%	5%
	Unknown ⁵	10	70%	10%	20%	0%
Country of Birth	US/US Dep.	407	66%	18%	10%	5%
	Non-US	271	75%	13%	8%	4%
	Unknown	158	53%	24%	13%	10%
Insurance at Diagnosis	Private	349	64%	17%	13%	6%
	Public	216	62%	27%	7%	4%
	None	238	76%	10%	9%	5%
	Unknown	33	52%	21%	6%	21%

1 Number of diagnoses excluded people who were not in care (N=7) or people who reported taking ART prior to diagnosis (N=89).

2 Year of diagnosis was based on a confirmed HIV test and did not take into account patient self-report of HIV infection.

3 Other gender included trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

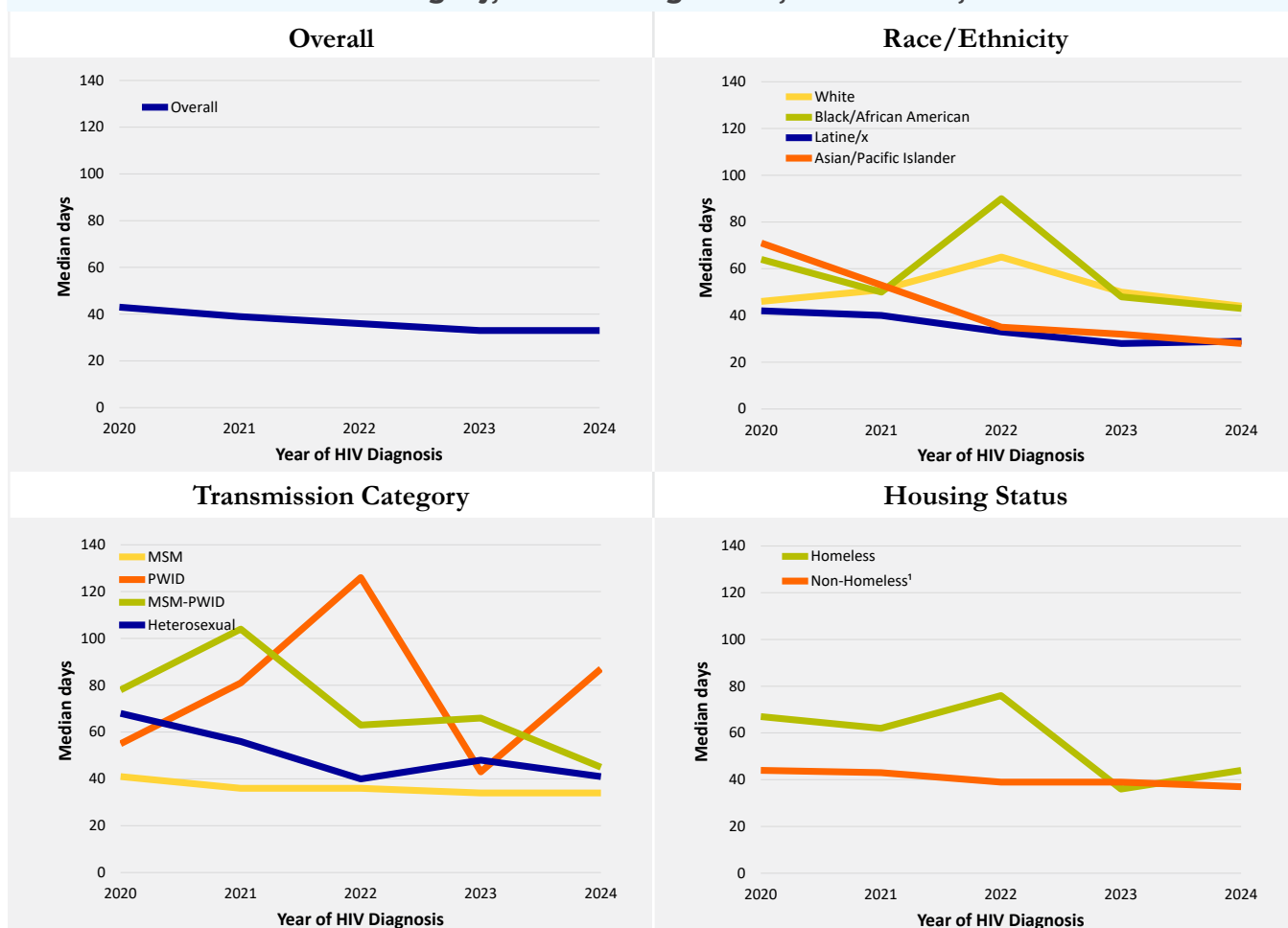
4 Heterosexual included female presumed heterosexual. Other/Unidentified transmission category included TWSM, TWSM-PWID and people with no identified risk factor.

5 People whose street address in San Francisco at diagnosis listed as “Unknown.”

Abbreviations: ART= antiretroviral therapy; MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Trends in time from HIV diagnosis to viral suppression

Figure 3.3 Trends in median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2020-2024, San Francisco



¹ Non-homeless included people whose addresses in San Francisco at diagnosis listed as "Unknown."

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs

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

Table 3.9 People living with HIV in 2025 who resided in San Francisco at diagnosis by care and most recent residence status

PLWH in 2025 who resided in San Francisco at diagnosis (N=15,238) ¹					
Care status in 2025	Number	%	Most recent residence in 2025	Number	%
Received care in San Francisco	7,481	49%	San Francisco	6,367	42%
			Outside San Francisco	1,114	7%
Received care elsewhere	3,374	22%	San Francisco	170	1%
			Outside San Francisco	3,204	21%
Not known to be in care	4,383	29%	San Francisco	1,749	11%
			Outside San Francisco	2,634	17%
Total	15,238	100%		15,238	100%

¹ PLWH included people who resided in San Francisco at diagnosis and were alive as of December 2025. See Technical Notes on “Residence and Receipt of Care for PLWH.”

Abbreviation: PLWH= people living with HIV.

Table 3.10 People living with HIV who received care in San Francisco in 2025 by residence at diagnosis and most recent residence status

PLWH in 2025 who received care in San Francisco (N=11,682) ¹					
Residence at diagnosis	Number	%	Most recent residence in 2025	Number	%
San Francisco	7,481	64%	San Francisco	6,367	55%
			Outside San Francisco	1,114	10%
Outside San Francisco ²	4,201	36%	San Francisco	2,458	21%
			Outside San Francisco	1,743	15%
Total	11,682	100%		11,682	100%

¹ PLWH included people who received HIV care in San Francisco in 2025 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 on “Residence and Receipt of Care for PLWH.”

² Most recent address for OOJ residents at diagnosis was less complete because the update on address information is not conducted regularly or consistently. Abbreviation: PLWH= people living with HIV; CD4= CD4 T-lymphocyte; OOJ= out of jurisdiction.

Table 3.11 Characteristics of people living with HIV who received care in San Francisco in 2025 by most recent residence status

		People receiving HIV care in San Francisco ¹		
		Total people receiving care in 2025	Most recent residence in San Francisco ²	Most recent residence outside San Francisco ²
		Number (%)		
	Total	11,682 (100)	8,825 (100)	2,857 (100)
Gender³	Cis Men	10,388 (89)	7,792 (88)	2,596 (91)
	Cis Women	791 (7)	597 (7)	194 (7)
	Trans Women	457 (4)	395 (4)	62 (2)
	Other	46 (<1)	41 (<1)	5 (<1)
Race/Ethnicity	White	5,667 (49)	4,228 (48)	1,439 (50)
	Black/African American	1,672 (14)	1,210 (14)	462 (16)
	Latine/x	2,950 (25)	2,316 (26)	634 (22)
	Asian/Pacific Islander	831 (7)	663 (8)	168 (6)
	Other/Unknown	562 (5)	408 (5)	154 (5)
Age in Years (as of 12/31/2025)	0-24	79 (1)	52 (1)	27 (1)
	25-29	274 (2)	185 (2)	89 (3)
	30-39	1,577 (13)	1,169 (13)	408 (14)
	40-49	2,007 (17)	1,542 (17)	465 (16)
	50-59	2,626 (22)	2,027 (23)	599 (21)
	60-69	3,359 (29)	2,507 (28)	852 (30)
	70+	1,760 (15)	1,343 (15)	417 (15)
Transmission Category	MSM	8,409 (72)	6,265 (71)	2,144 (75)
	TWSM	325 (3)	276 (3)	49 (2)
	PWID	567 (5)	455 (5)	112 (4)
	MSM-PWID	1,321 (11)	1,076 (12)	245 (9)
	TWSM-PWID	129 (1)	117 (1)	12 (<1)
	Heterosexual ⁴	647 (6)	474 (5)	173 (6)
	Other/Unidentified	284 (2)	162 (2)	122 (4)

1 PLWH included people living with HIV at end of 2025 who received care in San Francisco in 2025 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 on “Residence and Receipt of Care for PLWH.”

2 Most recent residence was based on most recent available address.

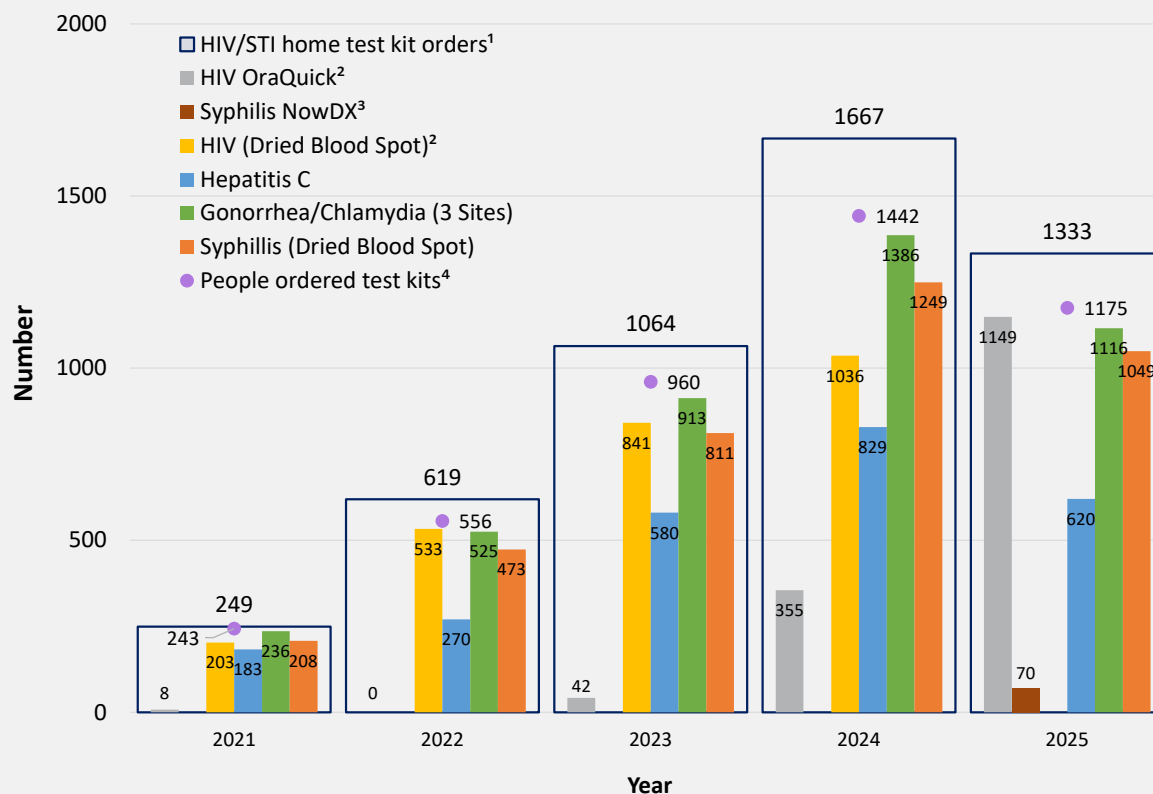
3 Other gender included trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

4 Heterosexual included female presumed heterosexual.

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

San Francisco HIV/STI Home Testing Program: Take Me Home

Figure 3.4 Number of home test kit orders and number of people who ordered the kits by year, Take Me Home, 2021-2025, San Francisco



1 Data were reported as of March 10, 2026. TakeMeHome offers some tests that are self-collected and self-administered at home (HIV OraQuick and/or Syphilis NowDX) and others that are self-collected at home and mailed to a laboratory for processing (HIV dried blood spot, Hepatitis C, Gonorrhea/Chlamydia 3-site, Syphilis dried blood spot). Each order may contain a different combination of test kits; therefore, the total number of test kits may not equal the number of orders. See Technical Notes on “San Francisco HIV/STI Home Testing Program.”

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

3 Syphilis NowDx tests became available in June 2025.

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

Abbreviation: STI= sexually transmitted infection.

Table 3.12 Number of self-collection test kit orders and number of people who ordered the kits by select characteristics, Take Me Home, 2024-2025, San Francisco

		2024		2025	
		Orders/Test kits ¹	Returned Specimens ²	Orders/Test kits ¹	Returned Specimens ²
		Number	Number (Row %)	Number	Number (Row %)
Self-Collection Test	Total Orders	1488	840 (56)	1116	638 (57)
	HIV (Dried Blood Spot)	1036	513 (50)	N/A	
	Hepatitis C	829	409 (49)	620	323 (52)
	Chlamydia (3 Sites)	1386	802 (58)	1116	637 (57)
	Gonorrhea (3 Sites)	1386	802 (58)	1116	637 (57)
	Syphilis	1249	603 (48)	1049	511 (49)
		Unique Persons ³	Returned Specimens ²	Unique Persons ³	Returned Specimens ²
		Number (% of Total)	Number (Row %)	Number (% of Total)	Number (Row %)
Sex at Birth	Total	1271	664 (52)	972	512 (53)
	Male	798 (63)	420 (53)	566 (58)	301 (53)
	Female	473 (37)	244 (52)	406 (42)	211 (52)
Gender ⁴	Men	578 (45)	316 (55)	367 (38)	205 (56)
	Women	330 (26)	172 (52)	272 (28)	148 (54)
	Transgender/Other	64 (5)	33 (52)	66 (7)	30 (45)
	Unknown	299 (24)	143 (48)	267 (27)	129 (48)
Race/Ethnicity	White	419 (33)	239 (57)	309 (32)	184 (60)
	Black/African American	70 (6)	30 (43)	52 (5)	20 (38)
	Latine/x	196 (15)	92 (47)	140 (14)	63 (45)
	Asian/Pacific Islander	215 (17)	120 (56)	147 (15)	88 (60)
	Multi-race/Other	68 (5)	37 (54)	57 (6)	23 (40)
	Unknown	303 (24)	146 (48)	267 (27)	134 (50)
Age in Years	13-24	193 (15)	97 (50)	148 (15)	69 (47)
	25-29	374 (29)	211 (56)	271 (28)	147 (54)
	30-39	411 (32)	199 (48)	346 (36)	188 (54)
	40-49	176 (14)	93 (53)	132 (14)	57 (43)
	50-59	83 (7)	46 (55)	56 (6)	37 (66)
	60+	34 (3)	18 (53)	19 (2)	14 (74)
Number of Sex Partners in Past 12 months	0	30 (2)	20 (67)	27 (3)	9 (33)
	1	147 (12)	75 (51)	97 (10)	42 (43)
	2	137 (11)	58 (42)	98 (10)	54 (55)
	≥3	491 (39)	263 (54)	279 (29)	138 (49)
	Missing	466 (37)	248 (53)	471 (48)	269 (57)
Region ⁵	Ballpark/Mission Bay	106 (8)	52 (49)	75 (8)	37 (49)
	Bayview	34 (3)	13 (38)	34 (3)	11 (32)
	Castro	55 (4)	30 (55)	45 (5)	30 (67)
	Civic Center	82 (6)	43 (52)	48 (5)	27 (56)
	Downtown	64 (5)	32 (50)	52 (5)	27 (52)
	Lake Merced	33 (3)	16 (48)	19 (2)	10 (53)
	Mission	115 (9)	71 (62)	105 (11)	59 (56)
	Outer Mission/Ingleside	51 (4)	22 (43)	50 (5)	26 (52)
	Pacific Heights/Marina	212 (17)	111 (52)	152 (16)	76 (50)
	Panhandle/Haight Ashbury	93 (7)	56 (60)	77 (8)	37 (48)
	Richmond/Presidio	107 (8)	61 (57)	84 (9)	59 (70)
	South of Market	122 (10)	55 (45)	78 (8)	39 (50)
	Sunset	103 (8)	55 (53)	83 (9)	42 (51)
	Treasure Island	1 (<1)	1 (100)	1 (<1)	0 (0)
	Twin Peaks	47 (4)	25 (53)	28 (3)	17 (61)
	Visitation Valley	21 (2)	7 (33)	21 (2)	7 (33)
	West Portal	24 (2)	14 (58)	18 (2)	7 (39)
Taking PrEP	No	756 (59)	395 (52)	491 (51)	233 (47)
	Yes	92 (7)	40 (43)	47 (5)	29 (62)
	Missing	423 (33)	229 (54)	434 (45)	250 (58)

1 Data were reported as of March 10, 2026. Each order may contain a different combination of self-collection test kits; therefore, the total number of test kits may not be equal to the number of orders. See Technical Notes on “San Francisco HIV/STI Home Testing Program.” HIV dried blood testing was discontinued in November 2024; the number of HIV tests for 2024 reflects 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 for results. People who returned more than one specimen were counted once.

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

4 The Transgender/Other category included trans men, trans women, queer, and non-binary gender identities.

5 Regions were grouped by zip codes where the test kits were mailed. People were assumed to reside in the zip code where the test kit was mailed.

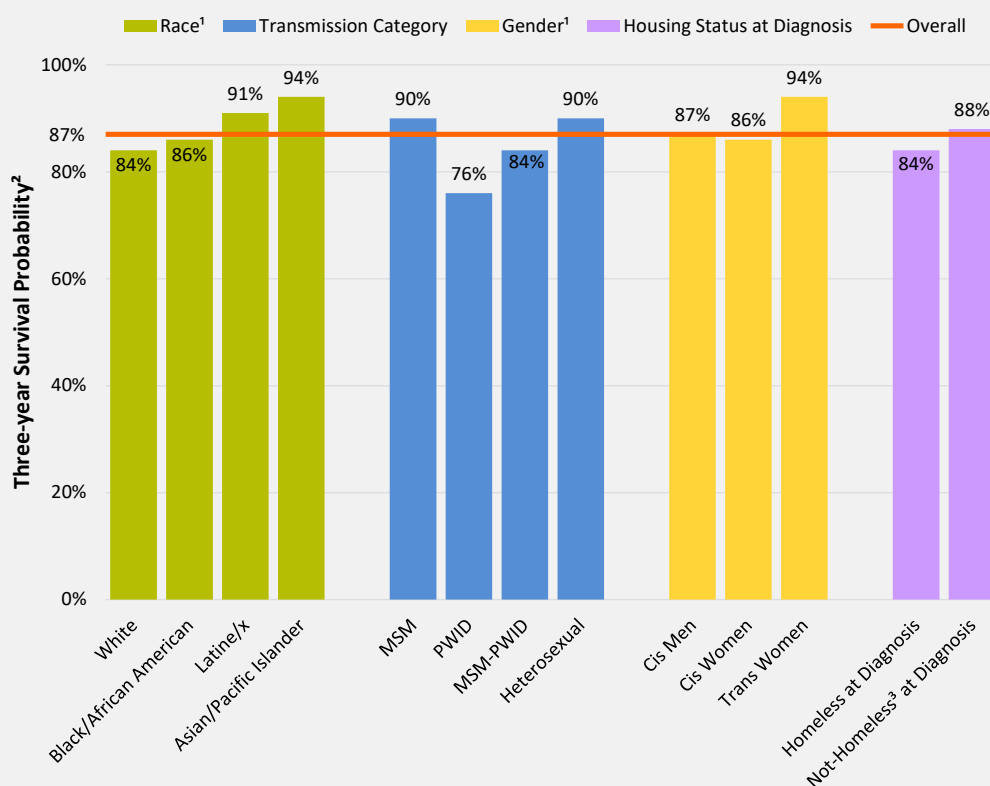
Abbreviation: STI= sexually transmitted infection.

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

Survival among people diagnosed with HIV stage 3 (AIDS) has improved substantially in recent years compared with survival in earlier periods of the epidemic¹. Among people diagnosed with HIV stage 3 during 2012-2024, the overall probability of surviving at least 36 months (three years) after diagnosis was 87% (Figure 4.1). During this period, three-year survival probabilities were lower than the overall estimate of 87% among Whites, Black/ and African Americans, PWID and MSM-PWID, cis women, and PEH based on housing status at the time of HIV Stage 3 diagnosis.

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, 2012-2024, San Francisco



¹ Native American, multiracial, trans men, and people with other gender identity data were not released separately due to small numbers.

² Calculated from Kaplan-Meier method.

³ Includes people whose street addresses in San Francisco at the time of diagnosis were unknown.

Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.



5

Trends in HIV Mortality

As of December 31, 2024, the cumulative number of deaths from all causes among people diagnosed with HIV in San Francisco was 23,515 (Table 5.1). From 2020 to 2024, the proportion of deaths among people aged 50-59 years decreased, while the proportion among people aged 70 years and older increased from 21% in 2020 to 32% in 2024. This shift is consistent with the aging of the population of PLWH. From 2015 through 2024, case-fatality rates for non-HIV-related causes increased among both people diagnosed with HIV stage 3 (AIDS) and people diagnosed with HIV at all stages. In 2024, among PLWH at all stages of disease, the case-fatality rate was 3.70 per 1,000 for HIV-related causes and 15.51 per 1,000 for non-HIV-related causes (Table 5.2).

Age-adjusted mortality rates among people aged 18 and older diagnosed with HIV varied by gender and racial/ethnic group. From 2015 through 2024, Black/African American cis men had the highest age-adjusted rates. Mortality rates increased among Latine/x cis men and Black/African American cis women; in 2024, rates were similar for these two groups, at 102 and 101 per 100,000, respectively. Trans women also had high unadjusted mortality rates from 2017 through 2024, with a notable increase during this period (Figure 5.1).

HIV can cause or contribute to many other diseases. HIV-related causes of death presented in this section were those listed on death certificates, including causes that qualify as HIV stage 3 (AIDS)-defining illnesses according to the 2014 revised surveillance case definition for HIV infection in the United States¹.

Underlying causes of death were assessed among decedents with HIV from 2013 through 2024 (Table 5.3). The National Death Index (NDI) began coding for COVID-19 as a cause of death in 2020; therefore, COVID-19 deaths were evaluated from 2020 through 2024. Data were suppressed in some cells because of small numbers (see Technical Notes on “Death Ascertainment”). The distribution of underlying causes of death shifted over the three periods. The proportion of deaths attributed to HIV-related causes declined from 39.5% in 2013-2016 to 22.0% in 2021-2024. In contrast, accidental deaths increased from 12.0% to 23.8% over the same periods, accounting for a slightly higher proportion of deaths than HIV-related causes in 2021-2024. This increase largely reflected drug overdoses, which accounted for 20.6% of deaths in 2021-2024, compared with 9.9% in 2013-2016. The proportion of deaths attributed to heart disease increased from 9.1% in 2013-2016 to 14.4% in 2021-2024, while the proportion attributed to chronic obstructive pulmonary disease (COPD) increased from 2.2% to 3.5% over the same periods.

During 2021-2024, accidents accounted for the highest proportion of deaths in cis men (22.5%), cis women (26.8%) and half of deaths among trans women (Table 5.4). The proportion of deaths attributed to drug overdose increased substantially across the three time periods among decedents in several transmission categories (Table 5.6). Among 2021-2024 decedents, drug overdoses accounted for 31.7% of MSM-PWID deaths, 29.9% of PWID deaths, and 12.5% of MSM deaths.

By racial/ethnic group, HIV-related causes remained the most frequent underlying causes of death among Whites from 2013 through 2024, even as their proportion declined over this period (Table 5.5). During 2021-2024, accidents accounted for the highest proportion of deaths among Latine/x and Black/African Americans. By transmission, the proportion of deaths where HIV was the underlying cause declined across the three time periods for MSM, PWID, and MSM-PWID (Table 5.6).

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.



When multiple causes of death were considered, including both underlying and contributory causes, HIV was the most frequently reported cause of death among decedents with HIV from 2013 through 2024. The proportion of deaths with HIV listed as a cause declined from 61.7% in 2013-2016 to 50.4% in 2017-2020 and 44.5% in 2021-2024 (Table 5.7). Heart disease was the second most frequently reported cause, accounting for 38.6% of deaths in 2021-2024. Deaths due to accidents increased to 25.7% in 2021-2024, with drug overdoses accounting for the majority of accidental deaths and increasing to 21.5%. Similarly, deaths caused by mental disorders due to substance use contributed to 12.2% of deaths in 2021-2024. Non-AIDS-related cancer reported as an underlying or contributory cause accounted for 18% of deaths during this period.

Among cis men and cis women, HIV-related causes were the most frequently reported underlying or contributory causes of death across all three time periods from 2013 through 2024 (Table 5.8). Heart disease was the second most frequently reported underlying or contributory cause of death among cis men and cis women across all three time periods. Trans women had a higher proportion of accident-related deaths than cis men and cis women. Drug overdoses accounted for 20.1% of deaths among cis men, 25.8% among cis women, and 47.6% among trans women during 2021-2024.

When multiple causes of death were compared among Latine/x, Black/African American, and White decedents, the proportion of deaths in which HIV was listed as an underlying or contributory cause declined across all three time periods. The decline was greater among Latine/x and Black/African American decedents than among White decedents (Table 5.9). When multiple causes of death were considered by transmission category (MSM, PWID, and MSM-PWID), heart disease was the second most frequently reported underlying or contributory cause of death, after HIV during the first two time periods (Table 5.10). Drug overdose-related deaths increased substantially among PWID and MSM-PWID across all three time periods.

Table 5.1 Deaths among people diagnosed with HIV by demographic and risk characteristics, 2020-2024, San Francisco

		Year of Death					Cumulative Totals as of 12/31/2024
		2020	2021	2022	2023	2024	
		Number (%)					
Gender ¹	Cis Men	257 (90)	240 (87)	279 (88)	275 (89)	271 (89)	22,109
	Cis Women	20 (7)	25 (9)	26 (8)	24 (8)	22 (7)	1,054
	Trans Women	10 (3)	12 (4)	11 (3)	9 (3)	13 (4)	352
Race/Ethnicity	White	179 (62)	158 (57)	181 (57)	179 (58)	180 (59)	16,766
	Black/African American	45 (16)	58 (21)	66 (21)	59 (19)	55 (18)	3,148
	Latine/x	38 (13)	42 (15)	49 (16)	42 (14)	49 (16)	2,573
	Asian/Pacific Islander/ Native American	10 (3)	8 (3)	11 (3)	8 (3)	7 (2)	623
	Multi-Race	15 (5)	11 (4)	9 (3)	20 (6)	15 (5)	405
Transmission Category	MSM	155 (54)	147 (53)	182 (58)	184 (60)	184 (60)	16,628
	PWID	30 (10)	43 (16)	46 (15)	31 (10)	34 (11)	2,053
	MSM-PWID	78 (27)	60 (22)	67 (21)	66 (21)	56 (18)	3,803
	Heterosexual	9 (3)	12 (4)	8 (3)	13 (4)	14 (5)	349
	Other/Unidentified ²	15 (5)	15 (5)	13 (4)	14 (5)	18 (6)	682
Age at Death (years)	0 - 39	20 (7)	18 (7)	20 (6)	22 (7)	19 (6)	8,601
	40 - 49	31 (11)	32 (12)	31 (10)	32 (10)	23 (8)	7,898
	50 - 59	87 (30)	72 (26)	74 (23)	69 (22)	58 (19)	4,074
	60 - 69	90 (31)	93 (34)	112 (35)	98 (32)	108 (35)	2,023
	70+	59 (21)	62 (22)	79 (25)	87 (28)	98 (32)	919
HIV Disease Stage	Stage 0, 1, 2, or unknown	54 (19)	60 (22)	58 (18)	65 (21)	67 (22)	1,024
	Stage 3 (AIDS)	233 (81)	217 (78)	258 (82)	243 (79)	239 (78)	22,491
Cause of Death ³	HIV-related	72 (25)	59 (21)	79 (25)	65 (21)	58 (19)	--
	Non-HIV-related	207 (72)	213 (77)	227 (72)	240 (78)	243 (79)	--
	Unknown	8 (3)	5 (2)	10 (3)	3 (1)	5 (2)	--
Total		287 (100)	277 (100)	316 (100)	308 (100)	306 (100)	23,515

¹ Data on trans men and people with other gender identity were not released separately due to small numbers. See Technical Notes on “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 2024. See Technical Notes on “Death Ascertainment.”

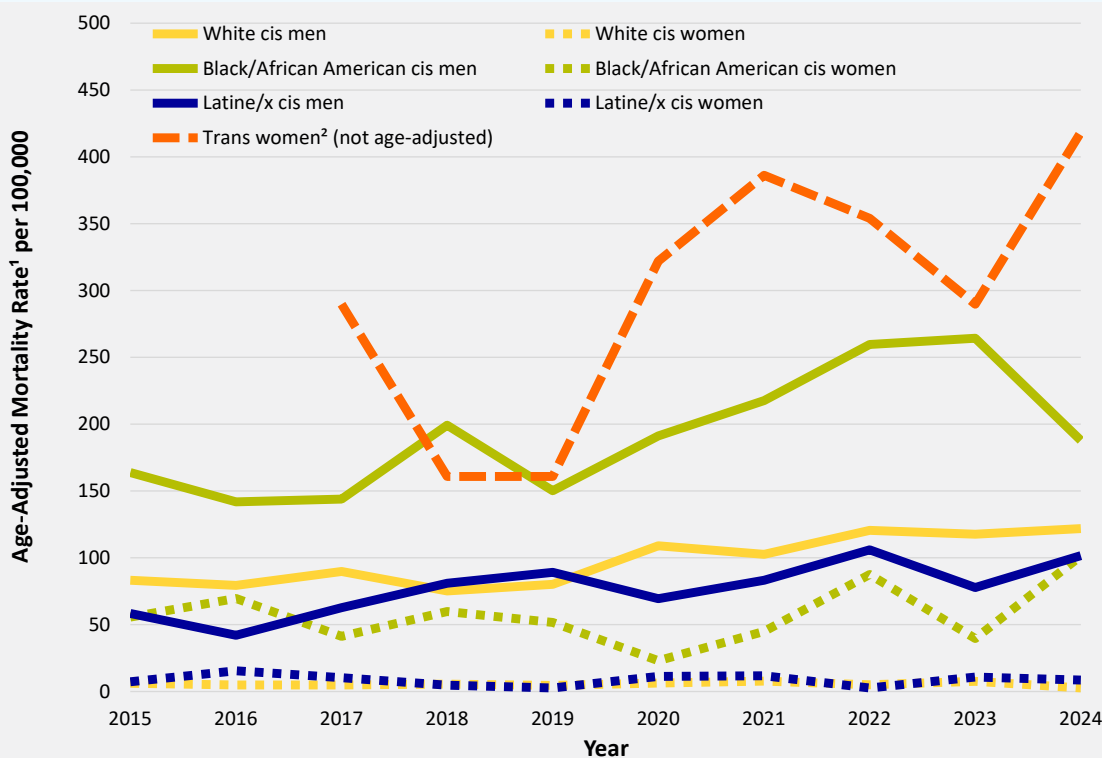
Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.

Table 5.2 Case-fatality rates per 1,000 due to HIV-related and non-HIV-related causes among people diagnosed with HIV, 2015-2024, 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		
	2015	6.22	9.09	15.31	9.89	12.30	22.19
	2016	4.57	9.39	13.97	7.44	12.87	20.31
	2017	5.06	9.81	14.86	7.91	14.00	21.92
	2018	4.45	10.49	14.94	7.45	15.54	22.98
	2019	4.29	11.51	15.80	6.32	14.94	21.26
	2020	4.44	12.76	17.20	7.17	17.86	25.03
	2021	3.66	13.22	16.88	6.03	17.65	23.69
	2022	4.94	14.24	19.18	7.48	21.09	28.57
	2023	4.11	15.16	19.27	6.69	21.12	27.81
	2024	3.70	15.51	19.21	5.75	21.71	27.46

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 on “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, 2015-2024, San Francisco



¹ Age-adjusted mortality rates were 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 on for “HIV Case Rates and HIV Mortality Rates.”

² Mortality rates for trans women were not age-adjusted. Due to small numbers, trans women were not stratified by race/ethnicity and mortality rates for trans men were not calculated. San Francisco trans women population estimate used was 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, 2013-2024, San Francisco

		Year of Death		
		2013-2016	2017-2020	2021-2024
		N=965	N=1,026	N=1,185
		Number (%)		
Underlying Cause of Death ¹	Accidents	116 (12.0)	173 (16.9)	282 (23.8)
	Drug overdose	96 (9.9)	154 (15.0)	244 (20.6)
	HIV	381 (39.5)	298 (29.0)	261 (22.0)
	Heart disease	88 (9.1)	150 (14.6)	171 (14.4)
	Coronary heart disease	43 (4.5)	92 (9.0)	103 (8.7)
	Non-AIDS cancer	141 (14.6)	169 (16.5)	162 (13.7)
	Lung cancer	31 (3.2)	28 (2.7)	25 (2.1)
	Anal/rectal cancer	14 (1.5)	12 (1.2)	18 (1.5)
	Liver cancer	20 (2.1)	17 (1.7)	12 (1.0)
	Chronic obstructive pulmonary disease	21 (2.2)	30 (2.9)	41 (3.5)
	Diabetes/metabolic disorder	10 (1.0)	--	29 (2.4)
	Liver disease	27 (2.8)	16 (1.6)	23 (1.9)
	Alcoholic liver disease	11 (1.1)	14 (1.4)	11 (0.9)
	COVID-19 ²	0 (0.0)	--	21 (1.8)
	Cerebrovascular disease	10 (1.0)	22 (2.1)	20 (1.7)
	Mental, behavioral, neurodevelopmental disorder	10 (1.0)	12 (1.2)	20 (1.7)
	Suicide	33 (3.4)	29 (2.8)	19 (1.6)

1 See Technical Notes on "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.

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

Abbreviation: COVID= coronavirus disease.

Table 5.4 Underlying causes of death among people diagnosed with HIV by gender¹, 2013-2024, San Francisco

		Year of Death								
		2013-2016			2017-2020			2021-2024		
		Cis Men	Cis Women	Trans Women	Cis Men	Cis Women	Trans Women	Cis Men	Cis Women	Trans Women
		Number (%)								
Total		829	102	34	919	79	27	1045	97	42
Underlying Cause of Death ¹	Accidents (including drug overdose)	95 (11.5)	14 (13.7)	7 (20.6)	135 (14.7)	27 (34.2)	10 (37.0)	235 (22.5)	26 (26.8)	21 (50.0)
	HIV	326 (39.3)	39 (38.2)	16 (47.1)	262 (28.5)	27 (34.2)	--	230 (22.0)	25 (25.8)	--
	Heart disease	79 (9.5)	--	--	145 (15.8)	--	--	162 (15.5)	--	--
	Non-AIDS cancer	122 (14.7)	17 (16.7)	--	161 (17.5)	--	--	148 (14.2)	13 (13.4)	--
	Chronic obstructive pulmonary disease	18 (2.2)	--	0 (0.0)	25 (2.7)	--	0 (0.0)	32 (3.1)	--	--
	Liver disease	24 (2.9)	--	0 (0.0)	14 (1.5)	0 (0.0)	--	20 (1.9)	--	--
	Suicide	33 (4.0)	0 (0.0)	0 (0.0)	29 (3.2)	0 (0.0)	0 (0.0)	19 (1.8)	0 (0.0)	0 (0.0)

1 Deaths among trans men and people with other gender identity were not presented in this table due to small number and population size. See Technical Notes on "Gender Status."

2 See Technical Notes on "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, 2013-2024, San Francisco

		Year of Death								
		2013-2016			2017-2020			2021-2024		
		Latine/x	Black/African American	White	Latine/x	Black/African American	White	Latine/x	Black/African American	White
		Number (%)								
Total		128	197	557	144	184	609	178	233	689
Underlying Cause of Death¹	HIV	62 (48.4)	78 (39.6)	209 (37.4)	42 (29.2)	50 (27.2)	172 (28.2)	39 (21.9)	45 (19.3)	162 (23.5)
	Accidents (including drug overdose)	12 (9.4)	22 (11.2)	71 (12.7)	24 (16.7)	36 (19.6)	93 (15.3)	54 (30.3)	65 (27.9)	142 (20.6)
	Heart disease	10 (7.8)	12 (6.1)	59 (10.6)	16 (11.1)	31 (16.8)	94 (15.4)	12 (6.7)	38 (16.3)	109 (15.8)
	Non-AIDS cancer	12 (9.4)	38 (19.3)	83 (14.8)	23 (16.0)	27 (14.7)	108 (17.7)	21 (11.8)	31 (13.3)	99 (14.4)
	Chronic obstructive pulmonary disease	0 (0.0)	--	17 (3.0)	--	--	18 (3.0)	--	10 (4.3)	20 (2.9)

1 See Technical Notes on “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, 2013-2024, San Francisco

		Year of Death								
		2013-2016			2017-2020			2021-2024		
		MSM	PWID	MSM-PWID	MSM	PWID	MSM-PWID	MSM	PWID	MSM-PWID
		Number (%)								
Total		527	161	209	555	131	262	683	154	243
Underlying Cause of Death¹	HIV	205 (38.9)	60 (37.3)	79 (37.8)	165 (29.7)	41 (31.3)	65 (24.8)	153 (22.4)	32 (20.8)	52 (21.4)
	Non-AIDS cancer	88 (16.7)	25 (15.5)	21 (10.0)	111 (20.0)	12 (9.2)	38 (14.5)	119 (17.4)	17 (11.0)	18 (7.4)
	Heart disease	54 (10.2)	14 (8.7)	16 (7.7)	89 (16.0)	11 (8.4)	38 (14.5)	118 (17.3)	18 (11.7)	29 (11.9)
	Accidents	41 (7.8)	21 (13.0)	46 (22.0)	48 (8.6)	44 (33.6)	64 (24.4)	108 (15.8)	51 (33.1)	85 (35.0)
	Drug overdose	29 (5.5)	19 (11.8)	43 (20.6)	41 (7.4)	40 (30.5)	57 (21.8)	85 (12.5)	46 (29.9)	77 (31.7)

1 See Technical Notes on “Death Ascertainment.” Deaths among people with HIV that lack cause of death information were not presented in this table.
 Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.

Table 5.7 Multiple causes of death among people diagnosed with HIV, 2013-2024, San Francisco

		Year of Death		
		2013-2016	2017-2020	2021-2024
		N=965	N=1,026	N=1,185
		Number (%)		
Multiple Causes of Death ¹	HIV	595 (61.7)	517 (50.4)	527 (44.5)
	Heart disease	290 (30.1)	354 (34.5)	458 (38.6)
	Coronary heart disease	88 (9.1)	141 (13.7)	182 (15.4)
	Cardiomyopathy	28 (2.9)	32 (3.1)	35 (3.0)
	Accidents	123 (12.7)	193 (18.8)	305 (25.7)
	Drug overdose	98 (10.2)	164 (16.0)	255 (21.5)
	Non-AIDS cancer	187 (19.4)	223 (21.7)	215 (18.1)
	Lung cancer	36 (3.7)	35 (3.4)	31 (2.6)
	Anal/rectal cancer	17 (1.8)	17 (1.7)	25 (2.1)
	Pancreatic cancer	10 (1.0)	12 (1.2)	18 (1.5)
	Liver cancer	22 (2.3)	21 (2.0)	16 (1.4)
	Mental, behavioral, neurodevelopmental disorder	117 (12.1)	152 (14.8)	182 (15.4)
	Mental disorders due to substance use	84 (8.7)	133 (13.0)	145 (12.2)
	Diabetes/metabolic disorder	76 (7.9)	109 (10.6)	152 (12.8)
	Renal disease	102 (10.6)	133 (13.0)	142 (12.0)
	Chronic obstructive pulmonary disease	69 (7.2)	85 (8.3)	108 (9.1)
	Septicemia	99 (10.3)	96 (9.4)	80 (6.8)
	Liver disease	118 (12.2)	82 (8.0)	67 (5.7)
	Liver cirrhosis	73 (7.6)	51 (5.0)	43 (3.6)
	Alcoholic liver disease	13 (1.3)	18 (1.8)	13 (1.1)
	Cerebrovascular disease	45 (4.7)	53 (5.2)	59 (5.0)
	Viral hepatitis	127 (13.2)	73 (7.1)	57 (4.8)
	Diseases of arteries	16 (1.7)	16 (1.6)	36 (3.0)
	COVID-19 ²	0 (0.0)	12 (1.2)	34 (2.9)

1 Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes on “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.

Abbreviation: COVID= coronavirus disease.

Table 5.8 Multiple causes of death among people diagnosed with HIV by gender, 2013-2024, San Francisco

		Year of Death								
		2013-2016			2017-2020			2021-2024		
		Cis Men	Cis Women	Trans Women	Cis Men	Cis Women	Trans Women	Cis Men	Cis Women	Trans Women
		Number (%)								
Total		829	102	34	919	79	27	1,045	97	42
Multiple Causes of Death ¹	HIV	505 (60.9)	68 (66.7)	22 (64.7)	459 (49.9)	44 (55.7)	14 (51.9)	461 (44.1)	50 (51.5)	15 (35.7)
	Heart disease	246 (29.7)	31 (30.4)	13 (38.2)	328 (35.7)	18 (22.8)	--	408 (39.0)	33 (34.0)	16 (38.1)
	Accidents	101 (12.2)	15 (14.7)	--	155 (16.9)	27 (34.2)	10 (37.0)	256 (24.5)	27 (27.8)	22 (52.4)
	Drug overdose	79 (9.5)	15 (14.7)	--	129 (14.0)	0 (0.0)	10 (37.0)	210 (20.1)	25 (25.8)	20 (47.6)
	Non-AIDS cancer	162 (19.5)	21 (20.6)	--	207 (22.5)	12 (15.2)	--	196 (18.8)	16 (16.5)	--
	Mental disorders due to substance	74 (8.9)	9 (8.8)	--	114 (12.4)	15 (19.0)	--	126 (12.1)	12 (12.4)	--
	Renal disease	80 (9.7)	18 (17.6)	--	116 (12.6)	12 (15.2)	--	117 (11.2)	17 (17.5)	--
	Chronic obstructive pulmonary disease	54 (6.5)	13 (12.7)	--	73 (7.9)	11 (13.9)	--	86 (8.2)	18 (18.6)	--

1 Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes on “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, 2013-2024, San Francisco

		Year of Death								
		2013-2016			2017-2020			2021-2024		
		Latine/x	Black/African	White	Latine/x	Black/African	White	Latine/x	Black/African	White
			American			American			American	
			Number (%)							
Total	128	197	557	144	184	609	178	233	689	
Multiple Causes of Death ¹	HIV	88 (68.8)	129 (65.5)	331 (59.2)	70 (48.6)	92 (50.0)	309 (50.7)	75 (42.1)	98 (42.1)	319 (46.3)
	Heart disease	37 (28.9)	60 (30.5)	171 (30.6)	40 (27.8)	73 (39.7)	211 (34.6)	48 (27.0)	100 (42.9)	282 (40.9)
	Accidents	14 (10.9)	23 (11.7)	75 (13.4)	29 (20.1)	37 (20.1)	104 (17.1)	58 (32.6)	68 (29.2)	157 (22.8)
	Drug overdose	- -	20 (10.2)	60 (10.7)	23 (16.0)	36 (19.6)	85 (14.0)	47 (26.4)	62 (26.6)	127 (18.4)
	Non-AIDS cancer	16 (12.5)	47 (23.9)	111 (19.9)	29 (20.1)	39 (21.2)	140 (23.0)	27 (15.2)	38 (16.3)	137 (19.9)
	Renal disease	10 (7.8)	34 (17.3)	49 (8.8)	17 (11.8)	42 (22.8)	62 (10.2)	14 (7.9)	37 (15.9)	81 (11.8)

¹ Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes on “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 5.10 Multiple causes of death among people diagnosed with HIV by transmission category, 2013-2024, San Francisco

		Year of Death								
		2013-2016			2017-2020			2021-2024		
		MSM	PWID	MSM-PWID	MSM	PWID	MSM-PWID	MSM	PWID	MSM-PWID
		Number (%)								
Total		527	161	209	555	131	262	683	154	243
Multiple Causes of Death¹	HIV	322 (61.1)	108 (67.1)	116 (55.5)	294 (53.0)	66 (50.4)	110 (42.0)	302 (44.2)	70 (45.5)	106 (43.6)
	Heart disease	163 (30.9)	45 (28.0)	54 (25.8)	194 (35.0)	37 (28.2)	94 (35.9)	276 (40.4)	50 (32.5)	91 (37.4)
	Non-AIDS cancer	110 (20.9)	30 (18.6)	34 (16.3)	146 (26.3)	23 (17.6)	44 (16.8)	156 (22.8)	22 (14.3)	25 (10.3)
	Accidents	43 (8.2)	22 (13.7)	49 (23.4)	62 (11.2)	45 (34.4)	69 (26.3)	117 (17.1)	53 (34.4)	94 (38.7)
	Drug overdose	29 (5.5)	20 (12.4)	44 (21.1)	45 (8.1)	41 (31.3)	62 (23.7)	89 (13.0)	46 (29.9)	83 (34.2)
	Renal disease	50 (9.5)	24 (14.9)	16 (7.7)	72 (13.0)	22 (16.8)	25 (9.5)	76 (11.1)	22 (14.3)	28 (11.5)
	Mental disorders due to substance use	44 (8.3)	13 (8.1)	25 (12.0)	63 (11.4)	24 (18.3)	36 (13.7)	65 (9.5)	21 (13.6)	44 (18.1)

¹ Includes underlying and contributory causes of death. Individuals may have had more than one cause of death. See Technical Notes on “Death Ascertainment.”

Deaths among people with HIV that lack cause of death information were not presented in this table.

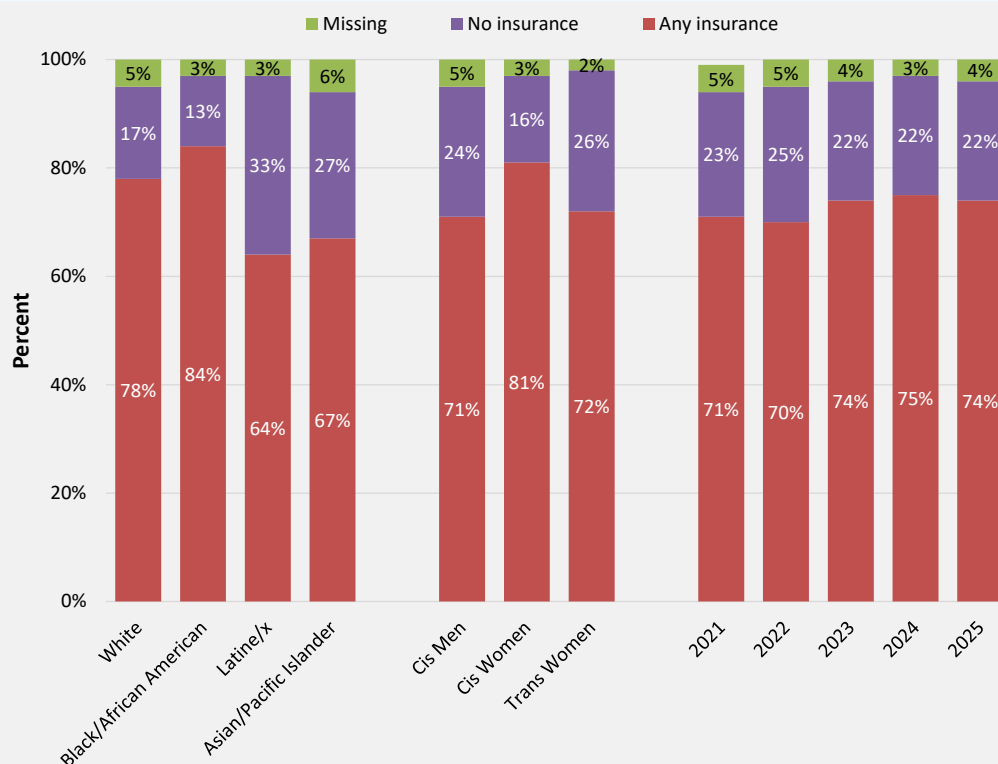
Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.

6 Health Insurance Status at Time of HIV Diagnosis

Health insurance status at the time of HIV diagnosis was assessed by racial/ethnic group, gender, and year of diagnosis for the years 2021-2025 (Figure 6.1). By racial/ethnic group, 78% of Whites, 84% of Black/African Americans, 64% of Latine/x, and 67% of APIs had health insurance at the time of diagnosis. One-third of Latine/x diagnosed were uninsured. By gender, cis men and trans women had similarly high proportions with no insurance at diagnosis (24% and 26%, respectively). Overall, from 2021-2025, the proportion of people each year with health insurance at the time of HIV diagnosis ranged from 70% to 75%.

For Black/African Americans, public insurance was the most common source of coverage at diagnosis each year during 2021-2025 (Figure 6.2). When these years were aggregated, Latine/x had the highest proportion of uninsured and Black/African Americans had the lowest proportion with private insurance (Figure 6.3). Medi-Cal, California's Medicaid program (state-sponsored insurance for people meeting financial criteria), was the most common public insurance source at diagnosis and covered 60% of Black/African Americans, 36% of both Whites and Latine/x. By gender, 65% of cis women and 57% of trans women were covered by Medi-Cal at diagnosis, compared to 35% of cis men (Figure 6.4). Cis men had the highest proportion privately insured (30%). About one quarter of trans women had no insurance at diagnosis (26%).

Figure 6.1 Health insurance status at the time of HIV diagnosis by race/ethnicity, gender¹ and year of diagnosis, 2021-2025, San Francisco



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



Figure 6.2 Trends in health insurance status at the time of HIV diagnosis by race/ethnicity, 2021-2025, San Francisco

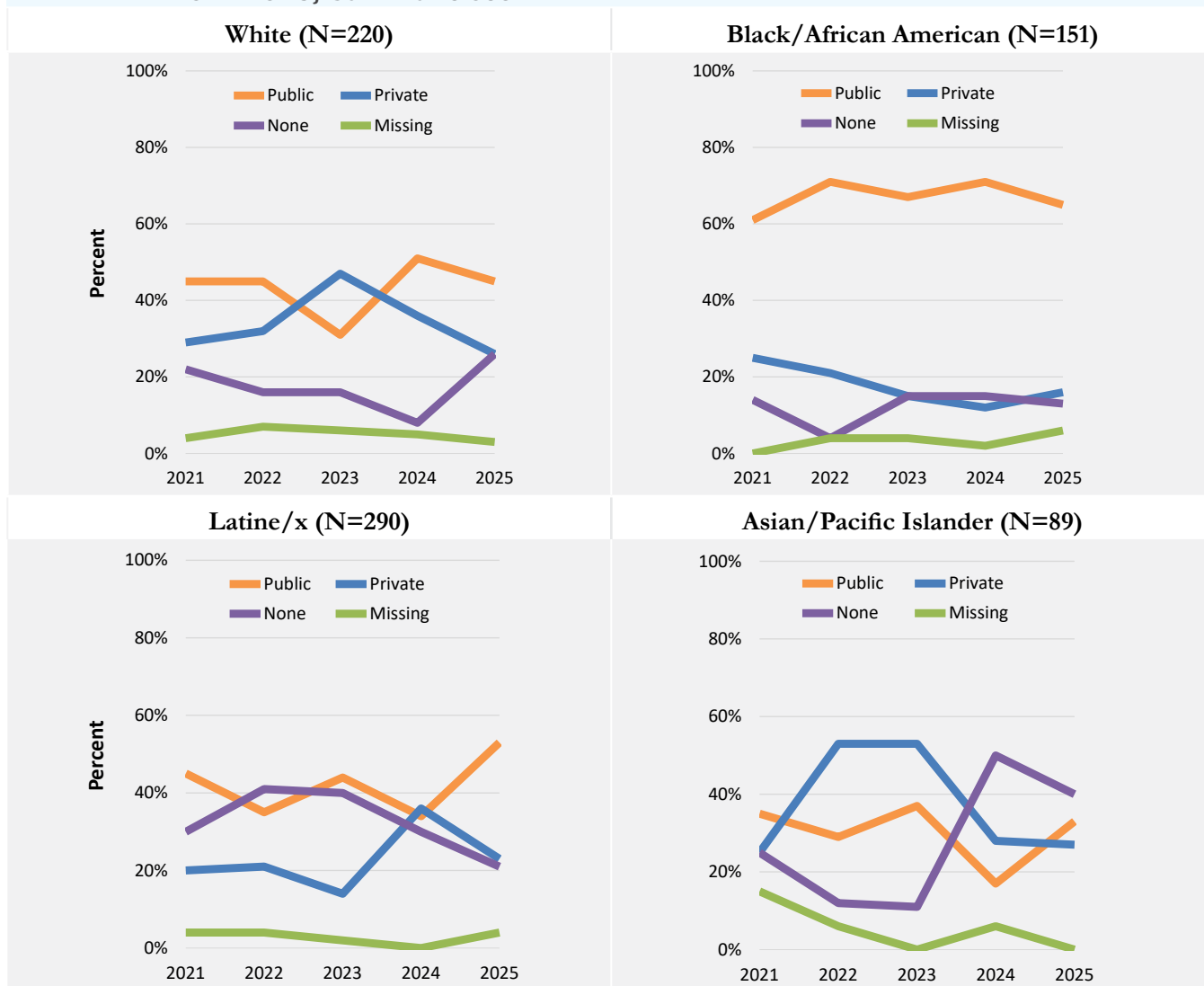
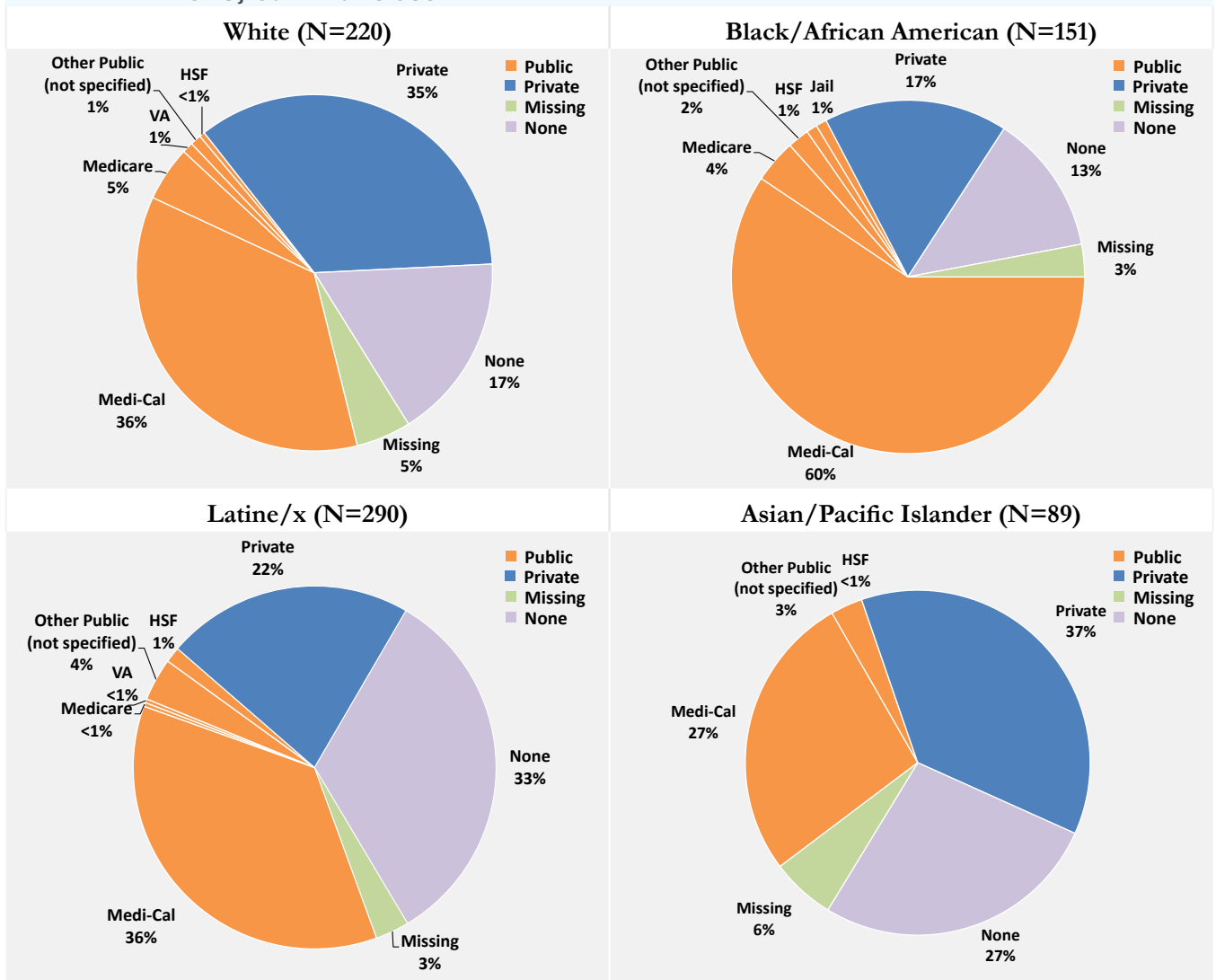
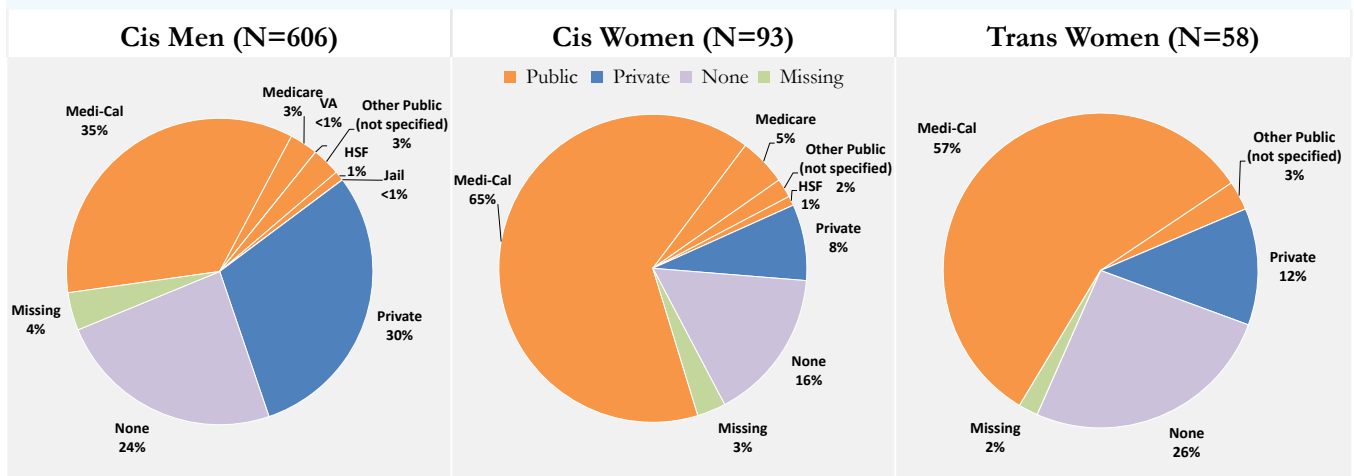


Figure 6.3 Health insurance status at the time of HIV diagnosis by race/ethnicity, 2021-2025, San Francisco



Abbreviation: HSF= Healthy San Francisco.

Figure 6.4 Health insurance status at the time of HIV diagnosis by gender¹, 2021-2025, San Francisco



¹ Data on trans men and people with other gender identity are not presented due to small numbers. See Technical Notes on “Gender Status.”
Abbreviation: HSF= Healthy San Francisco.



7

HIV among Men who Have Sex with Men

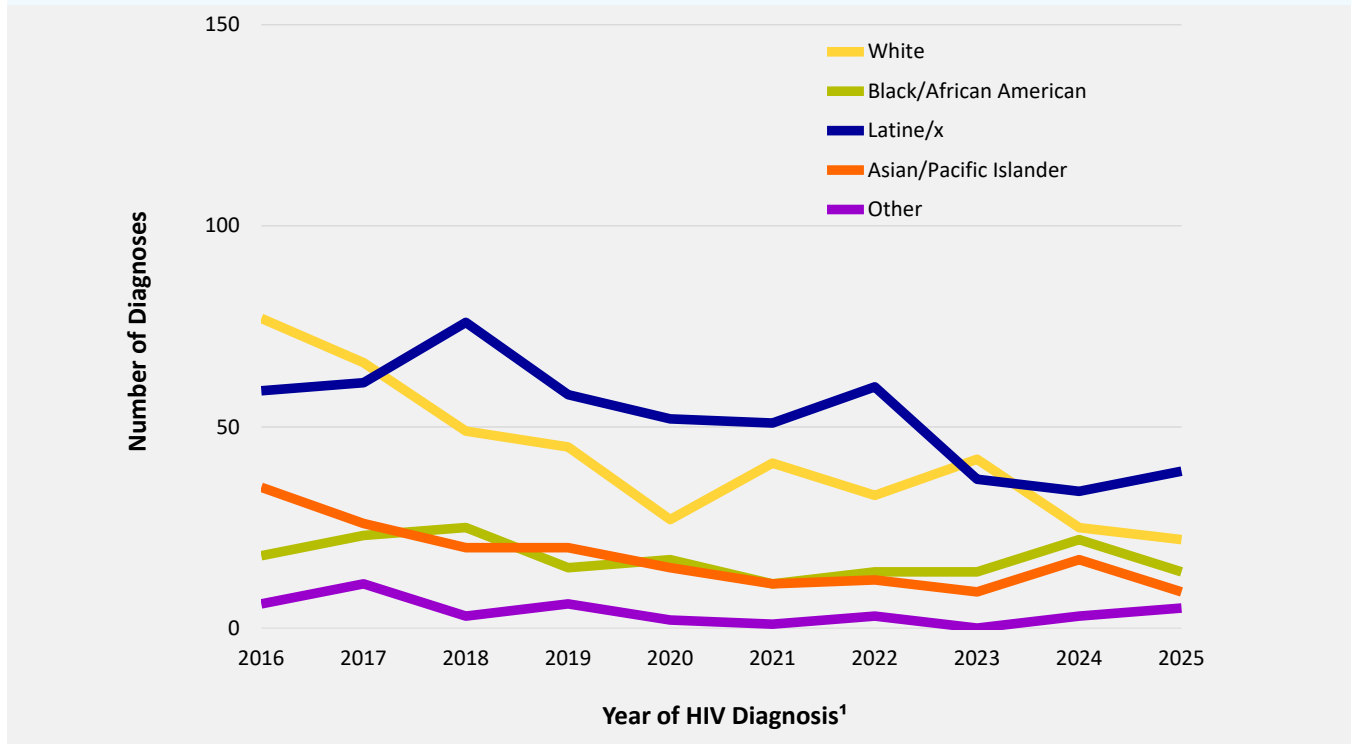
From 2016 through 2025, the number of MSM newly diagnosed with HIV declined across most racial and ethnic groups in San Francisco (Figure 7.1). The number of diagnoses among White MSM decreased substantially over time, with steady decreases from 2016 through 2020, followed by modest fluctuations in recent years. Latine/x MSM accounted for the highest number of diagnoses in multiple years, with peaks in 2018 and 2022, and remained the highest percentage in 2025. The number of diagnoses among Black/African American MSM remained low in numbers but showed variability over time, with an increase in recent years. Asian/Pacific Islander MSM diagnoses declined from earlier years but increased slightly after 2022. In 2025, 44% of newly diagnosed MSM were Latine/x, 25% Whites, 16% Blacks/African Americans, and 10% APIs.

Trends in MSM by age group varied over time (Figure 7.2). MSM aged 30-39 consistently had the highest number of diagnoses across all years. The number of diagnoses among MSM aged 25-29 decreased from 48 in 2016 to 16 in 2025. New diagnoses among MSM aged 40-49 and those aged 50 and older remained low in number and relatively stable over time, with minor fluctuation over the years. MSM aged 13-24 consistently had the lowest number of diagnoses. Overall, the age distribution of MSM newly diagnosed with HIV remained largely consistent throughout the reporting period, without a substantial shift toward any specific age group.

From 2016 through 2025, the number of reported rectal gonorrhea diagnoses among MSM without HIV peaked at 1,198 in 2022 and declined to 1,026 in 2025 (Figure 7.3). The number of diagnoses among MSM with HIV also decreased in recent years from 391 in 2022 to 272 in 2025.

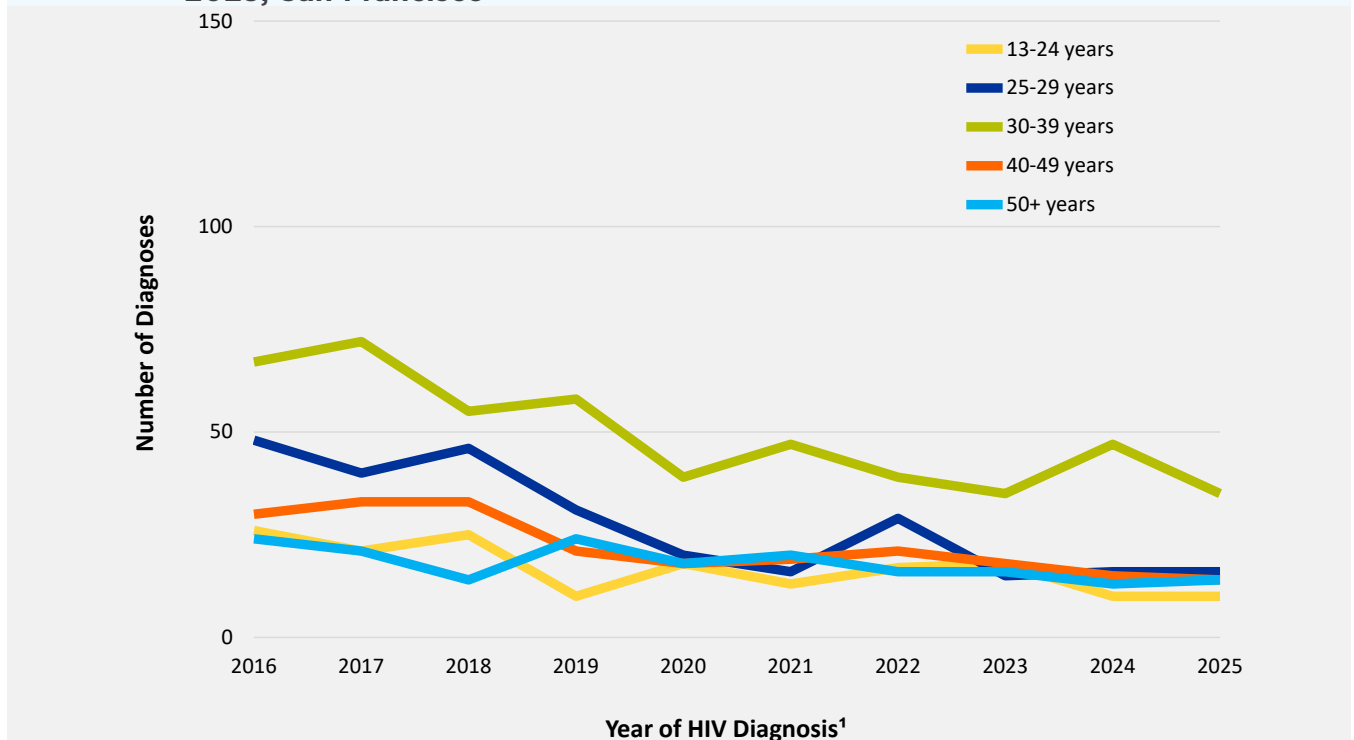
The number of early syphilis diagnoses (primary, secondary, and early latent) increased in 2017, followed by a steady decline through 2025, irrespective of HIV serostatus (Figure 7.4). For additional context and data on STI trends, see <https://www.sf.gov/sti-data>.

Figure 7.1 Number of MSM diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco



1 Includes MSM and MSM-PWID with HIV by year of their initial HIV diagnosis. See Technical Notes on “Date of Initial HIV Diagnosis.” Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs.

Figure 7.2 Number of MSM diagnosed with HIV by age group at HIV diagnosis, 2016-2025, San Francisco

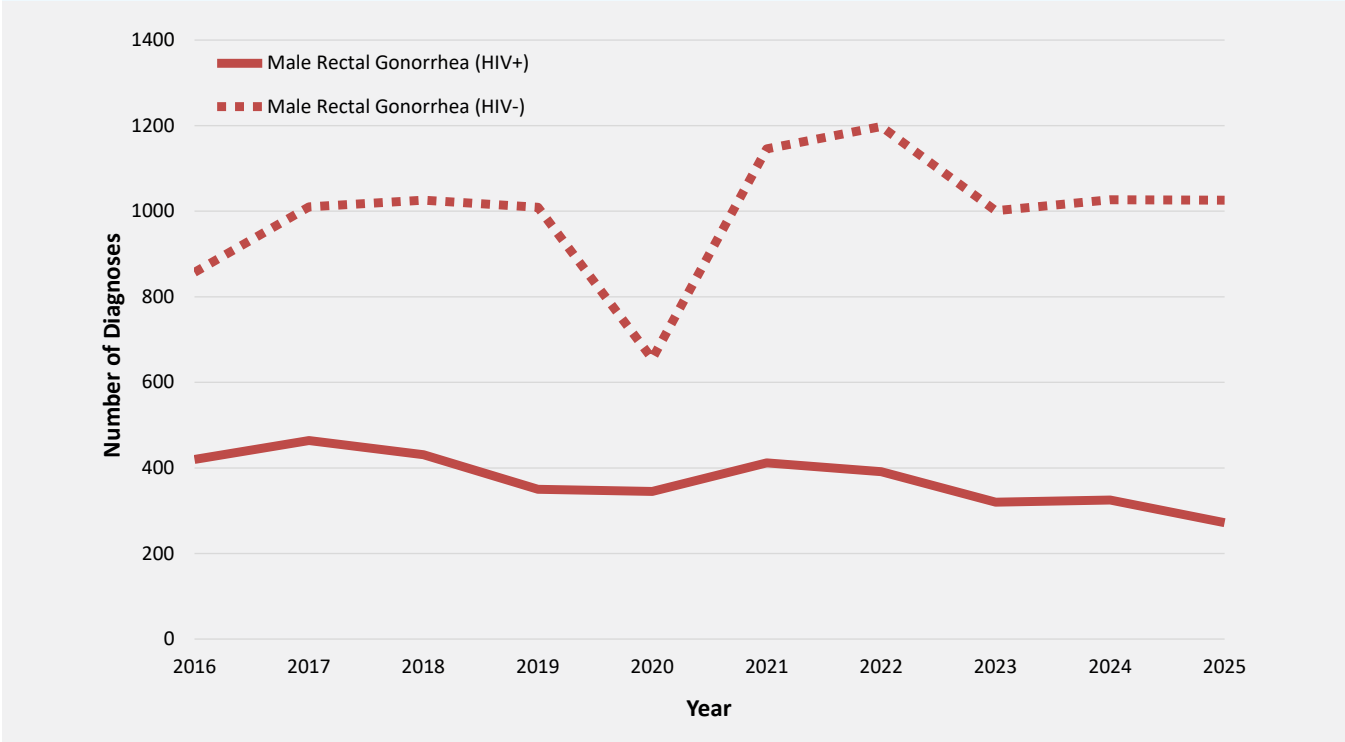


1 Includes MSM and MSM-PWID with HIV by year of their initial HIV diagnosis. See Technical Notes on “Date of Initial HIV Diagnosis.” Abbreviations: MSM= men who have sex with men; PWID = people who inject drugs.



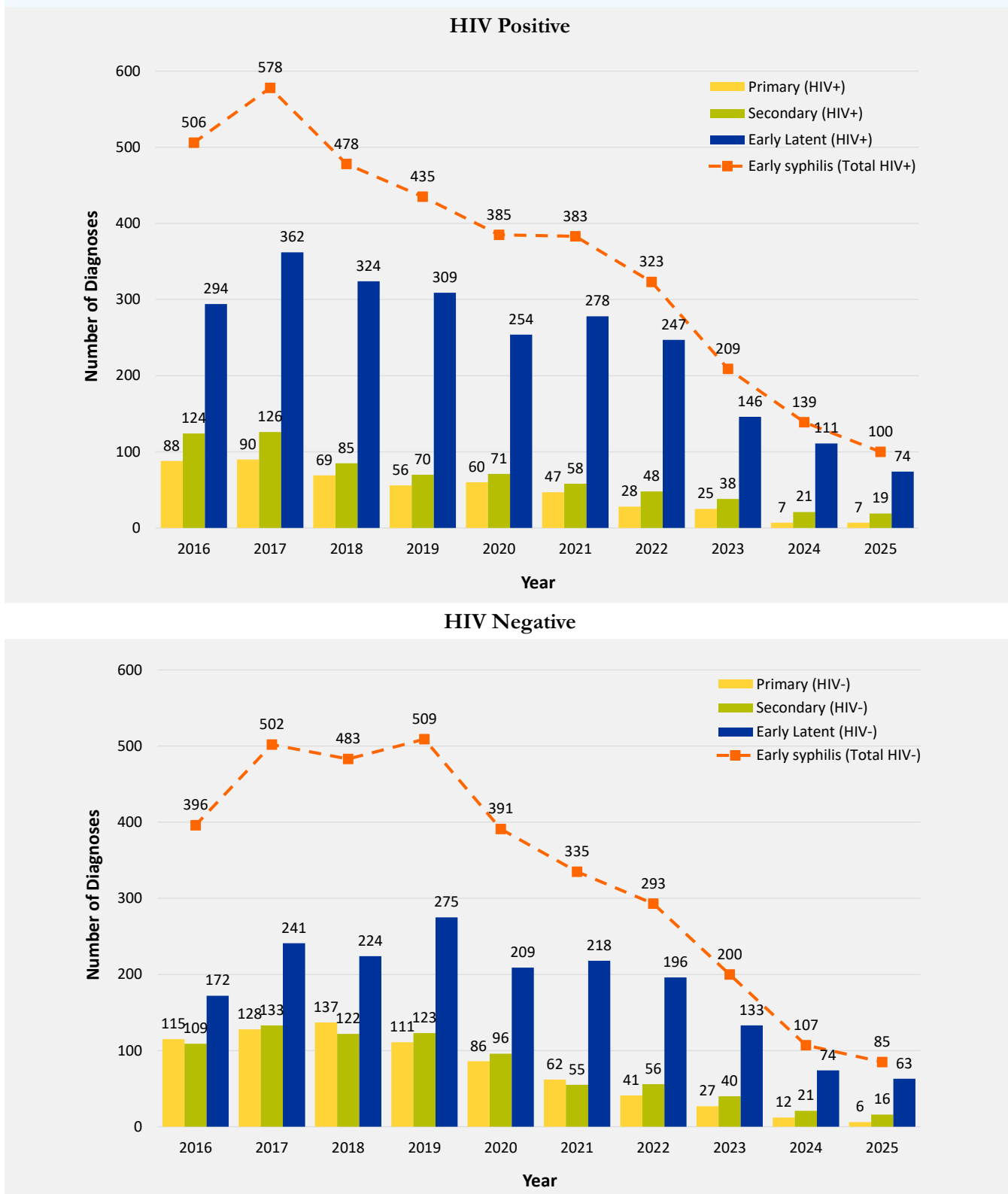
Sexually transmitted infections among MSM

Figure 7.3 Male rectal gonorrhea among MSM by HIV serostatus¹, 2016-2025, San Francisco



¹ Data on male rectal gonorrhea originated from San Francisco Department of Public Health STI case registry. Abbreviations: MSM= men who have sex with men; STI= sexually transmitted infection.

Figure 7.4 Early syphilis among MSM by HIV serostatus¹, 2016-2025, San Francisco



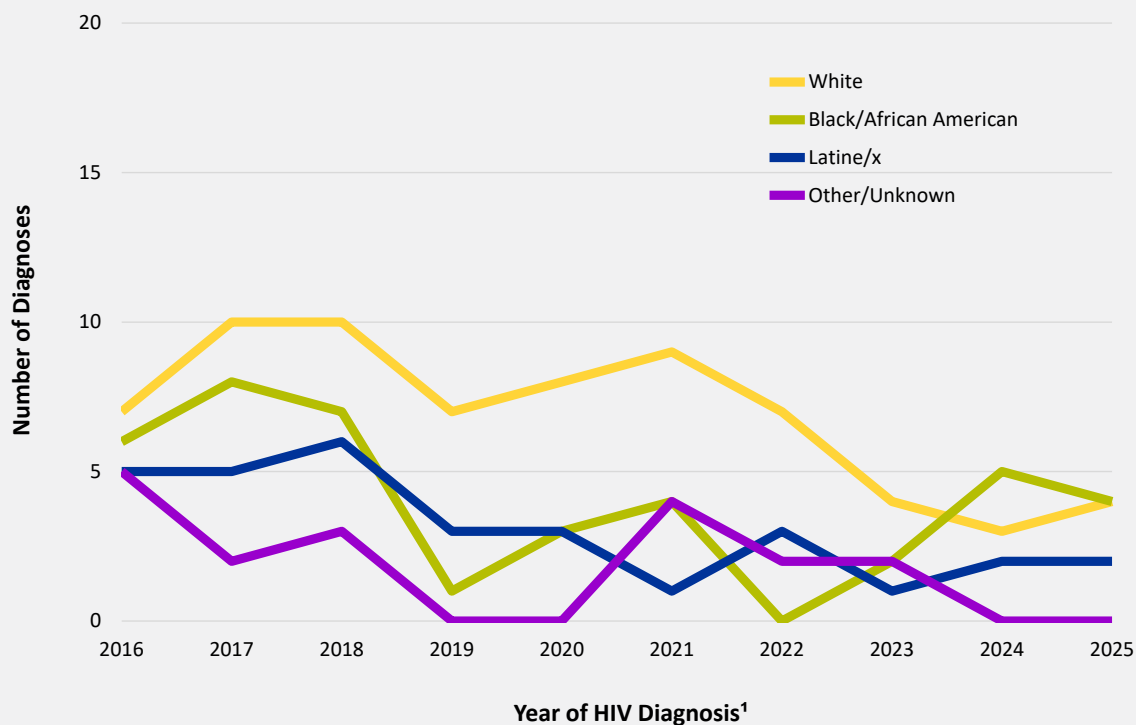
¹ Data on early syphilis originated from San Francisco Department of Public Health STI case registry. Abbreviations: MSM= men who have sex with men; STI= sexually transmitted infection.

8

HIV among People who Inject Drugs

During 2016 through 2025, Whites accounted for 44% of PWID (not including MSM-PWID or TWSM-PWID) diagnosed with HIV, Black/African Americans 25%, and Latine/x 20%. During this period, the annual number of HIV diagnoses among PWID was 26 or fewer and 10 PWID were diagnosed in 2025 (Figure 8.1). By age, people who were 40-49 years old comprised 30% of newly diagnosed PWID during this 10-year time period, people aged 30-39 made up 28%, and 27% were aged 50 years and older (Figure 8.2). The number of HIV diagnoses among PWID young adults 18-24 years ranged from zero to two per year; there were no diagnoses among PWID under 18 years old during the years 2016 to 2025.

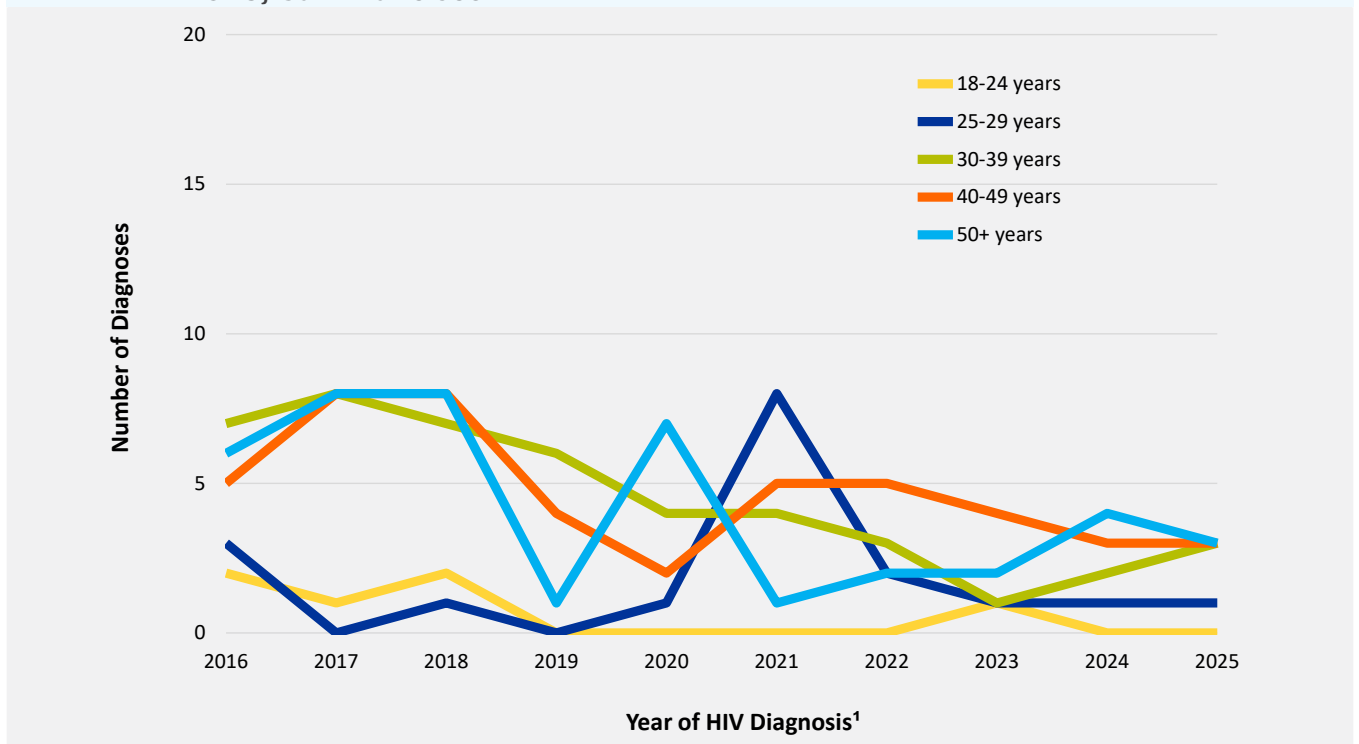
Figure 8.1 Number of PWID diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco



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

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

Figure 8.2 Number of PWID diagnosed with HIV by age group at HIV diagnosis, 2016-2025, San Francisco



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

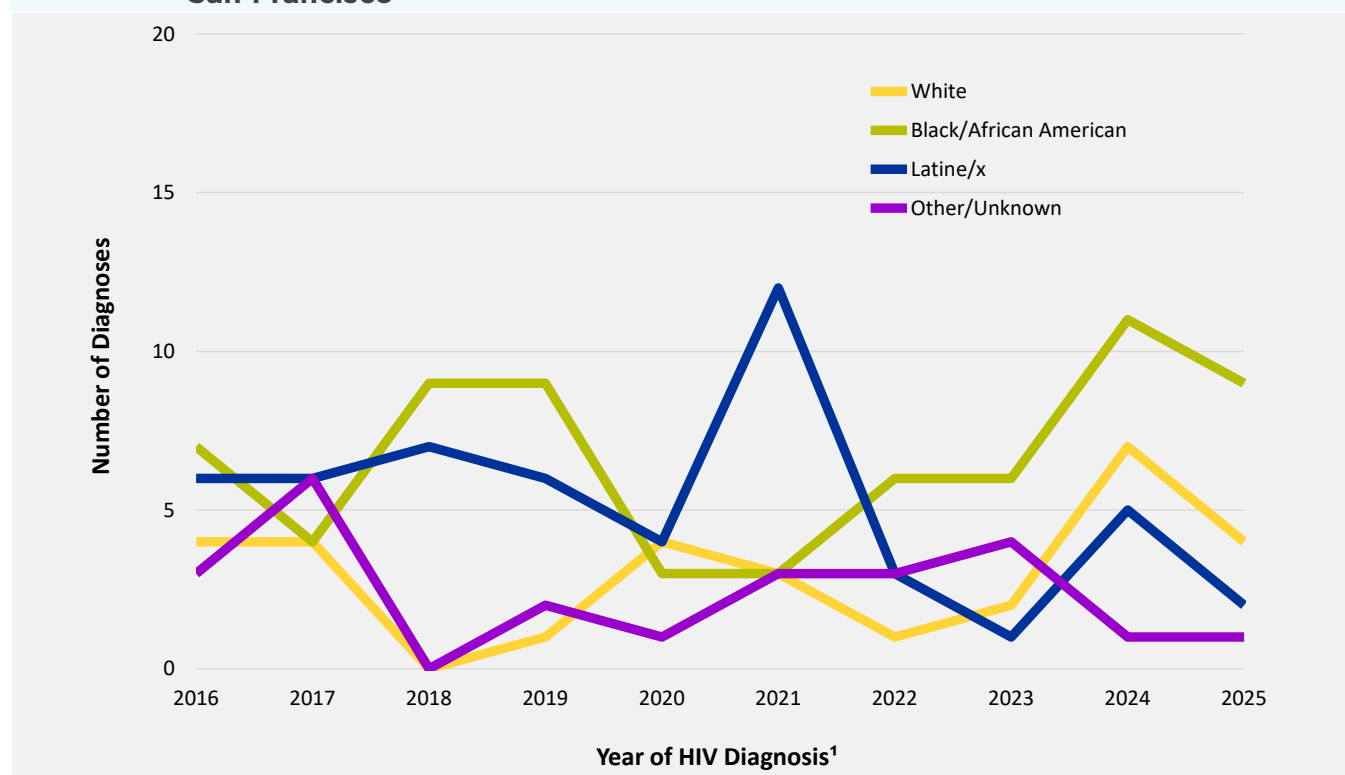
Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

9

HIV among Heterosexuals

The number of people who were newly diagnosed with HIV and acquired HIV through heterosexual contact (see Technical Notes on “HIV Transmission Category”) remained low and fluctuated from 2016 through 2025 across racial/ethnic groups (Figure 9.1). The number of diagnoses decreased from 24 in 2024 to 16 in 2025, with decreases among Whites, Latine/x and Black/African Americans.

Figure 9.1 Number of heterosexuals diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco



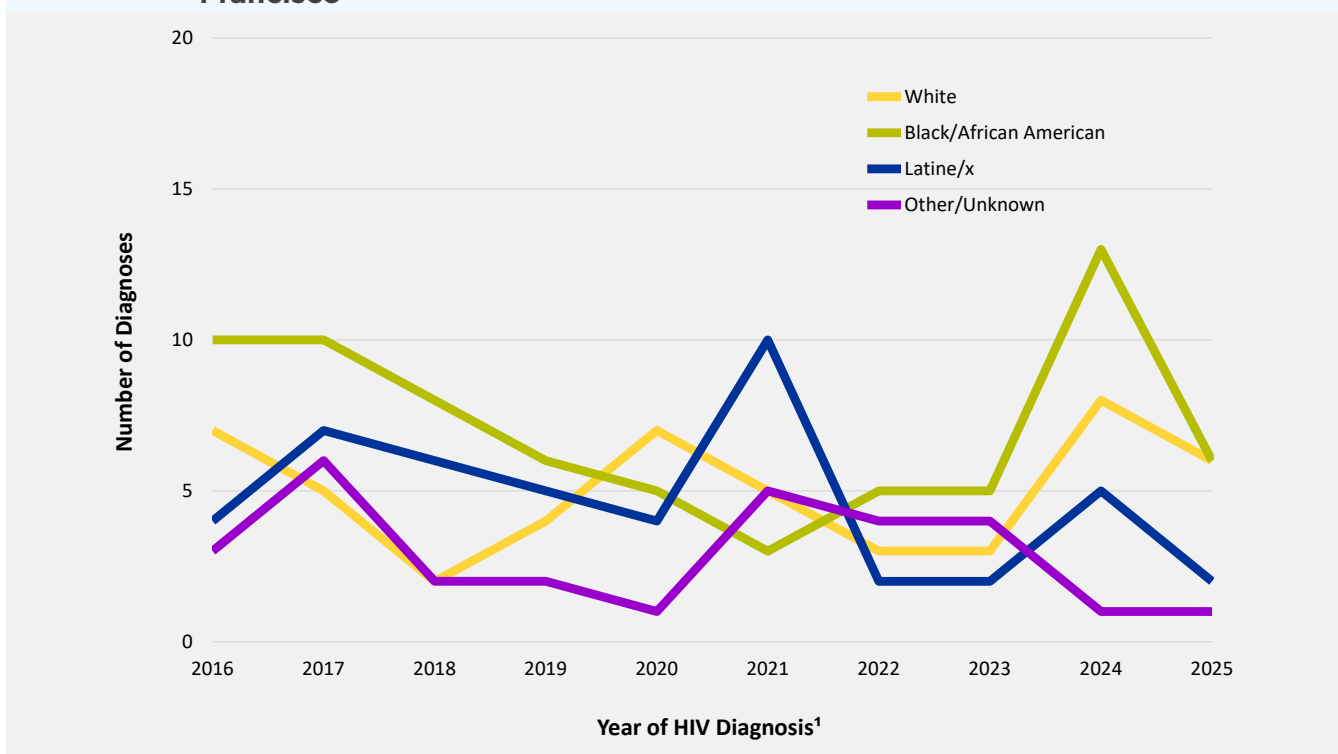
1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes on “Date of Initial HIV Diagnosis.”

10 HIV among Cis Women

Among new HIV diagnoses in cis women from 2016 through 2025, 25% were White, 36% Black/African American, and 24% Latine/x (Figure 10.1). The number of new HIV diagnoses declined in 2025 compared with 2024 among all these three racial/ethnic groups. The largest decline was among African American women from 13 in 2024 to six in 2025.

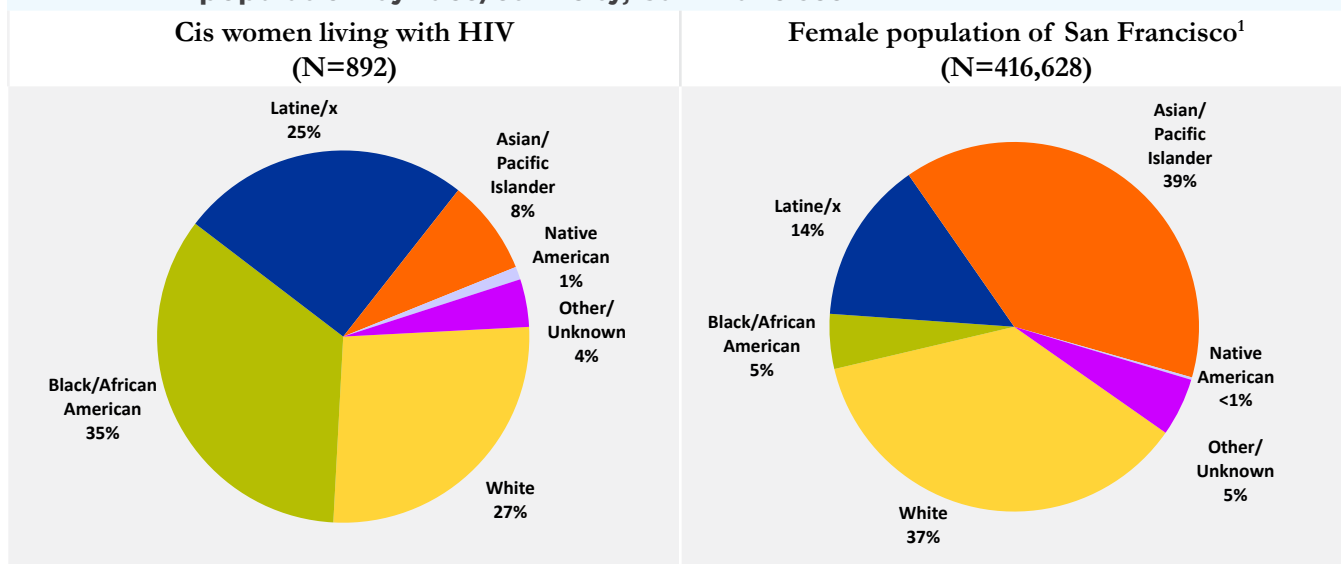
Despite making up only 5% of the total female population in San Francisco, Black/African American women comprised 35% of cis women living with HIV (Figure 10.2). Latine/x women were also overrepresented, accounting for 25% of cis women living with HIV compared with 14% of the overall female population. By transmission category, 58% of cis women living with HIV in 2025 acquired HIV through heterosexual contact (see Technical Notes on “HIV Transmission Category”), while 38% through injection drug use (Figure 10.3).

Figure 10.1 Number of cis women diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco



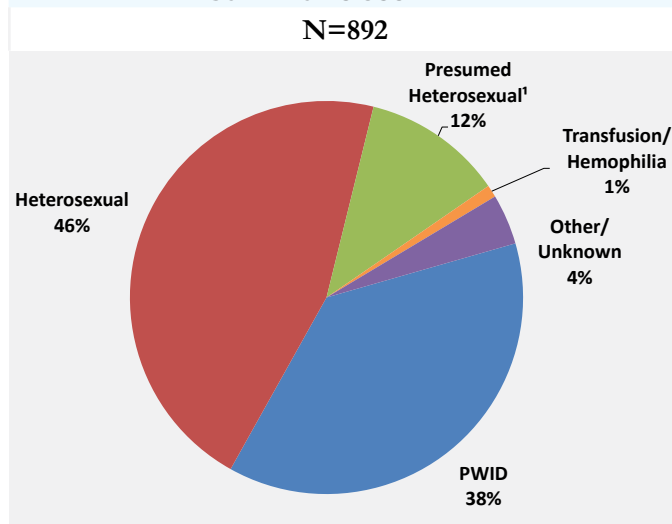
1 Includes cis women with HIV by year of their initial HIV diagnosis. See Technical Notes on “Date of Initial HIV Diagnosis.”

Figure 10.2 Cis women living with HIV diagnosed through December 2025 and female population by race/ethnicity, San Francisco



¹ California Department of Finance estimates of San Francisco female population 2025. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2024; Vintage 2026 Release). Sacramento: California. March 2026. <https://dof.ca.gov/forecasting/demographics/projections/>

Figure 10.3 Cis women living with HIV diagnosed through December 2025 by transmission category, San Francisco



¹ See Technical Notes on “HIV Transmission Category.”
Abbreviation: PWID= people who inject drugs.

11 HIV among Children, Adolescents and Young Adults

Youth aged 24 and under made up fewer than 1% of PLWH in San Francisco. As of December 31, 2025, there were fewer than five children and adolescents (aged 0 to 17) and 53 young adults (aged 18-24) living with HIV. Among young adults living with HIV, 77% were MSM and 4% were MSM-PWID (Table 11.1). Latine/x made 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 2025 (Figure 11.1).

Table 11.1 Characteristics of young adults living with HIV through December 2025, San Francisco

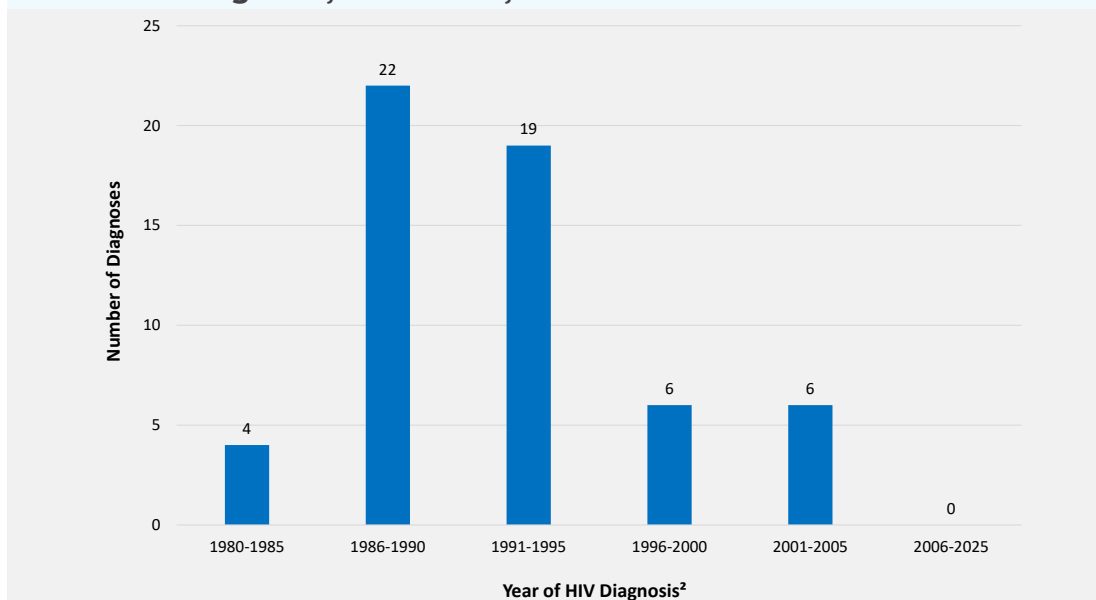
		18 - 24 Years Old
		Number (%)
Total		53
Transmission Category	MSM	41 (77)
	MSM-PWID	2 (4)
	Heterosexual	4 (8)
	Perinatal	4 (8)
	Other/Unidentified ¹	2 (4)
Gender	Cis Men	38 (72)
	Cis Women	7 (13)
	Transgender/Other ²	8 (15)
Race/Ethnicity	White	6 (11)
	Black/African American	8 (15)
	Latine/x	30 (57)
	Asian/Pacific Islander	5 (9)
	Other/Unknown	4 (8)

1 Includes TWSM, TWSM-PWID, heterosexual PWID, and people with no identified risk factor.

2 Includes trans women, trans men, and other gender identity. See Technical Notes on “Gender Status.”

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

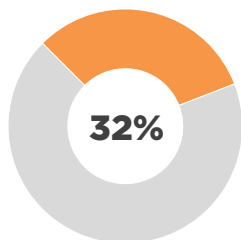
Figure 11.1 Number of children diagnosed with HIV¹ by time period of HIV diagnosis, 1980-2025, San Francisco



1 Only includes children who resided in San Francisco at the time of their HIV diagnosis.

2 See Technical Notes on “Date of Initial HIV Diagnosis.”

12 HIV among People Aged 50 Years and Older



OF PLWH WERE AGED 65 YEARS AND OLDER AS OF 12/31/2025

As of December 31, 2025, 76% of PLWH were aged 50 years and older, and 32% were aged 65 years 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 6% were Asian/Pacific Islander (Table 12.1). Most (88%) of PLWH aged 50 years and older were MSM, including MSM-PWID.

While the overall number of HIV diagnoses has decreased from 2016 to 2025, the percentage of diagnoses among people aged 50 years and older was higher in 2025 compared to a decade ago. The percentage of new HIV diagnoses in this age group nearly doubled from 11% in 2018 to 19% in 2019, decreased overall through 2024, and then increased again to 18% in 2025 (Figure 12.1). During 2016 to 2025, 289 people aged 50 years and older were diagnosed with HIV, including 40 who were 65 years and older. A higher proportion of cis women, Whites, Black/African Americans, PWID, and heterosexuals aged 50 and older were diagnosed with HIV compared to those who were younger at the time of diagnosis (Table 12.2). Of all people diagnosed at age 50 years and older, 37% were 50-54 years old, 30% 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 2025 by age group, San Francisco

		PLWH as of 12/31/2025			
		Age < 50 years	Age 50-64 years	Age 65-74 years	Age ≥ 75 years
		Number (%)			
Total		3,725	6,694	3,655	1,164
Gender	Cis Men	3,197 (86)	6,153 (92)	3,413 (93)	1,105 (95)
	Cis Women	292 (8)	359 (5)	189 (5)	52 (4)
	Trans Women	213 (6)	179 (3)	53 (1)	6 (1)
	Other ¹	23 (1)	<5 (<1)	0 (0)	<5 (<1)
Race/Ethnicity	White	1,220 (33)	3,809 (57)	2,437 (67)	858 (74)
	Black/African American	513 (14)	663 (10)	446 (12)	110 (9)
	Latine/x	1,362 (37)	1,461 (22)	526 (14)	128 (11)
	Asian/Pacific Islander	444 (12)	465 (7)	136 (4)	42 (4)
	Native American	19 (1)	30 (<1)	11 (<1)	0 (0)
	Other/Unknown	167 (4)	266 (4)	99 (3)	26 (2)
Transmission Category	MSM	2,541 (68)	4,943 (74)	2,815 (77)	961 (83)
	TWSM ²	160 (4)	104 (2)	27 (1)	<5 (<1)
	PWID	162 (4)	295 (4)	222 (6)	41 (4)
	MSM-PWID	454 (12)	924 (14)	413 (11)	99 (9)
	TWSM-PWID ³	52 (1)	73 (1)	26 (1)	<5 (<1)
	Heterosexual	252 (7)	280 (4)	113 (3)	42 (4)
	Other/Unidentified	104 (3)	75 (1)	39 (1)	15 (1)
Age in Years	50-54	- -	1,491 (22)	- -	- -
	55-59	- -	2,297 (34)	- -	- -
	60-64	- -	2,906 (43)	- -	- -
	65-69	- -	- -	2,114 (58)	- -
	70-74	- -	- -	1,541 (42)	- -
	75+	- -	- -	- -	1,164 (100)

1 Other gender included trans men and people with other gender identity. See Technical Notes on “Gender Status.” Other gender data for some age groups were not released due to small numbers.

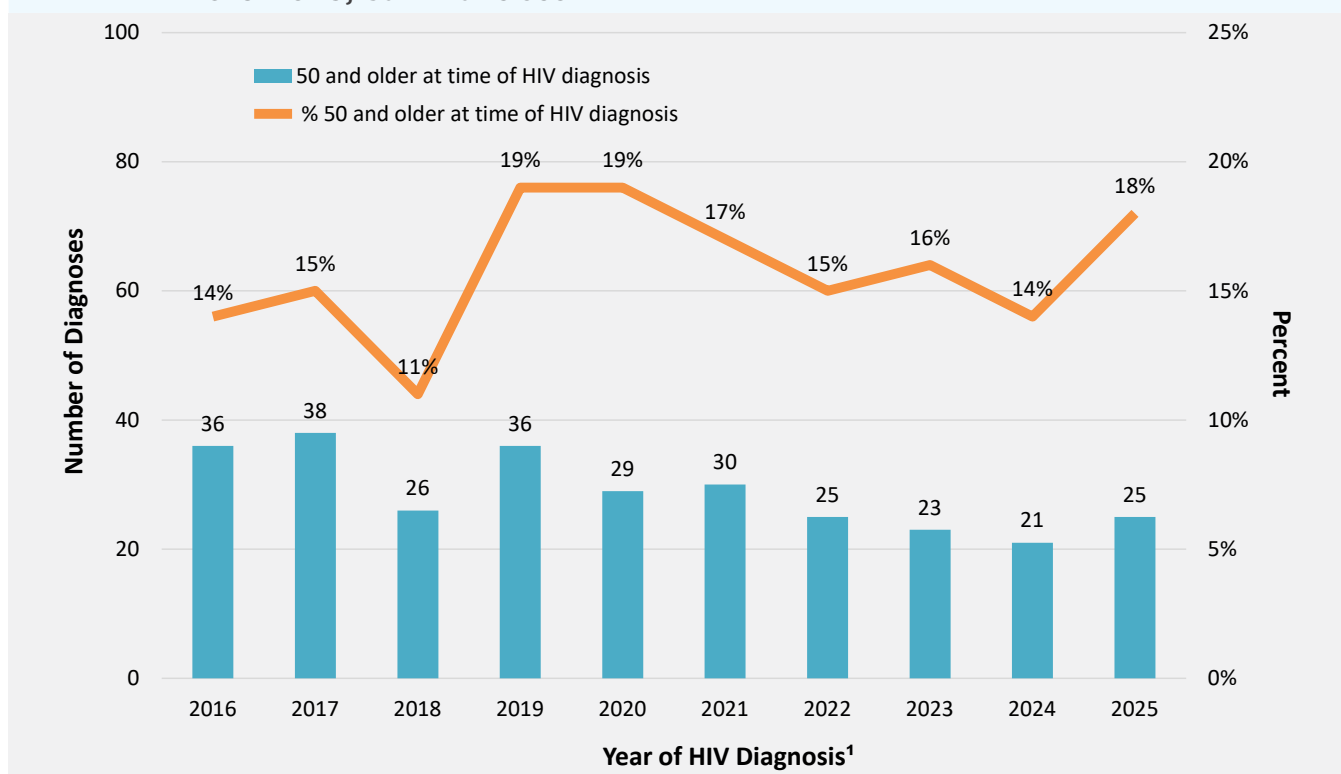
2 TWSM data for some age groups were not released due to small numbers.

3 TWSM-PWID data for some age groups were not released due to small numbers.

Abbreviations: PLWH= people living with HIV; MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.



Figure 12.1 Number and percent of people diagnosed with HIV at age 50 years and older, 2016-2025, San Francisco



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

Table 12.2 Characteristics of people diagnosed with HIV by age at diagnosis, 2016-2025, San Francisco

		Age < 50 years at diagnosis	Age ≥ 50 years at diagnosis	Age ≥ 65 years at diagnosis
		Number (%)		
Total		1,572	289	40
Gender	Cis Men	1,302 (83)	228 (79)	32 (80)
	Cis Women	148 (9)	49 (17)	7 (18)
	Trans Women	103 (7)	11 (4)	<5 (<3)
	Other ¹	19 (1)	<5 (<1)	0 (0)
Race/Ethnicity	White	423 (27)	131 (45)	15 (38)
	Black/African American	268 (17)	58 (20)	9 (23)
	Latine/x	632 (40)	56 (19)	8 (20)
	Asian/Pacific Islander	197 (13)	31 (11)	6 (15)
	Other/Unknown	52 (3)	13 (4)	<5 (<5)
Transmission Category	MSM	1,000 (64)	151 (52)	22 (55)
	PWID ²	116 (7)	42 (15)	<5 (<5)
	MSM-PWID ³	165 (10)	25 (9)	<5 (<5)
	Heterosexual ⁴	131 (8)	42 (15)	9 (23)
	Other/Unidentified ⁵	160 (10)	29 (10)	5 (13)
Age in Years	50-54	- -	107 (37)	- -
	55-59	- -	87 (30)	- -
	60-64	- -	55 (19)	- -
	65+	- -	40 (14)	40 (100)

1 Other gender included trans men and people with other gender identity. See Technical Notes on “Gender Status.”

Other gender data for some age groups were not released due to small numbers.

2 PWID data for some age groups were not released due to small numbers.

3 MSM-PWID data for some age groups were not released due to small numbers.

4 Heterosexual included female presumed heterosexual.

5 Other/Unidentified transmission category included TWSM, TWSM-PWID and people with no identified risk factor.

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

13 HIV among Trans Women

From 2016 through 2025, 114 trans women were diagnosed with HIV in San Francisco (Table 13.1). Compared with people of other genders diagnosed with HIV during this period, trans women were more likely to be Black/African American (22%) or Latine/x (46%). Among the 451 trans women living with HIV in San Francisco as of December 31, 2025, Latine/x (37%) and Black/African Americans (28%) accounted for the largest proportions (Table 13.2). Asian/Pacific Islanders were also accounted for a higher proportion among trans women (11%) than among people of other genders living with HIV (7%).

By transmission category, newly diagnosed trans women were more likely than people of other genders to be PWID (24%), and 34% of all trans women living with HIV were PWID. In addition, among trans women living with HIV, a higher proportion were aged 49 years and younger compared with people of other genders (47% vs. 24%).

Table 13.1 Characteristics of trans women diagnosed with HIV, 2016-2025, San Francisco

		New HIV Diagnoses, 2016-2025	
		Trans Women ¹	Others
		Number (%)	
Total		114	1,747
Race/Ethnicity	White	16 (14)	538 (31)
	Black/African American	25 (22)	301 (17)
	Latine/x	52 (46)	636 (36)
	Asian/Pacific Islander	13 (11)	215 (12)
	Other/Unknown	8 (7)	57 (3)
People who Inject Drugs	Yes	27 (24)	347 (20)
	No	87 (76)	1,400 (80)
Age at Diagnosis (Years)	0 - 24	23 (20)	232 (13)
	25 - 29	19 (17)	326 (19)
	30 - 39	39 (34)	590 (34)
	40 - 49	22 (19)	321 (18)
	50+	11 (10)	278 (16)

¹ See Technical Notes on “Gender Status.”

Table 13.2 Characteristics of trans women living with HIV through December 2025, San Francisco

		PLWH, December 2025	
		Trans Women ¹	Others
		Number (%)	
Total		451	14,787
Race/Ethnicity	White	72 (16)	8,252 (56)
	Black/African American	128 (28)	1,604 (11)
	Latine/x	169 (37)	3,308 (22)
	Asian/Pacific Islander	51 (11)	1,036 (7)
	Other/Unknown	31 (7)	587 (4)
People who Inject Drugs	Yes	155 (34)	2,608 (18)
	No	296 (66)	12,179 (82)
Age in Years (at end of 2025)	0 - 24	5 (1)	50 (<1)
	25 - 29	18 (4)	164 (1)
	30 - 39	77 (17)	1,197 (8)
	40 - 49	113 (25)	2,101 (14)
	50+	238 (53)	11,275 (76)

¹ See Technical Notes on “Gender Status.”

Abbreviation: PLWH= people living with HIV.

14 HIV among People Experiencing Homelessness

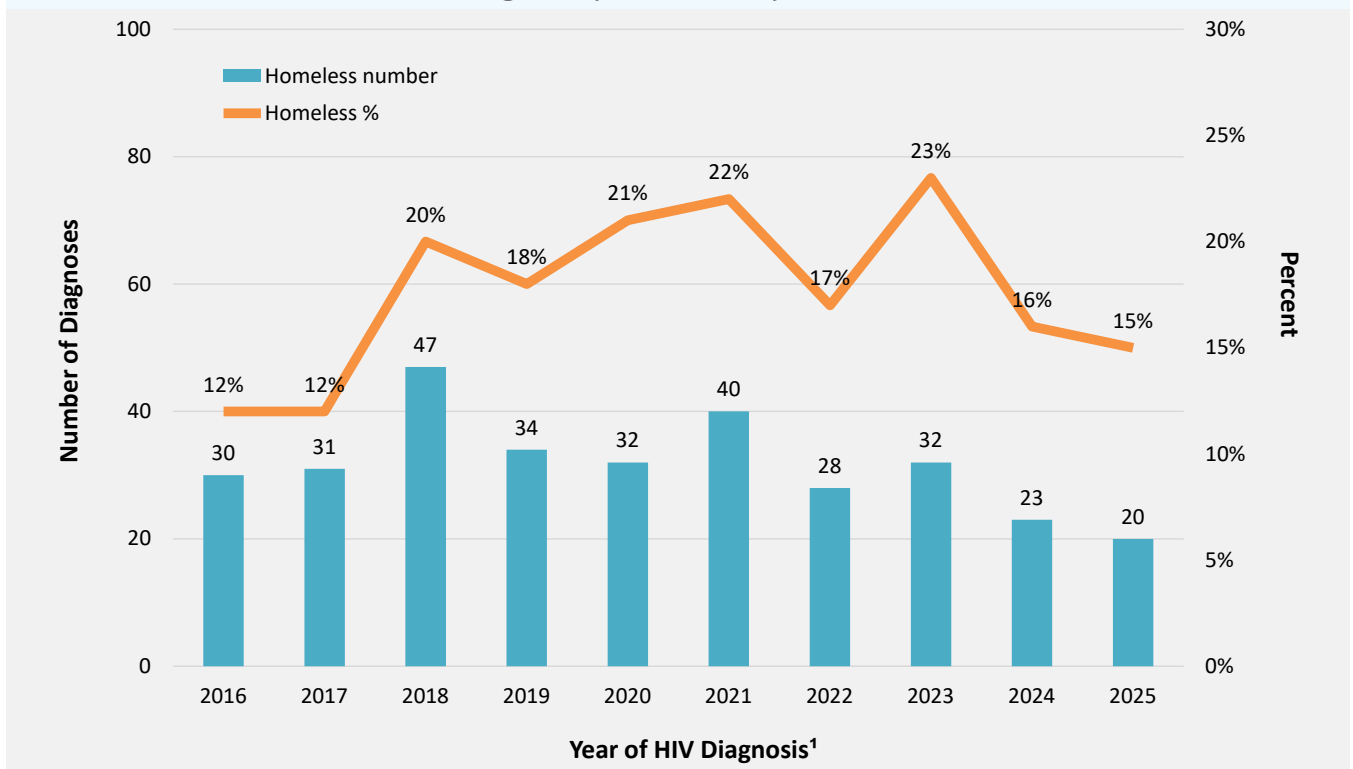
15%

OF HIV DIAGNOSES IN 2025 WERE
AMONG PEOPLE EXPERIENCING
HOMELESSNESS

From 2016 through 2025, the proportion of new HIV diagnoses among people experiencing homelessness (PEH) fluctuated, reaching 23% in 2023 and then declining to 16% in 2024 and 15% in 2025 (Figure 14.1).

Among people diagnosed with HIV from 2016 through 2025, 317 were experiencing homelessness at the time of HIV diagnosis (Table 14.1). Compared with people who were not experiencing homelessness at the time of diagnosis, PEH were more likely to be cis women, trans women, White or Black/African American. By transmission category, PEH were more likely to be PWID, including MSM-PWID and TWSM-PWID than people who were not experiencing homelessness, overall 44% of PEH reported injection drug use before HIV diagnosis. PEH were slightly older than people who were not homeless at the time of HIV diagnosis.

Figure 14.1 Number and percent of people diagnosed with HIV who experienced homelessness at diagnosis, 2016-2025, San Francisco



¹ Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes on “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, 2016-2025, San Francisco

		New HIV Diagnoses, 2016-2025	
		Homeless	Non-Homeless
		Number (%)	
Total		317	1,544
Gender ¹	Cis Men	226 (71)	1,304 (84)
	Cis Women	64 (20)	133 (9)
	Trans Women	23 (7)	91 (6)
	Other	4 (1)	16 (1)
Race/Ethnicity	White	112 (35)	442 (29)
	Black/African American	70 (22)	256 (17)
	Latine/x	107 (34)	581 (38)
	Asian/Pacific Islander	16 (5)	212 (14)
	Other/Unknown	12 (4)	53 (3)
Transmission Category	MSM	104 (33)	1,047 (68)
	TWSM	13 (4)	74 (5)
	PWID	77 (24)	81 (5)
	MSM-PWID	53 (17)	137 (9)
	TWSM-PWID	9 (3)	17 (1)
	Heterosexual	46 (15)	127 (8)
	Other/Unidentified	15 (5)	61 (4)
Age at Diagnosis (Years)	0 - 24	35 (11)	220 (14)
	25 - 29	54 (17)	291 (19)
	30 - 39	110 (35)	519 (34)
	40 - 49	71 (22)	272 (18)
	50+	47 (15)	242 (16)

¹ Other gender included trans men and people with other gender identity, they were not released separately due to small numbers. See Technical Notes on “Gender Status.”

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.

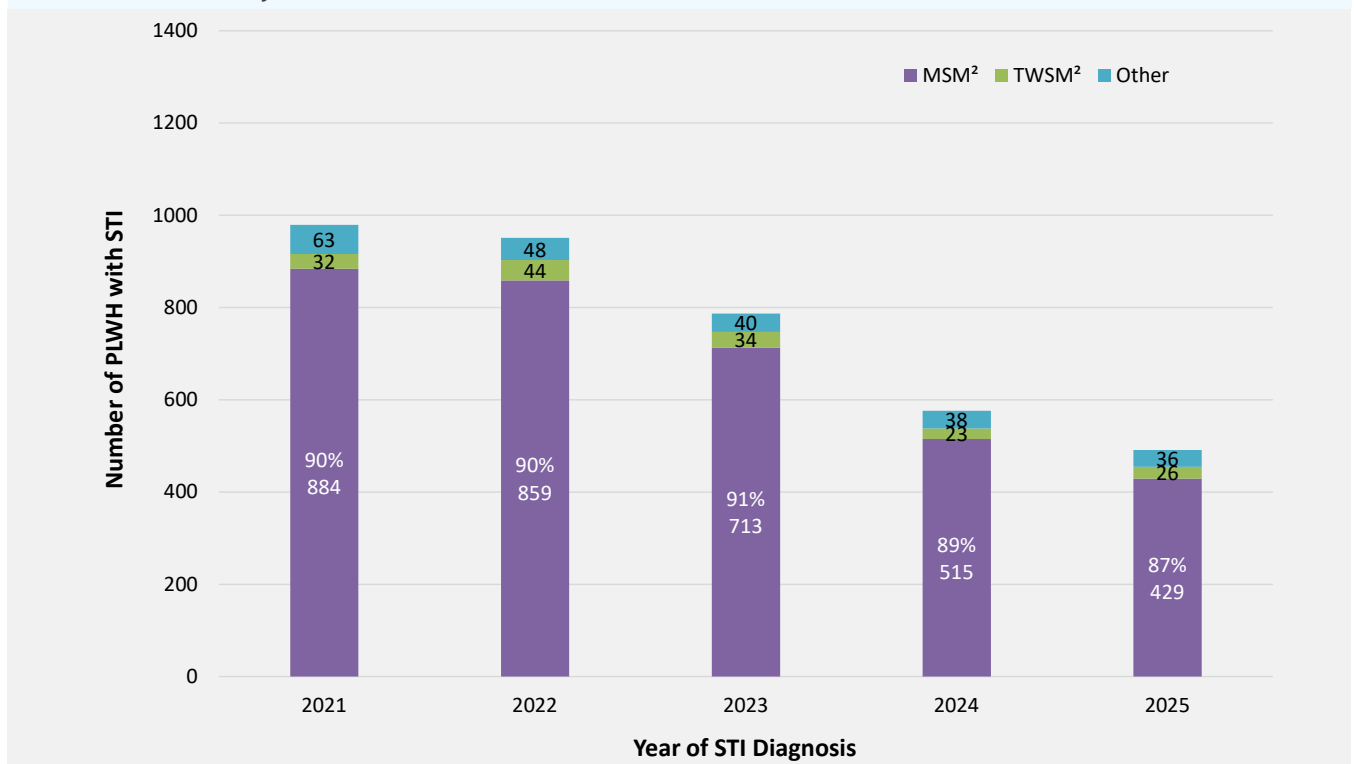
15 Sexually Transmitted Infections among People with HIV

90%

OF STI DIAGNOSES AMONG
PLWH WERE AMONG MSM
DURING 2021-2025

The number of gonorrhea, chlamydia, non-gonococcal urethritis, and early syphilis infections (STI diagnoses) among PLWH declined by 50%, from 979 in 2021 to 491 in 2025. Throughout this period, the majority of STI diagnoses (90%) were among MSM. (Figure 15.1). Overall, cis men accounted for the majority of PLWH diagnosed with an STI from 2021 through 2025, although their proportion declined, from 93% in 2021 to 89% in 2025 (Table 15.1). The proportion of PLWH aged 50-59 years who were diagnosed with an STI declined from 32% in 2021 to 24% in 2025, while the proportion of PLWH aged 60 years and older increased slightly. The proportion of White PLWH diagnosed with an STI declined from 43% in 2021 to 36% in 2025, while the proportion of Latine/x PLWH increased from 33% in 2021 to 38% in 2025. For additional context and data on STI trends, see <https://www.sf.gov/sti-data>.

Figure 15.1 STI diagnoses¹ among people living with HIV by year of STI diagnosis, 2021-2025, San Francisco



¹ See Technical Notes on “HIV and STI Diagnosis.”

² MSM includes MSM-IDU and TWSM excludes TWSM-PWID.

Abbreviations: STI= sexually transmitted infection; MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.



Table 15.1 Demographic characteristics of people living with HIV who were diagnosed with an STI¹, 2021-2025, San Francisco

		Year of STI diagnosis				
		2021	2022	2023	2024	2025
		Number (%)				
Total		979	951	787	576	491
Gender²	Cis Men	913 (93)	872 (92)	723 (92)	520 (90)	435 (89)
	Cis Women	20 (2)	19 (2)	15 (2)	16 (3)	15 (3)
	Trans Women	45 (5)	58 (6)	49 (6)	38 (7)	35 (7)
Race/Ethnicity	White	419 (43)	385 (40)	306 (39)	224 (39)	175 (36)
	Black/African American	95 (10)	94 (10)	87 (11)	67 (12)	54 (11)
	Latine/x	325 (33)	343 (36)	281 (36)	202 (35)	189 (38)
	Asian/Pacific Islander	99 (10)	96 (10)	70 (9)	61 (11)	60 (12)
	Other/Unknown	41 (4)	33 (3)	43 (5)	22 (4)	13 (3)
Age at STI Diagnosis (years)	13 - 29	68 (7)	71 (7)	45 (6)	42 (7)	35 (7)
	30 - 39	240 (25)	240 (25)	217 (28)	150 (26)	147 (30)
	40 - 49	236 (24)	229 (24)	180 (23)	132 (23)	111 (23)
	50 - 59	311 (32)	288 (30)	215 (27)	166 (29)	116 (24)
	60 +	124 (13)	123 (13)	130 (17)	86 (15)	82 (17)

1 See Technical Notes on “HIV and STI Diagnosis.”

2 Data on trans men and people with other gender identify were not released separately due to small numbers. See Technical Notes on “Gender Status.”

Abbreviation: STI= sexually transmitted infection.

16 HIV and STI Prophylaxis

From 2015 through 2025, PrEP use among MSM without HIV increased from 21% to 74% among San Francisco City Clinic (SFCC) patients 18 years and older who were San Francisco residents. Among this group, PrEP use across selected race/ethnicities (White, Black/African American, Latine/x, and Asian/Pacific Islander) in 2015 ranged from 19%-22% and increased in 2025 to 67%-77% (Figure 16.1). The proportion of Latine/x MSM on PrEP increased each year from 19% in 2015 to 78% in 2024, declining to 75% in 2025. Since 2016, Black/African American MSM have had the lowest proportions of PrEP use compared to MSM of other reported race/ethnicities; however, increases in PrEP use between 2024 and 2025 among Black/African American MSM are encouraging.

PrEP use has increased among all age groups between 2015 and 2025 and has been consistently higher among younger age groups (25-34 years and 35-44 years) (Figure 16.2). In 2025, 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 on “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 injectable (LAI) PrEP in the form of cabotegravir (CAB, introduced in 2022), or lenacapavir (LEN, introduced in 2025). Individuals at SFCC can change which regimen they use from visit to visit. Tables 16.1-16.3 show the type of PrEP medication used by patients receiving PrEP from SFCC (San Francisco residents and patients residing outside San Francisco) stratified by patient characteristics of interest, by year.

From 2019 to 2025, the majority of patients who received PrEP from SFCC selected daily PrEP. However, the proportion of patients on daily PrEP declined across these years as the proportions of patients opting for PrEP 2-1-1 or LAI PrEP increased through 2025 (Table 16.1). In 2025 among MSM patients, 67% were using daily PrEP, 24% were using PrEP 2-1-1, and 9% were using LAI. Compared to MSM on PrEP in 2025, PrEP patients who were cis women, trans women, or genderqueer/non-binary/another gender were a smaller group and were more likely to use LAI PrEP (24%-31% versus 9% among MSM).

Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Additionally, the SFCC PrEP Program applied a revised “enrollment” definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Therefore, data in Figures 16.1 and 16.2 and Tables 16.1-16.3 for all years leading up to and including 2024 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 on these data.

The total number of clients screened for PrEP at the San Francisco AIDS Foundation (SFAF) from 2023 to 2025 was 4,719 (Figure 16.3). Of those screened, 62% scheduled an appointment. Seventy-nine percent of clients (N=2,305) who scheduled an appointment enrolled in PrEP (accounting for 49% of total clients screened). Of those enrolled in PrEP, 65% of clients (N=1,498) were persistent on PrEP, defined as either a clinical visit or prescription refill at three months of follow-up.

The numbers and proportion of PrEP screenings, appointments, enrollments, and continued PrEP use at three-month and six-month follow-up by priority populations (White MSM, Black/African American MSM, and Latine/x MSM; Trans women; MSM <25 years old) at the SFAF in 2024 and 2025 are shown in Figure 16.4. In 2024, trans women had the highest proportions of scheduled appointments and enrollments. White and



Latine/x MSM had the highest proportions on PrEP at three and six months of follow-up. In 2025, Latine/x MSM 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 2025, ranging from 28% (Latine/x MSM and MSM <25 years old) to 31% (White MSM).

Clients enrolled in PrEP at the SFAF in 2024 and 2025 were prescribed one of three PrEP regimens (see Technical Notes on “HIV Pre-exposure Prophylaxis Regimens”): daily PrEP, PrEP 2-1-1, or injectable PrEP (cabotegravir long-acting or lenacapavir) (Table 16.4). Among all clients enrolled in PrEP, the distribution by PrEP regimen was similar for both years. Clients who enrolled in injectable PrEP in 2024 were more likely to be trans women (26%) and Latine/x MSM (15%). Clients who enrolled in injectable PrEP in 2025 were more likely to be Black/African American MSM (11%) and White MSM (10%). In 2024, a higher proportion (68%) of clients enrolled in injectable PrEP were persistent on PrEP at six months of follow-up than those who enrolled in PrEP-2-1-1 (62%) and daily PrEP (58%). Among 2025 enrollees, persistence on PrEP at three months was highest among those on injectable PrEP (67%), followed by daily PrEP (60%) and PrEP 2-1-1 (49%).

Recognizing the breakthroughs in STI and HIV prevention and treatment, in October 2022 the San Francisco Getting to Zero Consortium began tracking the roll-out of three new products at four clinical sites in San Francisco. The products were doxycycline used as post-exposure prophylaxis for STIs (doxy-PEP), long-acting injectable cabotegravir for HIV PrEP (CAB-LA), and injectable cabotegravir/rilpivirine (CAB/RPV) for HIV treatment. The four clinical sites where roll-out is being tracked are Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco. This New Product Initiative (NPI; see Technical Notes on “New Product Initiative”) tracks initiation of these medications based on new prescriptions to individuals for the first time at each of these institutions without a known prior prescription. The NPI is not able to track persistence with or adherence to these interventions.

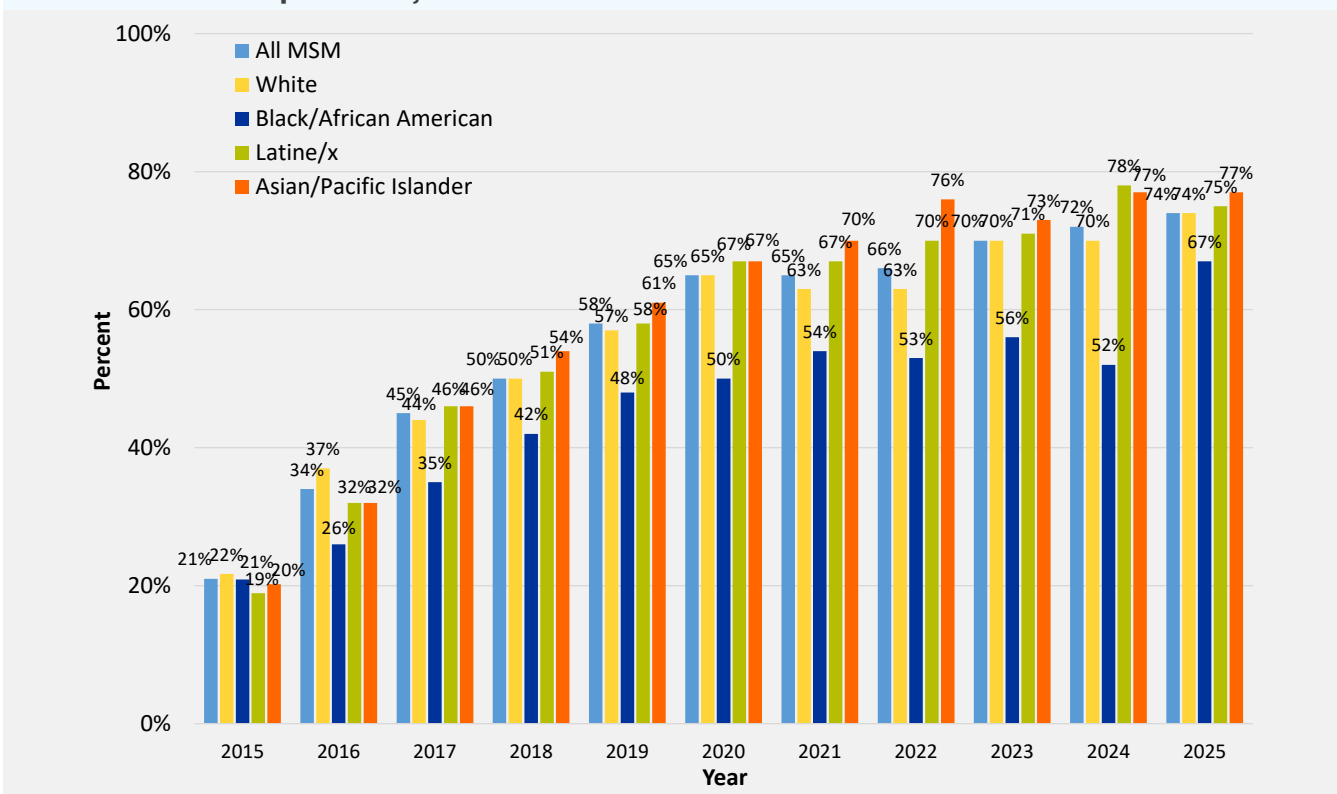
There were 12,686 individuals in total who had been newly prescribed doxy-PEP from October 2022 (when doxy-PEP guidelines were first issued by the San Francisco Department of Public Health) through December 2025 (Figure 16.5). This figure includes data on doxy-PEP prescriptions from Kaiser HMO San Francisco, thereby accounting for the increased number of doxy-PEP prescriptions each quarter, compared to number of prescriptions reported in the 2024 HIV Epidemiology Annual Report. The number of individuals starting doxy-PEP/quarter declined from the first quarter of 2025 to the last quarter of 2025, which may be a result of saturation of the population who might benefit from doxy-PEP.

CAB-LA was licensed by the U.S. Food and Drug Administration (FDA) in December 2021. From October 2022 through December 2025, there were 614 patients who newly initiated CAB-LA for PrEP (Figure 16.6) across all four participating clinics. Although the number of new starts fluctuated from 23 to 67 per quarter, it is unclear what the need is for this new prevention modality, as well as whether these numbers represent new PrEP starts or transitions from oral PrEP. Because long-acting injectable lenacapavir for PrEP was only licensed in June of 2025, we do not yet have data on this new modality but will be tracking it moving forward.

Long-acting cabotegravir and rilpivirine (CAB-LA/RPV), approved by the FDA in January 2021, for HIV treatment, is the third product tracked through this NPI. Two high-volume clinics providing chronic HIV treatment services in San Francisco, ZSFGH Ward 86 and Kaiser HMO, initiated CAB-LA/RPV treatment to 412 patients over the 39-month period (Figure 16.7).

San Francisco City Clinic data

Figure 16.1 Proportion of MSM¹ currently on PrEP² by race/ethnicity³, San Francisco City Clinic patients⁴, 2015-2025



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.

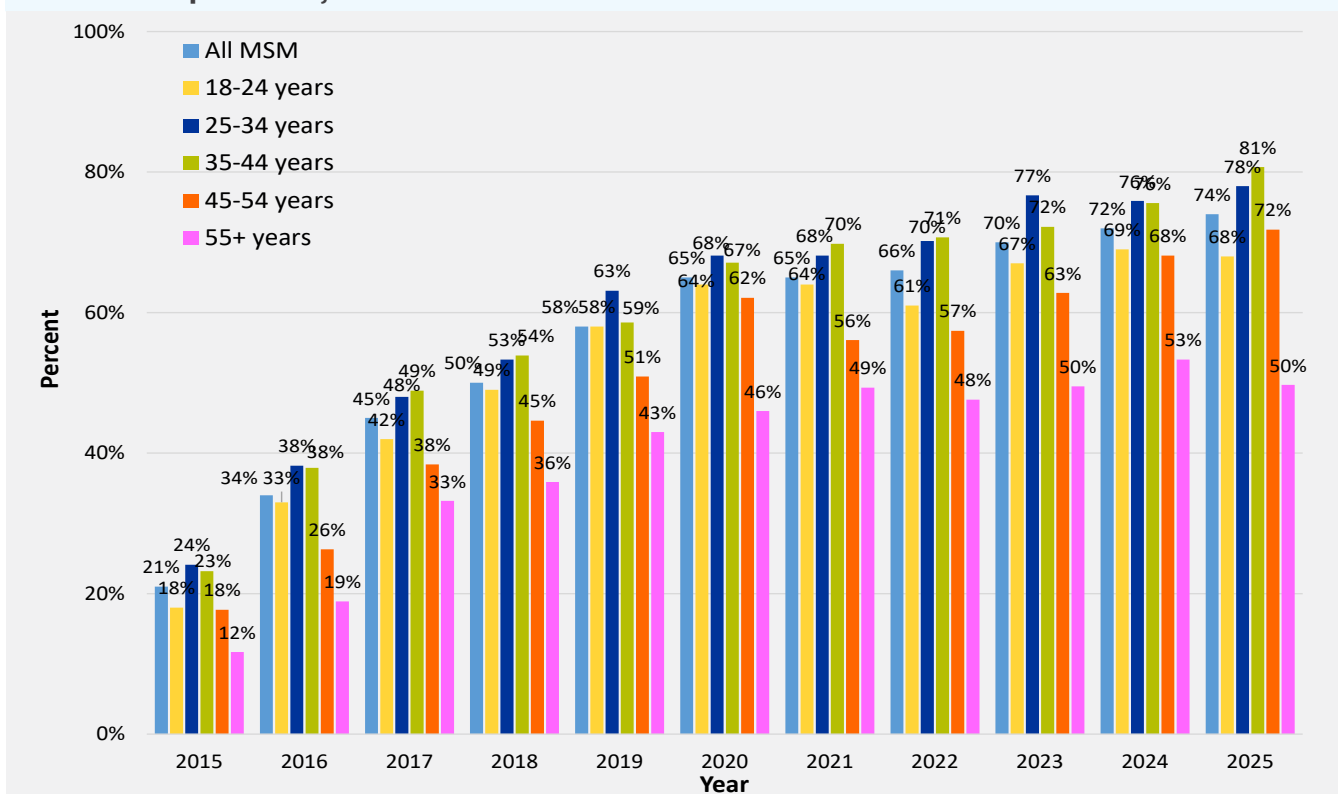
2 On PrEP at visit defined as: (1) Answered 'yes' to are you currently on PrEP or (2) Enrolled in PrEP as of visit. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Additionally, the SFCC PrEP Program applied a revised "enrollment" definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Data reported as of May 13, 2026.

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 18 years of age and older only.

Abbreviations: MSM= men who have sex with men; PrEP= HIV pre-exposure prophylaxis; STI= sexually transmitted infection.

Figure 16.2 Proportion of MSM¹ currently on PrEP² by age group, San Francisco City Clinic patients³, 2015-2025



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.

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. Additionally, the SFCC PrEP Program applied a revised "enrollment" definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Data reported as of May 13, 2026.

3 Includes San Francisco residents 18 years of age and older only.

Abbreviations: MSM= men who have sex with men; PrEP= HIV pre-exposure prophylaxis.

Table 16.1 PrEP Program enrollment¹ and ongoing participation by gender and gender of sex partner and PrEP regimen, San Francisco City Clinic PrEP Program participants², 2021-2025

		2021	2022	2023	2024	2025
		Number ³ (%)				
Gender/Sex Partner ⁴ /PrEP Regimen ⁵	All Patients	1,000 (100.0)	1,050 (100.0)	1,219 (100.0)	1,429 (100.0)	1,413 (100.0)
	Daily PrEP	894 (89.4)	877 (83.5)	907 (74.4)	1,033 (72.3)	928 (65.7)
	PrEP 2-1-1	92 (9.2)	155 (14.8)	225 (18.5)	279 (19.5)	323 (22.9)
	LAI (CAB & LEN)	N/A	4 (0.4)	70 (5.7)	105 (7.3)	151 (10.7)
	Cis Men with Male Sex Partners (MSM)	887 (100.0)	934 (100.0)	1,075 (100.0)	1,244 (100.0)	1,231 (100.0)
	Daily PrEP	789 (89.0)	773 (82.8)	807 (75.1)	908 (73.0)	818 (66.5)
	PrEP 2-1-1	86 (9.7)	147 (15.7)	207 (19.3)	256 (20.6)	294 (23.9)
	LAI (CAB & LEN)	N/A	2 (0.2)	47 (4.4)	75 (6.0)	111 (9.0)
	Cis Men without Male Sex Partners	21 (100.0)	20 (100.0)	25 (100.0)	38 (100.0)	39 (100.0)
	Daily PrEP	20 (95.2)	18 (90.0)	16 (64.0)	29 (76.3)	25 (64.1)
	PrEP 2-1-1	1 (4.8)	2 (10.0)	9 (36.0)	7 (18.4)	14 (35.9)
	LAI (CAB & LEN)	N/A	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Cis Women	23 (100.0)	19 (100.0)	23 (100.0)	28 (100.0)	42 (100.0)
	Daily PrEP	22 (95.7)	19 (100.0)	17 (73.9)	20 (71.4)	31 (73.8)
	PrEP 2-1-1	N/A	N/A	N/A	N/A	N/A
	LAI (CAB & LEN)	N/A	0 (0.0)	5 (21.7)	6 (21.4)	11 (26.2)
	Trans Women	34 (100.0)	35 (100.0)	45 (100.0)	47 (100.0)	42 (100.0)
	Daily PrEP	31 (91.2)	33 (94.3)	32 (71.1)	29 (61.7)	23 (54.8)
	PrEP 2-1-1	2 (5.9)	0 (0.0)	2 (4.4)	5 (10.6)	6 (14.3)
	LAI (CAB & LEN)	N/A	1 (2.9)	10 (22.2)	12 (25.5)	10 (23.8)
	Trans Men	3 (100.0)	3 (100.0)	4 (100.0)	7 (100.0)	7 (100.0)
	Daily PrEP	3 (100.0)	3 (100.0)	3 (75.0)	4 (57.1)	4 (57.1)
	PrEP 2-1-1	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)
	LAI (CAB & LEN)	N/A	0 (0.0)	1 (25.0)	2 (28.6)	3 (42.9)
	Nonbinary/Queer/Another Gender	32 (100.0)	38 (100.0)	46 (100.0)	65 (100.0)	51 (100.0)
	Daily PrEP	29 (90.6)	30 (78.9)	31 (67.4)	43 (66.2)	27 (52.9)
	PrEP 2-1-1	3 (9.4)	6 (15.8)	7 (15.2)	10 (15.4)	8 (15.7)
	LAI (CAB & LEN)	N/A	1 (2.6)	7 (15.2)	10 (15.4)	16 (31.4)

1 Each SFCC PrEP Program participant is represented in each year that they were enrolled and continued to receive PrEP through SFCC. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Additionally, the SFCC PrEP Program applied a revised “enrollment” definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Data reported as of May 13, 2026.

2 Includes patients 18 years of age and older regardless their residence at the time of enrollment.

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

4 “Cis Men with Male Sex Partners” is defined as cis men who reported sex with a man in the past year. Cis men without reported sex with a man in the past year are included in the “Cis Men without Male Sex Partners” group.

5 Because participants can change which regimen they want to use, if a participant used more than one regimen in the year, their regimen was identified according to the following hierarchy: Long-acting injectable (LAI) cabotegravir (CAB) or lenacapavir (LEN), 2-1-1, Daily. PrEP 2-1-1 is not typically indicated for cis women so data are not presented.

Additional abbreviations: PrEP= HIV pre-exposure prophylaxis; SFCC= San Francisco City Clinic.

Table 16.2 PrEP Program enrollment¹ and ongoing participation by race/ethnicity and PrEP regimen, San Francisco City Clinic PrEP Program participants², 2021-2025

		2021		2022		2023		2024		2025	
		Number ³ (%)									
Race/Ethnicity ⁴ /PrEP Regimen ⁵	All Patients	1,000	(100.0)	1,050	(100.0)	1,219	(100.0)	1,429	(100.0)	1,413	(100.0)
	Daily PrEP	894	(89.4)	877	(83.5)	907	(74.4)	1,033	(72.3)	928	(65.7)
	PrEP 2-1-1	92	(9.2)	155	(14.8)	225	(18.5)	279	(19.5)	323	(22.9)
	LAI (CAB & LEN)	N/A		4	(0.4)	70	(5.7)	105	(7.3)	151	(10.7)
	White	285	(100.0)	303	(100.0)	356	(100.0)	404	(100.0)	394	(100.0)
	Daily PrEP	250	(87.7)	249	(82.2)	259	(72.8)	281	(69.6)	267	(67.8)
	PrEP 2-1-1	29	(10.2)	48	(15.8)	83	(23.3)	104	(25.7)	92	(23.4)
	LAI (CAB & LEN)	N/A		0	(0.0)	13	(3.7)	17	(4.2)	32	(8.1)
	Black/African American	81	(100.0)	67	(100.0)	79	(100.0)	93	(100.0)	100	(100.0)
	Daily PrEP	74	(91.4)	54	(80.6)	58	(73.4)	67	(72.0)	60	(60.0)
	PrEP 2-1-1	7	(8.6)	12	(17.9)	14	(17.7)	19	(20.4)	27	(27.0)
	LAI (CAB & LEN)	N/A		0	(0.0)	6	(7.6)	7	(7.5)	11	(11.0)
	Latine/x	407	(100.0)	418	(100.0)	499	(100.0)	595	(100.0)	557	(100.0)
	Daily PrEP	373	(91.6)	367	(87.8)	380	(76.2)	450	(75.6)	376	(67.5)
	PrEP 2-1-1	28	(6.9)	42	(10.0)	66	(13.2)	71	(11.9)	95	(17.1)
	LAI (CAB & LEN)	N/A		4	(1.0)	44	(8.8)	66	(11.1)	83	(14.9)
	Asian/Pacific Islander	158	(100.0)	161	(100.0)	185	(100.0)	229	(100.0)	245	(100.0)
	Daily PrEP	132	(83.5)	124	(77.0)	124	(67.0)	154	(67.2)	151	(61.6)
	PrEP 2-1-1	24	(15.2)	36	(22.4)	52	(28.1)	65	(28.4)	80	(32.7)
	LAI (CAB & LEN)	N/A		0	(0.0)	3	(1.6)	8	(3.5)	12	(4.9)
	Multiracial	33	(100.0)	39	(100.0)	25	(100.0)	35	(100.0)	38	(100.0)
	Daily PrEP	32	(97.0)	31	(79.5)	21	(84.0)	29	(82.9)	25	(65.8)
	PrEP 2-1-1	1	(3.0)	7	(17.9)	1	(4.0)	2	(5.7)	6	(15.8)
	LAI (CAB & LEN)	N/A		0	(0.0)	3	(12.0)	4	(11.4)	7	(18.4)
	Other	30	(100.0)	54	(100.0)	68	(100.0)	61	(100.0)	68	(100.0)
	Daily PrEP	28	(93.3)	45	(83.3)	59	(86.8)	45	(73.8)	42	(61.8)
	PrEP 2-1-1	2	(6.7)	9	(16.7)	8	(11.8)	13	(21.3)	20	(29.4)
	LAI (CAB & LEN)	N/A		0	(0.0)	1	(1.5)	3	(4.9)	5	(7.4)

1 Each SFCC PrEP Program participant is represented in each year that they were enrolled and continued to receive PrEP through SFCC. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Additionally, the SFCC PrEP Program applied a revised “enrollment” definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Data reported as of May 13, 2026.

2 Includes patients 18 years of age and older regardless their residence at the time of enrollment.

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

4 Patient-level race/ethnicity data were updated in the STI data system in 2025. Race/ethnicity stratifications may not match data in prior reports. Patients are grouped as Latine/x if “Hispanic” or “Latine/x” ethnicity was reported, even if other race/ethnicities were also reported for the patient. Patients were grouped as “multiracial” if they had one or more race/ethnicity reported (excluding Hispanic or Latine/x ethnicity). “Native American” patients are included in the “Other” group due to small numbers.

5 Because participants can change which regimen they want to use, if a participant used more than one regimen in the year, their regimen was identified according to the following hierarchy: Long- acting injectable (LAI) cabotegravir (CAB) or lenacapavir (LEN), 2-1-1, Daily.

Additional abbreviations: PrEP= HIV pre-exposure prophylaxis; SFCC= San Francisco City Clinic; STI= sexually transmitted infection.

Table 16.3 PrEP Program enrollment¹ and ongoing participation by age group and PrEP regimen, San Francisco City Clinic PrEP Program participants², 2021-2025

		2021	2022	2023	2024	2025
		Number ³ (%)				
Age in Years (at beginning of year)/PrEP Regimen ⁴	All Patients	1,000 (100.0)	1,050 (100.0)	1,219 (100.0)	1,429 (100.0)	1,413 (100.0)
	Daily PrEP	894 (89.4)	877 (83.5)	907 (74.4)	1,033 (72.3)	928 (65.7)
	PrEP 2-1-1	92 (9.2)	155 (14.8)	225 (18.5)	279 (19.5)	323 (22.9)
	LAI (CAB & LEN)	N/A	4 (0.4)	70 (5.7)	105 (7.3)	151 (10.7)
	18-24	124 (100.0)	114 (100.0)	125 (100.0)	131 (100.0)	113 (100.0)
	Daily PrEP	110 (88.7)	92 (80.7)	99 (79.2)	95 (72.5)	73 (64.6)
	PrEP 2-1-1	12 (9.7)	19 (16.7)	21 (16.8)	27 (20.6)	31 (27.4)
	LAI (CAB & LEN)	N/A	2 (1.8)	4 (3.2)	8 (6.1)	8 (7.1)
	25-34	450 (100.0)	457 (100.0)	548 (100.0)	641 (100.0)	577 (100.0)
	Daily PrEP	397 (88.2)	392 (85.8)	419 (76.5)	472 (73.6)	401 (69.5)
	PrEP 2-1-1	46 (10.2)	57 (12.5)	90 (16.4)	119 (18.6)	111 (19.2)
	LAI (CAB & LEN)	N/A	1 (0.2)	33 (6.0)	44 (6.9)	60 (10.4)
	35-44	283 (100.0)	304 (100.0)	342 (100.0)	402 (100.0)	454 (100.0)
	Daily PrEP	261 (92.2)	262 (86.2)	253 (74.0)	299 (74.4)	296 (65.2)
	PrEP 2-1-1	18 (6.4)	39 (12.8)	60 (17.5)	62 (15.4)	103 (22.7)
	LAI (CAB & LEN)	N/A	0 (0.0)	21 (6.1)	38 (9.5)	52 (11.5)
	45-54	95 (100.0)	109 (100.0)	126 (100.0)	167 (100.0)	171 (100.0)
	Daily PrEP	84 (88.4)	88 (80.7)	88 (69.8)	112 (67.1)	98 (57.3)
	PrEP 2-1-1	10 (10.5)	19 (17.4)	28 (22.2)	42 (25.1)	45 (26.3)
	LAI (CAB & LEN)	N/A	0 (0.0)	8 (6.3)	11 (6.6)	26 (15.2)
	55+	48 (100.0)	66 (100.0)	78 (100.0)	88 (100.0)	98 (100.0)
	Daily PrEP	42 (87.5)	43 (65.2)	48 (61.5)	55 (62.5)	60 (61.2)
	PrEP 2-1-1	6 (12.5)	21 (31.8)	26 (33.3)	29 (33.0)	33 (33.7)
	LAI (CAB & LEN)	N/A	1 (1.5)	4 (5.1)	4 (4.5)	5 (5.1)

1 Each SFCC PrEP Program participant is represented in each year that they were enrolled and continued to receive PrEP through SFCC. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Additionally, the SFCC PrEP Program applied a revised “enrollment” definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Data reported as of May 13, 2026.

2 Includes patients 18 years of age and older regardless their residence at the time of enrollment.

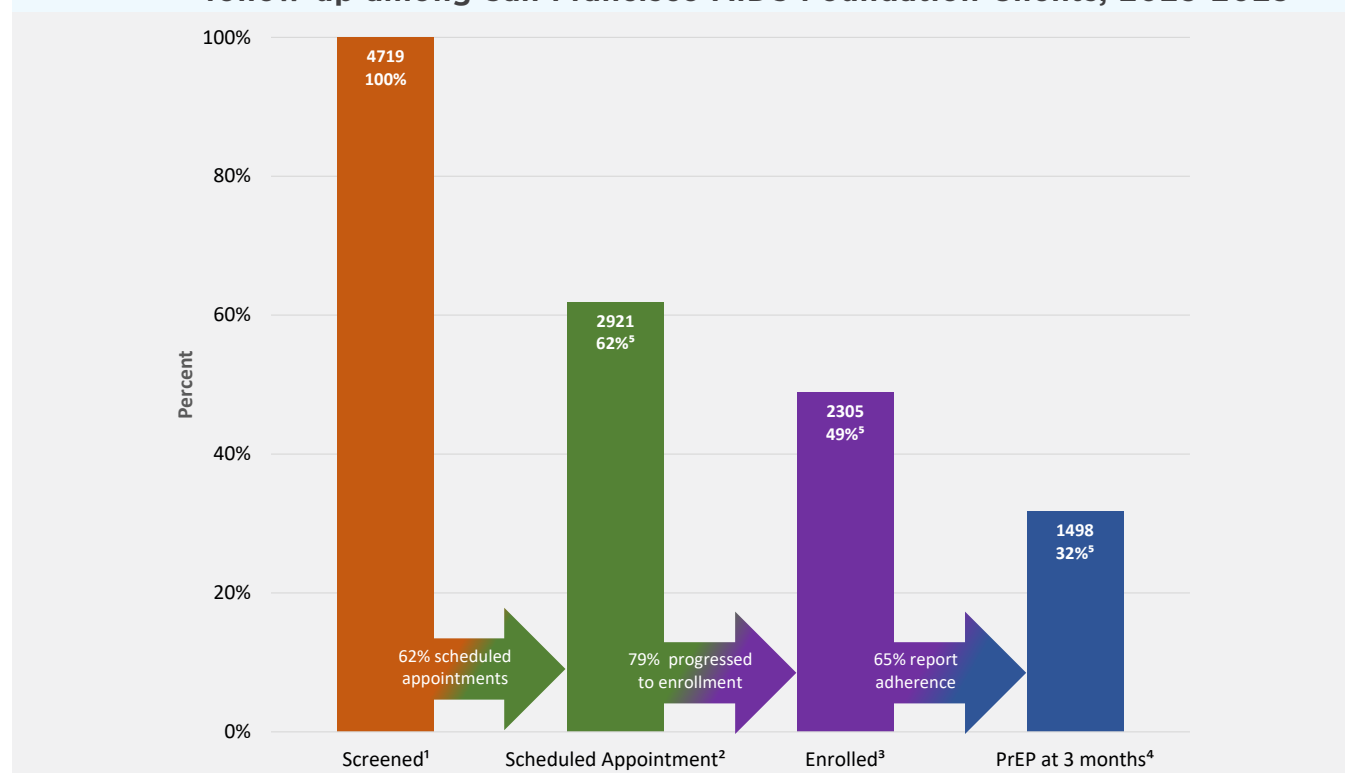
3 Because participants can change which regimen they want to use, if a participant used more than one regimen in the year, their regimen was identified according to the following hierarchy: Long- acting injectable (LAI) cabotegravir (CAB) or lenacapavir (LEN), 2-1-1, Daily.

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

Additional abbreviations: PrEP= HIV pre-exposure prophylaxis; SFCC= San Francisco City Clinic.

San Francisco AIDS Foundation data

Figure 16.3 PrEP screening, appointments, enrollment, and PrEP use at three-month follow-up among San Francisco AIDS Foundation Clients, 2023-2025



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.

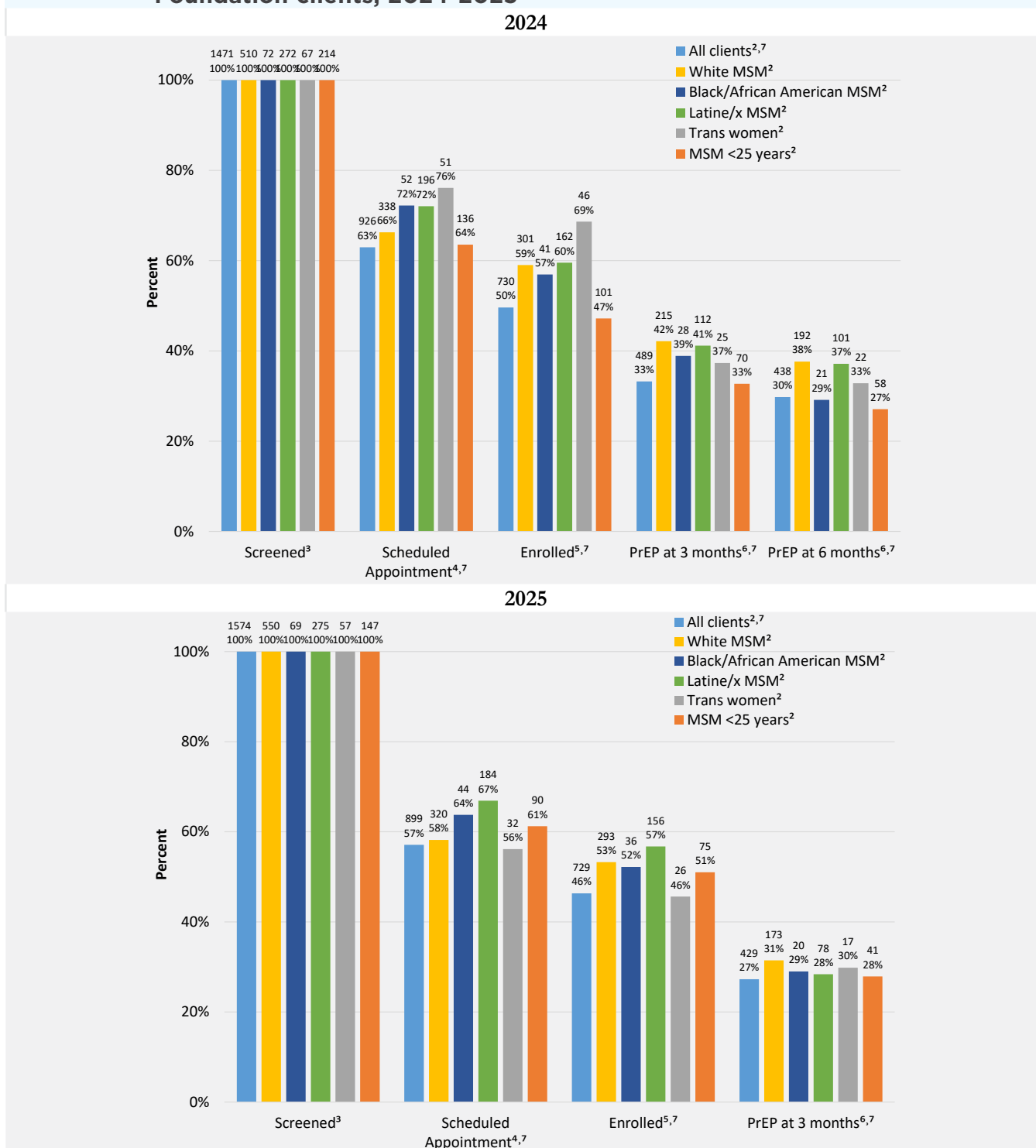
3 Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.

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 are based on the number of people screened.

Abbreviations: PrEP= HIV pre-exposure prophylaxis; SFAF= San Francisco AIDS Foundation.

Figure 16.4 PrEP screening, appointments, enrollment, and PrEP use at three- and six-month follow-ups by priority populations¹ among San Francisco AIDS Foundation clients, 2024-2025



- The priority populations were White MSM, Black/African American MSM, Latine/x MSM, trans women, and MSM <25 years old; they were not mutually exclusive.
 - Percentages were based on the number of people screened.
 - 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.
 - Scheduled appointment for PrEP was defined as scheduling an appointment for PrEP enrollment.
 - Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.
 - PrEP at three and six months was defined as still being enrolled in the SFAF PrEP program at the time of follow up with either a clinical visit or prescription refill. The data of PrEP at six months for 2025 was not shown because some clients may still have a six-month follow up later in 2026.
 - All clients included every client scheduled appointment, enrolled, and on PrEP at three or six months, not just the listed subgroups. The listed subgroups may have higher percentages of scheduled appointment, enrollment, and PrEP persistence at three or six months than the PrEP clients overall.
- Abbreviations: PrEP= HIV pre-exposure prophylaxis; MSM= men who have sex with men; SFAF= San Francisco AIDS Foundation.



Table 16.4 PrEP enrollment and PrEP use at three- or six-month follow-up by priority populations¹ and PrEP regimen, San Francisco AIDS Foundation clients, 2024-2025

		2024		2025	
		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)
Priority Populations/ PrEP Regimens ⁴	All Clients	730 (100)	438 (60)	729 (100)	429 (59)
	Daily PrEP	518 (71)	303 (58)	523 (72)	316 (60)
	PrEP 2-1-1	141 (19)	87 (62)	139 (19)	68 (49)
	Injectable PrEP	71 (10)	48 (68)	67 (9)	45 (67)
	White MSM	301 (100)	192 (64)	293 (100)	173 (59)
	Daily PrEP	214 (71)	138 (64)	210 (72)	133 (63)
	PrEP 2-1-1	61 (20)	38 (62)	54 (18)	24 (44)
	Injectable PrEP	26 (9)	16 (62)	29 (10)	16 (55)
	Black/African American MSM	41 (100)	21 (51)	36 (100)	20 (56)
	Daily PrEP	33 (80)	16 (48)	26 (72)	12 (46)
	PrEP 2-1-1	4 (10)	2 (50)	6 (17)	4 (67)
	Injectable PrEP	4 (10)	3 (75)	4 (11)	4 (100)
	Latine/x MSM	162 (100)	101 (62)	156 (100)	78 (50)
	Daily PrEP	111 (69)	65 (59)	122 (78)	64 (52)
	PrEP 2-1-1	27 (17)	18 (67)	24 (15)	7 (29)
	Injectable PrEP	24 (15)	18 (75)	10 (6)	7 (70)
	Trans Women	46 (100)	22 (48)	26 (100)	17 (65)
	Daily PrEP	30 (65)	13 (43)	17 (65)	11 (65)
	PrEP 2-1-1	4 (9)	2 (50)	7 (27)	5 (71)
	Injectable PrEP	12 (26)	7 (58)	2 (8)	1 (50)
	MSM <25 years	101 (100)	58 (57)	75 (100)	41 (55)
	Daily PrEP	78 (77)	47 (60)	56 (75)	37 (66)
	PrEP 2-1-1	15 (15)	7 (47)	18 (24)	4 (22)
	Injectable PrEP	8 (8)	4 (50)	1 (1)	0 (0)

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

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

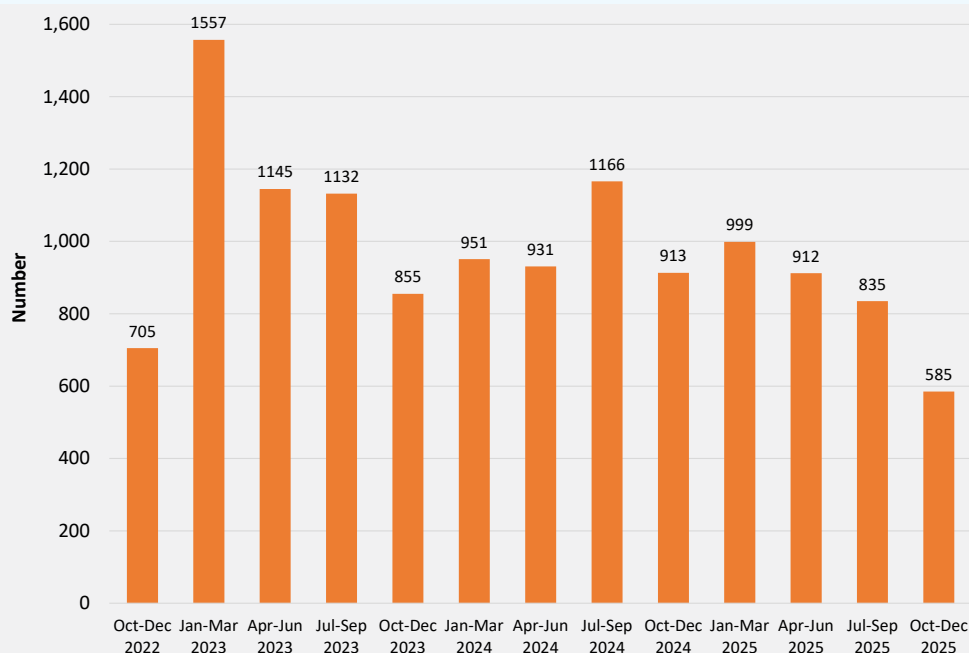
3 PrEP at three or six months was defined as still being enrolled in the SFAF PrEP program at the time of follow up with either a clinical visit or prescription refill.

4 Injectable PrEP included cabotegravir long-acting (CAB-LA) and lenacapavir (LEN). LEN use started in 2025.

Additional abbreviations: PrEP= HIV pre-exposure prophylaxis; MSM= men who have sex with men; SFAF= San Francisco AIDS Foundation.

San Francisco New Product Initiative Data

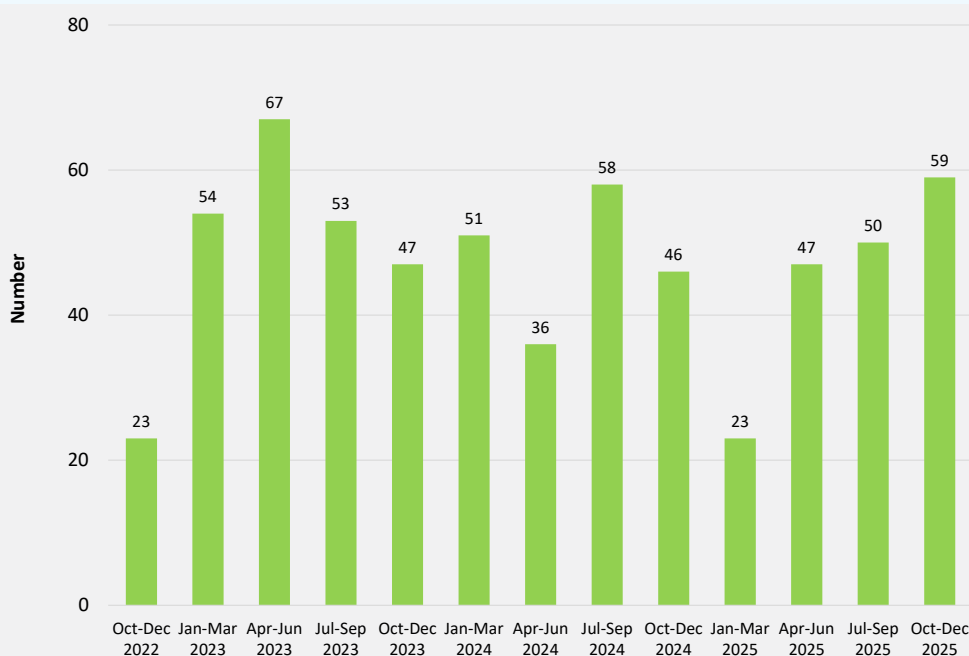
Figure 16.5 Number of new Doxy-PEP prescriptions¹, New Product Initiative, October 2022 - December 2025, San Francisco



¹ Data from Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco. This figure includes doxy-PEP prescriptions for Kaiser HMO San Francisco.

Abbreviations: Doxy-PEP= doxycycline post-exposure prophylaxis; ZSFGH= Zuckerberg San Francisco General Hospital; HMO= Health maintenance organization.

Figure 16.6 Number of new CAB-LA prescriptions for HIV prevention¹, New Product Initiative, October 2022 - December 2025, San Francisco

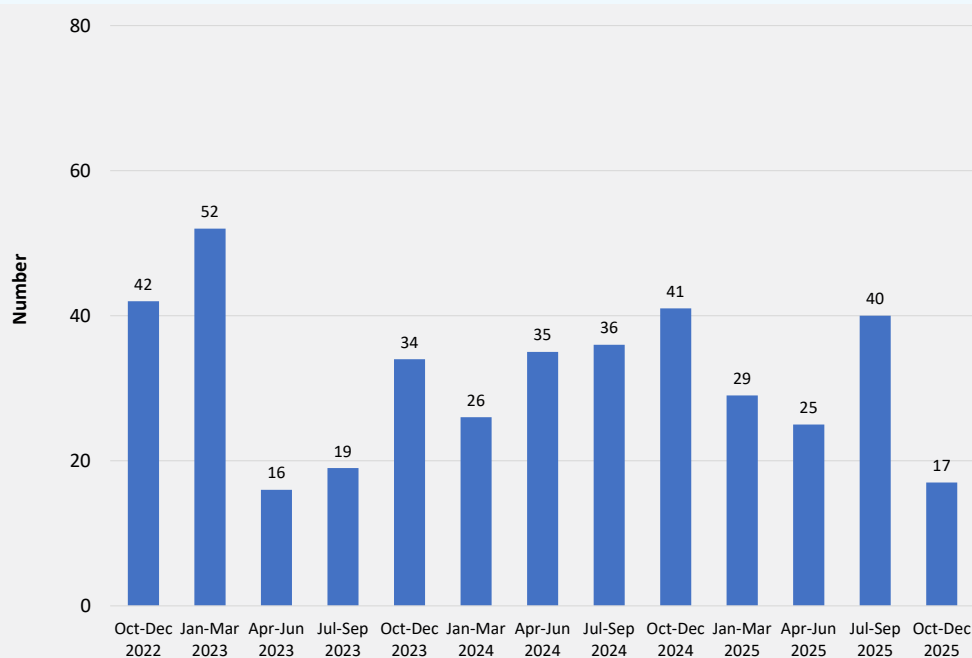


¹ Prescriptions for HIV pre-exposure prophylaxis (PrEP) from Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco.

Additional abbreviations: CAB-LA= cabotegravir long-acting; ZSFGH= Zuckerberg San Francisco General Hospital; HMO = Health maintenance organization.



Figure 16.7 Number of new CAB-LA/RPV prescriptions for HIV treatment¹, New Product Initiative, October 2022 - December 2025, San Francisco



¹ Data from two clinics: ZSFGH Ward 86 and Kaiser HMO San Francisco.

Abbreviations: CAB-LA= cabotegravir long-acting; RPV= rilpivavine; ZSFGH= Zuckerberg San Francisco General Hospital; HMO= Health maintenance organization.

17 Geographic Distribution of People with HIV

**THE CASTRO HAD THE HIGHEST HIV PREVALENCE
WHILE THE TENDERLOIN HAD THE HIGHEST TWO-YEAR HIV DIAGNOSIS RATE**

There were 11,452 current San Francisco residents living with HIV as of December 31, 2025, regardless of their residence at HIV diagnosis. By neighborhood, the Tenderloin had the highest number of PLWH (N=1,555), followed by the Castro (N=1,499), the Mission (N=1,169), and the Western Addition (N=1,133) (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). Census tracts with the highest number of PLWH were concentrated in the Castro and South of Market, followed by the Tenderloin and Western Addition.

When accounting for population size, the Castro had the highest HIV prevalence (5,602 PLWH per 100,000), followed by the Tenderloin (3,551 per 100,000), South of Market (3,213 per 100,000), the Western Addition (2,508 per 100,000), and the Mission (2,022 per 100,000) (Map 17.2).

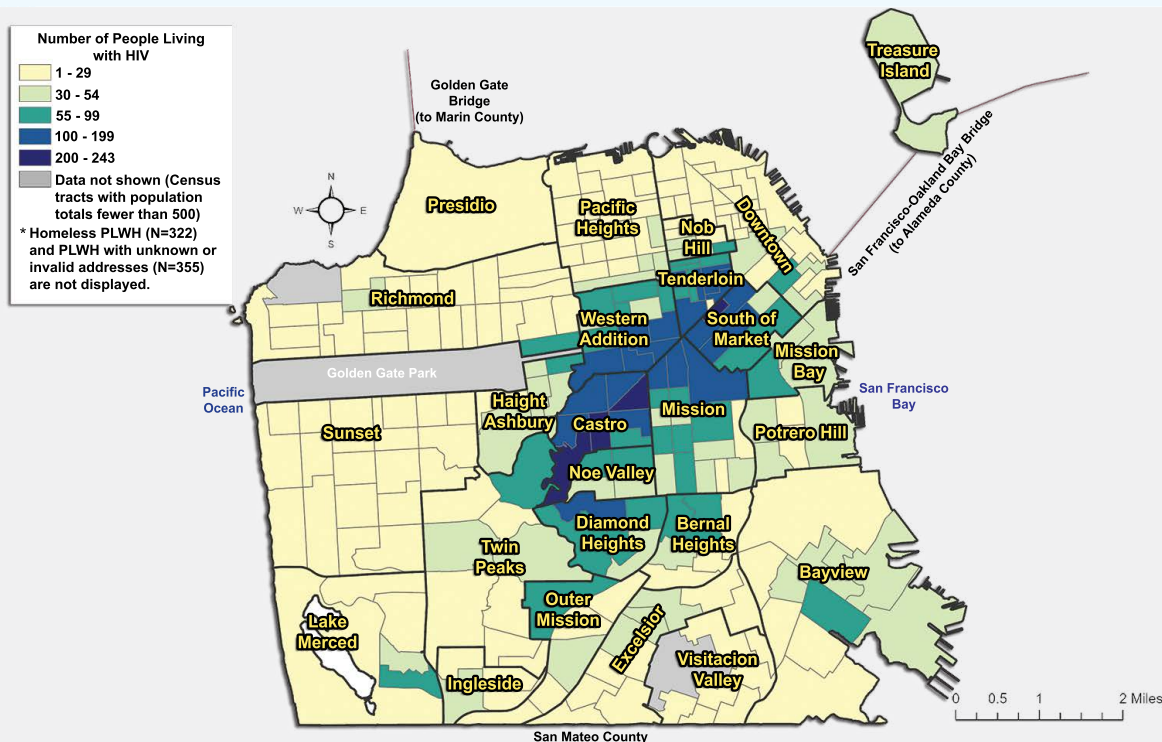
The Tenderloin had the highest two-year HIV diagnosis rate per 100,000 population in 2024-2025 (128 per 100,000), followed by South of Market (67 per 100,000), the Castro (64 per 100,000), Lake Merced (50 per 100,000), the Mission (50 per 100,000), and Western Addition (42 per 100,000) (Map 17.3).

In 2025, the Tenderloin had the highest mortality rate (from all causes) among PLWH (82 deaths per 100,000 population), followed by South of Market (74 deaths per 100,000), the Castro (56 deaths per 100,000), and Western Addition (55 deaths per 100,000) (Map 17.4). The Presidio neighborhood had no deaths among PLWH in 2025.

Citywide, 75% of PLWH in San Francisco who were diagnosed through December 2024 were virally suppressed as of December 2025 (Map 17.5). Five neighborhoods had a viral suppression prevalence more than one percentage point below the city-wide level: Treasure Island (70%), Downtown (72%), Presidio (73%), Tenderloin (73%), and Sunset (74%). At 36% virally suppressed, PLWH who were experiencing homelessness had a much lower prevalence of viral suppression compared with PLWH with a residential address in any neighborhood.

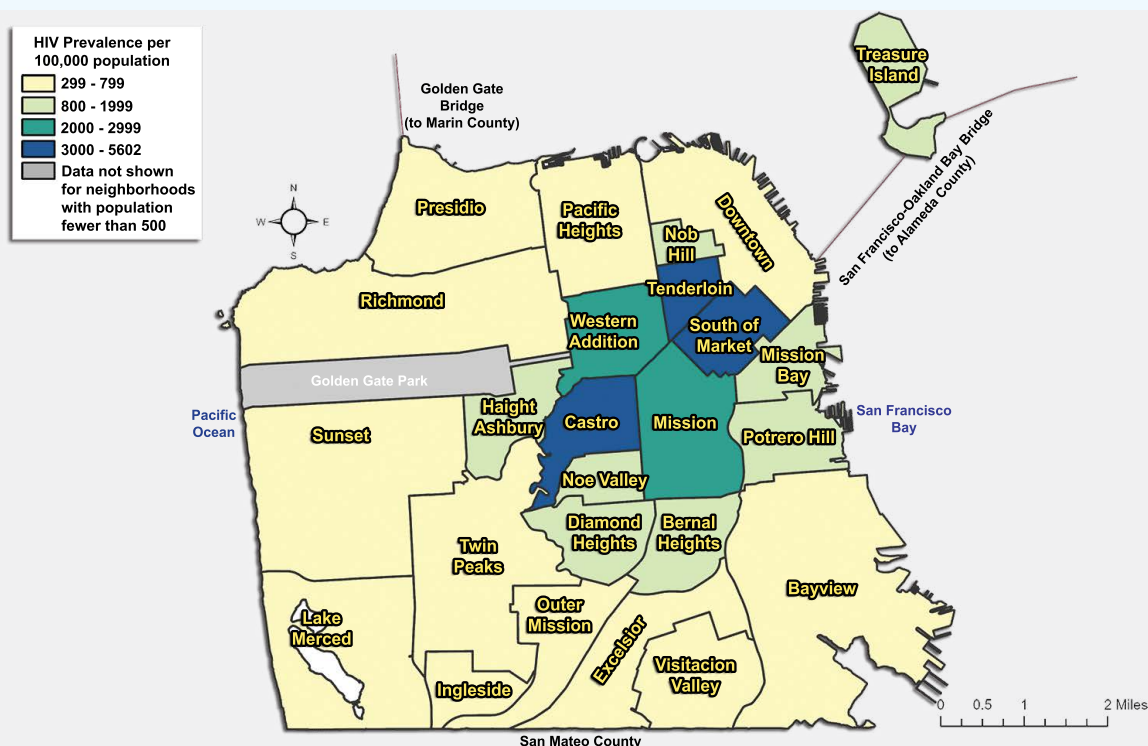
Between January 1, 2024 and December 31, 2025 a total of 875 San Francisco residents living with HIV relocated from the city (see Technical Notes on “Migration of PLWH”). Two-thirds of these people moved to other counties within California (Map 17.6). Among those who relocated out of state, the most common destinations were the Pacific region (7%), the South Atlantic (6%), Middle Atlantic (6%) and Mountain (5%) regions, as defined by the U.S. Census Bureau.

Map 17.1 Geographic distribution¹ of people living with HIV who resided in San Francisco as of December 2025



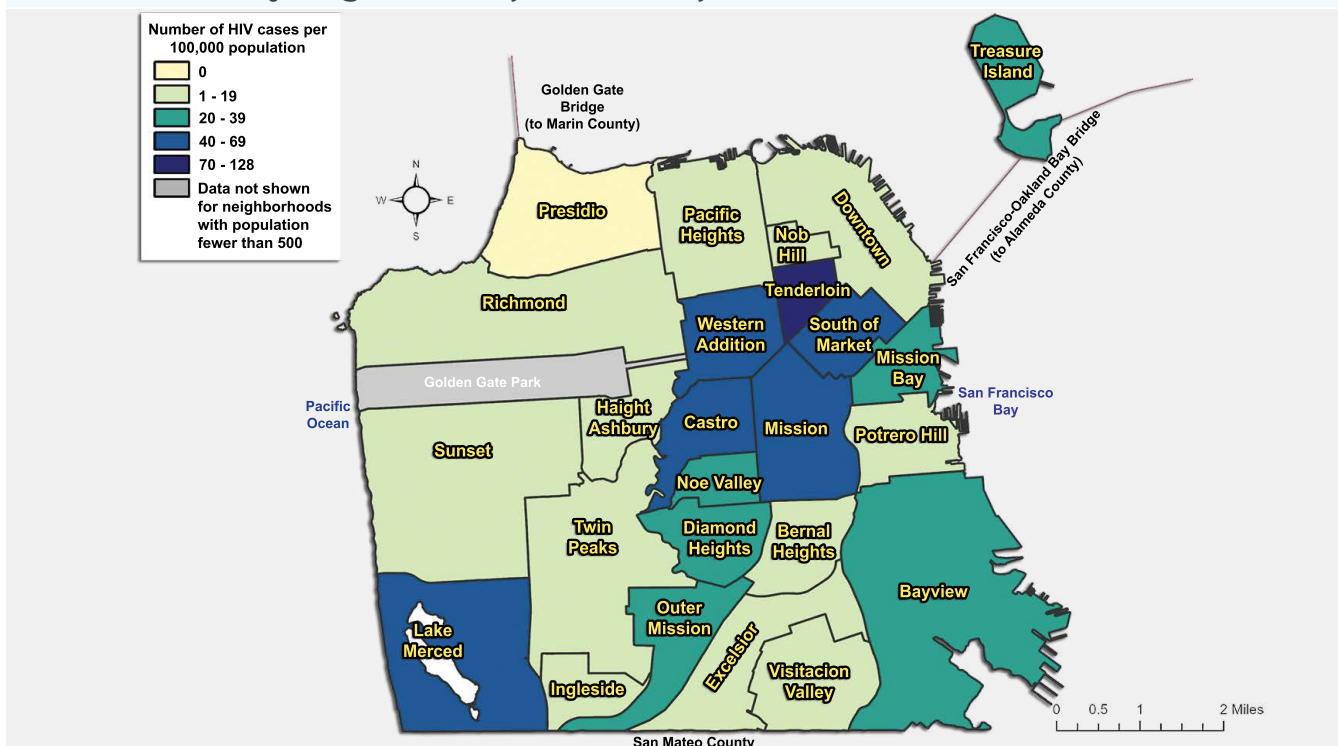
¹ The most recently reported address for PLWH as of December 31, 2025 was geocoded and mapped to census tract and neighborhood. Addresses were obtained through chart review, laboratory reports, and communication with other jurisdictions. Census tract boundaries were from the 2020 U.S. Census data (compiled and reported by DataSF: <https://data.sfgov.org/Geographic-Locations-and-Boundaries/Census-2020-Tracts-for-San-Francisco/tmph-tgz9>). Abbreviation: PLWH= people living with HIV.

Map 17.2 HIV prevalence per 100,000 population¹ by neighborhood, 2025, San Francisco



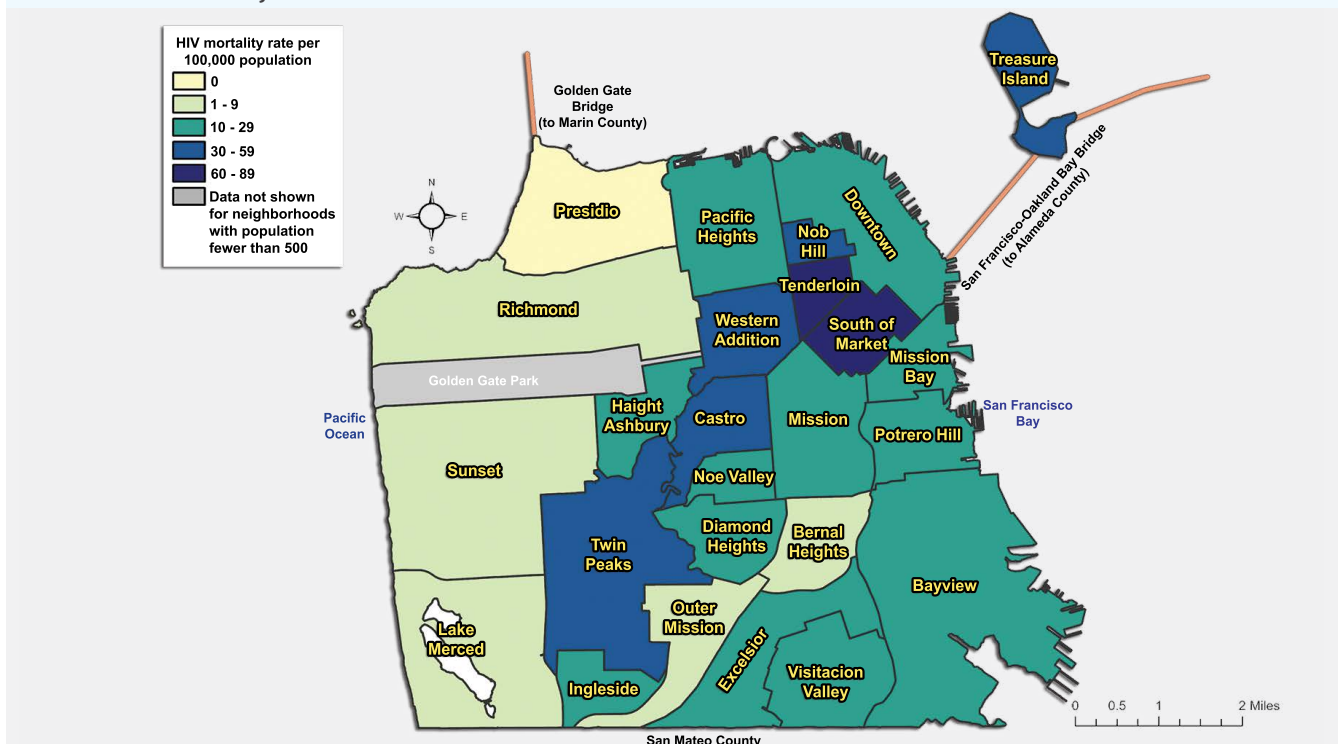
¹ Numerators represent PLWH whose most recent address as of December 31, 2025 was geocoded and mapped to neighborhood. Population denominators are from 2020 U.S. Census data (compiled and reported by the California Department of Finance: <https://dof.ca.gov/forecasting/Demographics/2020-census-data/>). Abbreviation: PLWH= people living with HIV.

Map 17.3 Rates of HIV diagnosis per 100,000 population¹ for people diagnosed with HIV by neighborhood, 2024-2025, San Francisco



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

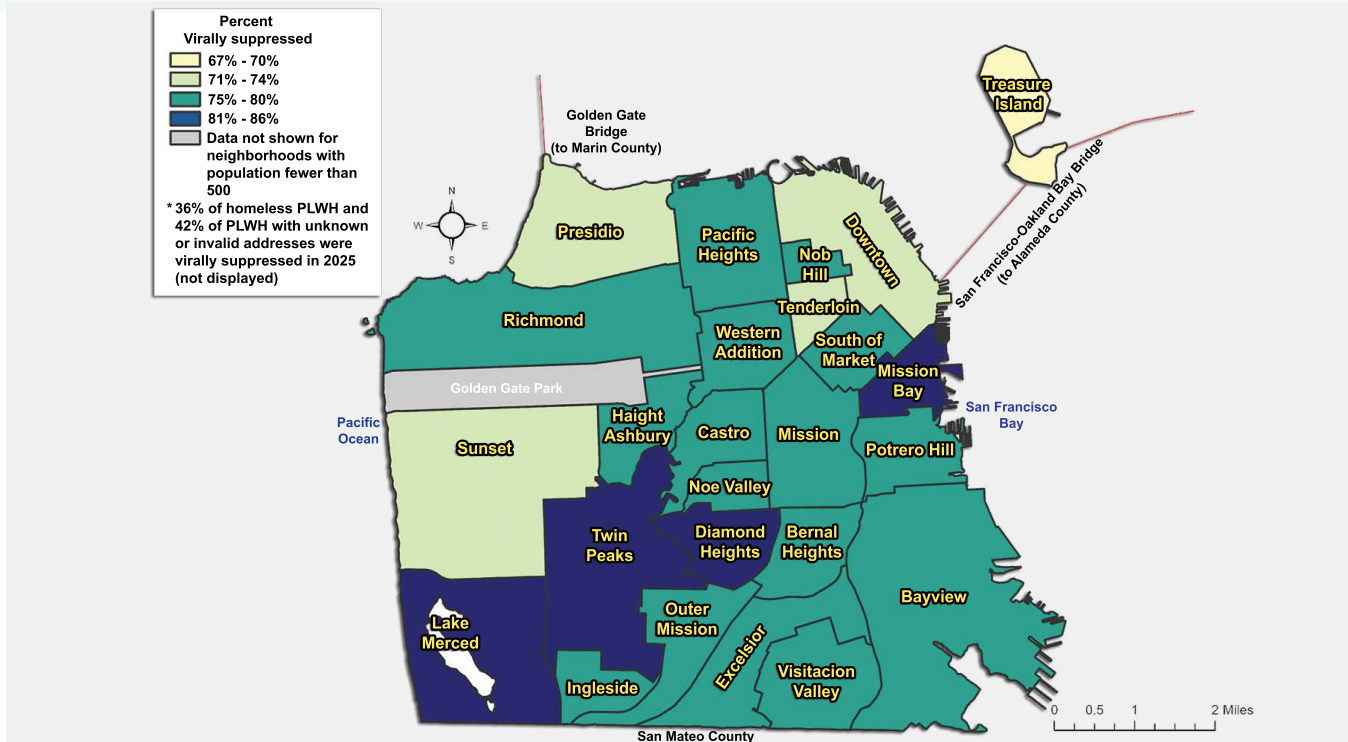
Map 17.4 Mortality rates among people with HIV per 100,000 population¹ by neighborhood, 2025, San Francisco



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

Abbreviation: PLWH= people living with HIV.

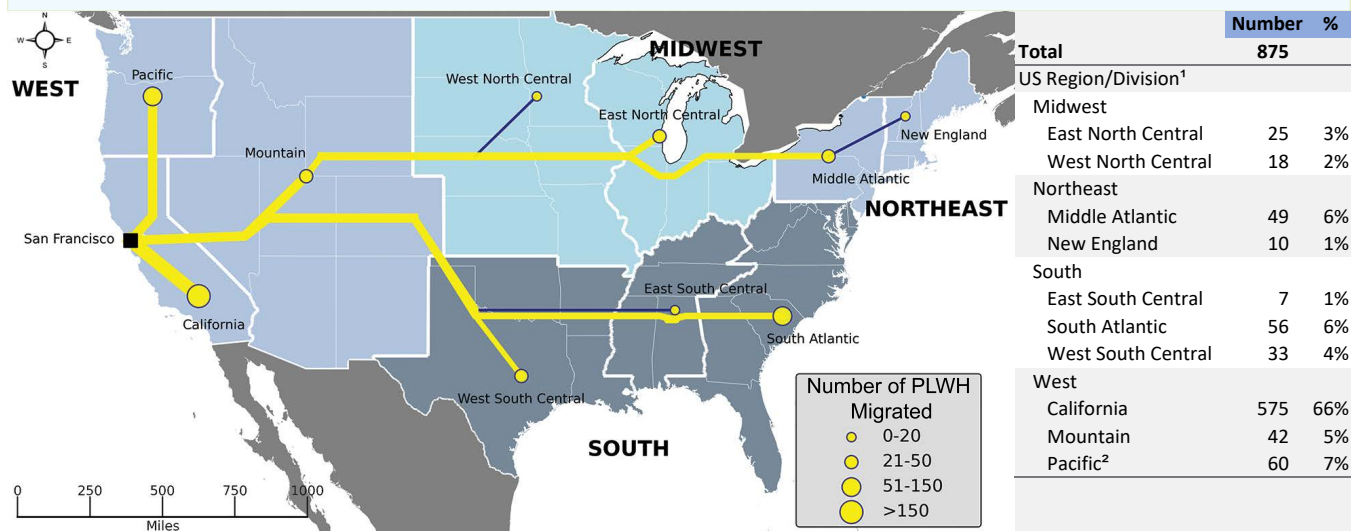
Map 17.5 Geographic distribution of proportion¹ of people living with HIV as of December 2025 and diagnosed through 2024 who were virally suppressed in 2025, San Francisco



¹ The most recently reported address for PLWH as of December 31, 2025 was geocoded and mapped to neighborhood. Numerators represent PLWH diagnosed through December 31, 2024, whose most recent viral load in 2025 was less than 200 copies/mL. Denominators represent all PLWH diagnosed through 2024 and living as of December 31, 2025.

Abbreviation: PLWH= people living with HIV.

Map 17.6 Geographic distribution of people living with HIV who resided in San Francisco as of December 2023 and moved away between January 2024 and December 2025



¹ The U.S. 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 state groups by regional divisions.

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 purpose of this map.

Abbreviation: PLWH= people living with HIV.



18 Social Determinants of Health

HIV diagnosis rates for years 2023 and 2024 were evaluated by selected social determinants of health (SDH; see Technical Notes on “Social Determinants of Health”) in the census tract of residence at diagnosis. In both years 2023 and 2024, the highest HIV diagnosis rates occurred in census tracts with $\geq 8\%$ of residents living below the federal poverty level, $\geq 18\%$ of residents who did not achieve a high school diploma, and median household incomes under \$105,000 (Table 18.1). Among men, diagnosis rate in census tracts with $\geq 8\%$ of residents living below the federal poverty level reached 58.4 per 100,000 in 2023 and 61.6 per 100,000 in 2024. 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 disadvantages increased, and as household income decreased.

In 2023 and 2024, Black/African Americans and Latine/x 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 $\geq 8\%$ of residents living below the federal poverty level and in areas with median household incomes under \$105,000 (Table 18.2). Latine/x had higher HIV diagnosis rates than Whites in all poverty levels and income levels. 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 2023 and 2024 among individuals aged 25-34 years across most of the SDH categories examined (Table 18.3). In census tracts with $\geq 8\%$ of residents living below the federal poverty level, rates for this age group exceeded 80 per 100,000 in both years. In areas with median household incomes below \$105,000, rates among people aged 25-34 years old reached 78.8 per 100,000 in 2023 and 66.2 per 100,000 in 2024. 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 2023 and 2024, with MSM-PWID more frequently diagnosed in census tracts with $\geq 8\%$ 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 health¹ and gender, 2023-2024, San Francisco

		Year of Diagnosis ²					
		2023			2024		
		Cis Men	Cis Women/ Trans Women ³	Total	Cis Men	Cis Women/ Trans Women ³	Total
		Number of new diagnoses (Rate per 100,000)					
	Total	130 (35.3)	20 (5.7)	150 (21.0)	130 (35.3)	27 (7.7)	157 (22.0)
Below Federal Poverty Level (%)	<3%	35 (28.1)	3 (2.3)	38 (14.9)	19 (15.2)	2 (1.5)	21 (8.2)
	3.00% - 4.99%	22 (27.9)	4 (4.9)	26 (16.3)	26 (33.0)	4 (4.9)	30 (18.8)
	5.00% - 7.99%	18 (25.6)	1 (1.5)	19 (14.0)	27 (38.4)	5 (7.7)	32 (23.6)
	≥8%	55 (58.4)	12 (16.6)	67 (40.2)	58 (61.6)	16 (22.1)	74 (44.4)
Less Than High School Diploma (%)	<5%	34 (29.9)	3 (2.8)	37 (16.8)	41 (36.1)	4 (3.7)	45 (20.4)
	5.00% - 10.99%	40 (33.0)	9 (7.7)	49 (20.5)	38 (31.3)	7 (6.0)	45 (18.9)
	11.00 % - 17.99%	33 (44.0)	4 (5.6)	37 (25.3)	30 (40.0)	9 (12.6)	39 (26.6)
	≥18%	23 (39.6)	4 (7.5)	27 (24.3)	21 (36.2)	7 (13.1)	28 (25.2)
Median Household Income (\$)	< \$105,000	50 (59.6)	12 (15.6)	62 (38.6)	42 (50.0)	16 (20.8)	58 (36.1)
	\$105,000 - \$144,999	24 (27.1)	4 (4.8)	28 (16.3)	27 (30.5)	5 (6.0)	32 (18.6)
	\$145,000 - \$182,999	30 (29.7)	2 (2.0)	32 (15.8)	35 (34.7)	3 (3.0)	38 (18.8)
	≥ \$183,000	26 (27.4)	2 (2.3)	28 (15.4)	26 (27.4)	3 (3.4)	29 (15.9)

1 See Technical Notes on “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 health¹ and race/ethnicity, 2023-2024, San Francisco

		Year of Diagnosis ²					
		2023			2024		
		Black/ African American	Latine/x	White	Black/ African American	Latine/x	White
		Number of new diagnoses (Rate per 100,000)					
	Total	25 (65.6)	56 (46.3)	43 (14.9)	30 (78.6)	70 (57.9)	33 (11.5)
Below Federal Poverty Level (%)	<3%	5 (68.3)	21 (61.5)	8 (7.2)	0 (0.0)	11 (32.2)	9 (8.1)
	3.00% - 4.99%	5 (57.4)	7 (27.8)	7 (10.6)	6 (68.8)	17 (67.4)	5 (7.6)
	5.00% - 7.99%	1 (13.2)	5 (19.2)	9 (16.6)	3 (39.5)	14 (53.6)	7 (12.9)
	≥8%	14 (96.4)	23 (64.8)	19 (33.5)	21 (144.6)	28 (78.9)	12 (21.2)
Less Than High School Diploma (%)	<5%	3 (36.7)	9 (33.6)	17 (12.9)	6 (73.5)	21 (78.3)	14 (10.6)
	5.00% - 10.99%	7 (64.6)	22 (68.6)	12 (12.3)	6 (55.4)	21 (65.5)	8 (8.2)
	11.00 % - 17.99%	7 (85.7)	14 (43.2)	8 (18.9)	12 (147.0)	18 (55.6)	4 (9.5)
	≥18%	8 (72.8)	11 (37.0)	6 (37.9)	6 (54.6)	10 (33.7)	7 (44.2)
Median Household Income (\$)	< \$105,000	14 (83.8)	22 (61.2)	16 (41.2)	18 (107.8)	20 (55.6)	11 (28.4)
	\$105,000 - \$144,999	4 (54.7)	12 (36.8)	6 (10.2)	6 (82.0)	16 (49.1)	4 (6.8)
	\$145,000 - \$182,999	5 (57.7)	12 (40.6)	9 (10.2)	5 (57.7)	18 (60.8)	8 (9.1)
	≥ \$183,000	2 (36.6)	10 (43.8)	12 (11.7)	1 (18.3)	16 (70.1)	10 (9.8)

1 See Technical Notes on “Social Determinants of Health.”

2 Date of diagnosis was defined by evidence of a confirmed HIV test and did not take into account patient self-report of HIV infection.

Table 18.3 HIV diagnosis rates among people aged 18 years and older by selected social determinants of health¹ and age group at diagnosis, 2023-2024, San Francisco

		Year of Diagnosis ²									
		2023					2024				
		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	16 (29.1)	63 (36.9)	38 (27.9)	20 (18.4)	13 (5.3)	16 (29.1)	66 (38.6)	41 (30.2)	20 (18.4)	14 (5.7)
Below Federal Poverty Level (%)	<3%	5 (31.7)	16 (26.1)	11 (23.3)	2 (5.2)	4 (4.4)	1 (6.3)	10 (16.3)	7 (14.8)	2 (5.2)	1 (1.1)
	3.00% - 4.99%	3 (24.3)	6 (15.9)	9 (29.1)	7 (30.0)	1 (1.8)	4 (32.3)	8 (21.3)	8 (25.9)	6 (25.7)	4 (7.2)
	5.00% - 7.99%	1 (9.2)	8 (24.2)	7 (26.9)	2 (9.5)	1 (2.2)	3 (27.6)	16 (48.5)	7 (26.9)	2 (9.5)	4 (9.0)
	≥8%	7 (43.9)	33 (84.7)	11 (34.5)	9 (34.8)	7 (13.0)	8 (50.2)	32 (82.1)	19 (59.7)	10 (38.6)	5 (9.3)
Less Than High School Diploma (%)	<5%	4 (23.2)	18 (27.3)	8 (18.1)	4 (12.8)	3 (4.8)	6 (34.7)	17 (25.8)	9 (20.4)	7 (22.4)	6 (9.7)
	5.00% - 10.99%	5 (27.8)	16 (27.9)	16 (37.0)	7 (19.6)	5 (5.9)	3 (16.7)	23 (40.1)	13 (30.1)	4 (11.2)	2 (2.4)
	11.00% - 17.99%	2 (17.6)	16 (53.4)	10 (35.1)	5 (22.2)	4 (7.4)	6 (52.9)	17 (56.8)	10 (35.1)	4 (17.7)	2 (3.7)
	≥18%	5 (59.6)	13 (73.9)	4 (19.9)	4 (20.6)	1 (2.2)	1 (11.9)	9 (51.2)	9 (44.7)	5 (25.8)	4 (8.7)
Median Household Income (\$)	< \$105,000	7 (46.1)	25 (78.8)	16 (56.5)	9 (37.7)	5 (8.1)	5 (32.9)	21 (66.2)	18 (63.5)	7 (29.3)	7 (11.3)
	\$105,000 - \$144,999	3 (22.4)	15 (41.0)	5 (15.3)	4 (15.1)	1 (1.6)	5 (37.3)	20 (54.6)	5 (15.3)	2 (7.6)	0 (0.0)
	\$145,000 - \$182,999	4 (26.8)	10 (20.2)	11 (28.0)	3 (9.9)	4 (5.9)	4 (26.8)	15 (30.3)	9 (22.9)	6 (19.7)	4 (5.9)
	≥ \$183,000	2 (17.4)	13 (24.5)	6 (16.8)	4 (14.2)	3 (5.6)	2 (17.4)	10 (18.8)	9 (25.2)	5 (17.8)	3 (5.6)

1 See Technical Notes on “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 people aged 18 years and older by selected social determinants of health¹ and transmission category, 2023-2024, San Francisco

		Year of Diagnosis ²					
		2023			2024		
		MSM Non-PWID	MSM-PWID	Non-MSM PWID	MSM Non-PWID	MSM-PWID	Non-MSM PWID
		Number of new diagnoses (%)					
		120 (100)	11 (100)	5 (100)	117 (100)	7 (100)	8 (100)
Below Federal Poverty Level (%)	<3%	32 (27)	1 (9)	0 (0)	17 (15)	1 (14)	0 (0)
	3.00% - 4.99%	21 (18)	0 (0)	2 (40)	24 (21)	1 (14)	1 (13)
	5.00% - 7.99%	14 (12)	4 (36)	0 (0)	26 (22)	1 (14)	1 (13)
	≥8%	53 (44)	6 (55)	3 (60)	50 (43)	4 (57)	6 (75)
Less Than High School Diploma (%)	<5%	32 (27)	2 (18)	0 (0)	37 (32)	2 (29)	3 (38)
	5.00% - 10.99%	39 (33)	5 (45)	1 (20)	32 (27)	3 (43)	3 (38)
	11.00% - 17.99%	29 (24)	2 (18)	3 (60)	30 (26)	1 (14)	1 (13)
	≥18%	20 (17)	2 (18)	1 (20)	18 (15)	1 (14)	1 (13)
Median Household Income (\$)	< \$105,000	48 (40)	4 (36)	3 (60)	37 (32)	3 (43)	3 (38)
	\$105,000 - \$144,999	23 (19)	2 (18)	1 (20)	28 (24)	0 (0)	1 (13)
	\$145,000 - \$182,999	25 (21)	4 (36)	1 (20)	25 (21)	3 (43)	3 (38)
	≥ \$183,000	24 (20)	1 (9)	0 (0)	27 (23)	1 (14)	1 (13)

1 See Technical Notes on “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.

Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs.



Technical Notes

(in alphabetical 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 model¹. 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 program² developed by the CDC and locally updated to incorporate required incidence variables. These updates were performed according to the CDC Technical Guidance (TRG 4.15) to ensure that laboratory results, clinical AIDS status, and antiretroviral (ARV) history were accurately captured. 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 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

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.



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 (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) maintained by the National Center for Health Statistics (NCHS), (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 2024. Decedents through 2023 have been matched to the NDI final file and decedents through 2024 have been matched to the NDI Early Release Program. NDI information for 2025 decedents was not available at the time of this report's preparation.

To increase completeness of cause of death information for 2024 decedents in California, San Francisco County received vital statistics data from the California Department of Public Health Office of AIDS annual data linkage to the California Comprehensive Death Master File³ (CCDMF). Deaths in the CCDMF were coded by the NCHS (https://www.cdph.ca.gov/Programs/CHSI/Pages/RAB_faq.aspx#Q23).

3 California Department of Public Health, California Comprehensive Master Death File (Static), [2024], Data Compiled, [December 1, 2025].



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. People diagnosed with HIV stage 3 (AIDS) before time of death with underlying causes of death ICD-10 codes for diseases and conditions that are stage 3 (AIDS) opportunistic illnesses (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 actual use or adherence. Dates of ART prescription were 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 the medication. Surveillance data may overestimate ART use in some individuals because not everyone who is prescribed ART will start taking it and, if they do, they may start at a later date. However, surveillance data may also 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. Using available surveillance data, we calculated an estimate of ART use among people diagnosed and living with HIV in San Francisco.

Gender Status

Gender identity refers to how an individual self-identifies their gender. In HIV surveillance, gender identity information is combined with sex assigned at birth to create a gender status classification for report and analysis. This approach aligns with California Department of Public Health’s Guidance on Sexual Orientation Gender Identity Data Collection (https://www.cdph.ca.gov/Programs/CHSI/CDPH_Document_Library/SOGI-Data-Guidance-2025.pdf).



Sex at birth was collected as part of routine HIV case surveillance. In September 1996, SFPDPH began collecting transgender status when this information was documented 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 on “HIV Surveillance Methods”). In June 2023, HIV case surveillance data systems were modified to collect “additional gender” identities besides man, woman, trans woman, and trans man. People who have a gender identity other than man, woman, trans woman or trans man were classified as other gender. 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. Due to the small number of trans men and people with additional gender identities diagnosed with HIV and small population size, data on trans men and people with additional gender identities were sometimes combined or suppressed in this report to protect confidentiality. We believe this report likely underestimates the number of trans women, trans men, and people with additional gender identities 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.

HIV and STI Diagnosis

The diagnosis of an STI among PLWH was determined through a computerized match of the SFPDPH HIV and STI case registries. The data from the STI registry included data reported through March 09, 2026, 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 SFPDPH 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 on “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 Projections⁴ (<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 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, 2024, 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, 2024. 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.

At time of publication, there are two forms of long-acting injectable (LAI) PrEP available: cabotegravir and lenacapavir. Both regimens are administered as an injection by health care providers. With cabotegravir, the patient initially receives one intramuscular injection of cabotegravir one time each month for the first two months. After that, the frequency of injections of cabotegravir changes to one injection every two months.⁵ With lenacapavir, the patient initially receives two tablets of oral lenacapavir by mouth in addition to two

4 California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2024 Population Projections; Vintage 2025 Release). Sacramento: California. September 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

5 <https://clinicalinfo.hiv.gov/en/drugs/cabotegravir-1/patient>



subcutaneous injections. They take an additional two tablets of oral lenacapavir the next day. After that, the patient receives two lenacapavir injections twice per year (every six months).⁶ For more information on the different available PrEP options, visit <https://www.sf.gov/cityclinic-compare-prep>.

The San Francisco City Clinic (SFCC) PrEP use data in Figures 16.1 and 16.2 include only SF residents, whereas the SFCC PrEP regimen data (Tables 16.1-16.3) include all SFCC patients 18 years and older enrolled in SFCC's PrEP Program regardless of residency. Each PrEP Program participant was represented in each year that they were enrolled and continued to receive PrEP through SFCC. At SFCC, participants can change which regimen they choose to use. For this report, if a participant used more than one regimen in the year, their regimen was identified according to the following hierarchy: LAI, 2-1-1, Daily. LAI was defined as having received an injection of either cabotegravir or lenacapavir in the year. If no LAI injection was received, PrEP method of 2-1-1 vs. Daily was based on current PrEP methods recorded for the year. If both 2-1-1 and Daily regimens were used by a patient in any year, 2-1-1 was presented in this report. If there was no LAI injection or current PrEP regimen recorded for the year, the participant's regimen at enrollment was used. In contrast, the San Francisco AIDS Foundation data presented in Table 16.4 are specific to new enrollments in a year and, therefore, the PrEP regimen data presented are specific to the regimen used at enrollment.

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 2024 was evaluated (data reported as of December 2025) and found to be 97% (using CDC developed reporting delay model). In terms of timeliness of reporting, an estimated 93% of 2024 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 on “Out-of-Jurisdiction Residents Diagnosed with HIV”) or who moved to San Francisco after HIV diagnosis (see Technical Notes on “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

HIV transmission category describes a person's possible risk factors for acquiring HIV. It is a summary

⁶ <https://clinicalinfo.hiv.gov/en/drugs/lenacapavir/patient>



classification utilizing all reported data that describe the risk factor most likely responsible for transmission.

Categories:

- MSM: People identified as cis men who had sexual contact with people whose birth sex was male, and who did not inject drugs.
- TWSM: People identified as trans women who had sexual contact with people whose birth sex was male.
- PWID: People who injected drugs.
- MSM-PWID: People identified as cis men who had sexual contact with people whose birth sex was male, and who also injected drugs.
- TWSM-PWID: People identified as trans women who had sexual contact with people whose birth sex was male, and who also injected drugs.
- Heterosexual: People who had heterosexual contact with a person known to have, or with a risk factor for, HIV. Includes female presumed heterosexual contact in which a person identified as cis women has sex with male(s), has no indication of injection drug use, and has no other information suggesting an alternative source of HIV infection (such as occupational exposure).
- Other: People with other risk factors (e.g. perinatal exposure, blood transfusion, or receipt of blood products)
- Unidentified: People whose risk factors were not reported or not identified.

Housing Status

Housing status for people with HIV was determined through collection of address at the 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, supportive tiny homes, (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 lists generated from HIV surveillance activities, such as not-in-care or cluster detection and response lists. 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 2023, 2024 and 2025. To assess migration, individuals were required to have valid addresses reported at the end of the calendar year 2023, and at least one subsequent address reported in 2024 or 2025. 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 2023 followed by an out-of-jurisdiction (OOJ) address in 2024 or 2025. Individuals were classified as in-migrating if they had an OOJ address in 2023 or 2024, followed by a San Francisco address in 2024 or 2025.

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 the time of diagnosis were considered San Francisco cases. People with HIV who were diagnosed or received care in San Francisco but resided elsewhere at the 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% (data reported as of March 11, 2026, Table 3.6). 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.

Racial/ethnic Group

Data on the following race categories are collected:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

In addition, data on the following ethnicity categories are collected:

- Latine/x
- Not Latine/x

In this report, people categorized as “Latine/x” were identified through reporting data sources as “Hispanic” or “Latino” and may be of any racial identity. People identified as “Not Latine/x” through reporting data sources were categorized by the race reported. If a person was “Not Latine/x” and had multiple races reported, the person was categorized as “Multi-race.”

Data in certain racial/ethnic 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.”

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 the 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 the time of diagnosis as well as PLWH who resided elsewhere at the 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 the 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, STI/HIV Branch, the Applied Research, Community Health Epidemiology, and Surveillance (ARCHES) Branch, and the National Mailed HIV Testing Program developed by Building Healthy Online Communities (BHOC) and Emory University, Rollins School of Public Health. The goal of the program is to provide a low-barrier, confidential, free home-based HIV/STI testing option to reach individuals who are not accessing HIV/STI testing locations.

The HIV/STI Home Testing Program was promoted through online social networking apps (Instagram, Facebook, and YouTube), mobile platforms (Text “Good” to 21201), the [San Francisco City Clinic website](#), traditional media (television advertisements), social marketing campaigns ([Have Good Sex](#), PrEP Supports), community engagement partnerships (local dating mixer events, Black Joy Parade, Lovers Lane, Adult Happy Hour Podcast, Cafecito y Perreo, Black People Pole Jam, That Art Party Coffee and Crafts, Big Black Brunch) and direct community outreach. Clients were directed to the home testing portal, where those with a San Francisco mailing address could order free home test kits. Clients without a San Francisco mailing address were redirected to the Centers for Disease Control (CDC) National Free Home Testing program.

The program was first piloted from March to December 2020 and offered only the HIV OraQuick rapid test. This self-administered test allowed clients to collect their saliva sample, perform the test, and interpret the test result themselves at their location of choice using 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. Instead of a self-administered HIV OraQuick (oral swab), clients were offered a laboratory-based HIV antibody test using a fingerstick dried blood spot sample. Test kits were mailed to clients and included all necessary supplies and instructions for collecting the samples for tests they ordered. The samples were then mailed to a designated laboratory for processing, and clients accessed 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 LINC program and were connected to treatment and care.

The program resumed offering the self-administered OraQuick HIV testing in May 2024. The HIV fingerstick dried blood spot testing option was discontinued in November 2024. Since November 2024, the only option



offered for HIV testing was OraQuick. A self-administered testing option for syphilis (NowDX) became available in June 2025.

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 people aged 18 years and older at the time of HIV diagnosis in 2023 and 2024 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. People with an address that could not be geocoded to the census tract level (e.g., people 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 (2020–2024). Each person was assigned SDH indicator values corresponding to their residential census tract at the time of diagnosis. Poverty, educational attainment and median household income were derived specifically from San Francisco census tracts to better reflect local 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 definition⁷ 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 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 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

7 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.

CD4 T-lymphocyte percentage of total lymphocytes.

	Age on date of CD4 T-lymphocyte test					
	<1 year		1-5 years		≥6 years	
Stage	Cells/ μ L	%	Cells/ μ L	%	Cells/ μ L	%
1	$\geq 1,500$	≥ 34	$\geq 1,000$	≥ 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 the time of diagnosis).



Data Tables

Figure 1.1 HIV disease stage 3 (AIDS) diagnoses, deaths, and prevalence, 1980-2025, San Francisco 4

Year	HIV disease stage 3 diagnoses	HIV disease stage 3 deaths	People living with HIV ever classified as stage 3
1980	3	0	3
1981	26	8	21
1982	99	32	88
1983	274	111	251
1984	557	273	535
1985	859	534	860
1986	1236	807	1289
1987	1636	878	2047
1988	1762	1038	2771
1989	2157	1278	3650
1990	2043	1363	4330
1991	2283	1512	5101
1992	2324	1639	5786
1993	2058	1603	6241
1994	1774	1597	6418
1995	1543	1486	6475
1996	1055	992	6538
1997	788	424	6902
1998	680	401	7181
1999	571	352	7400
2000	551	349	7602
2001	504	324	7782
2002	478	320	7940
2003	542	292	8190
2004	476	300	8366
2005	475	307	8534
2006	450	284	8700
2007	443	269	8874
2008	434	225	9083
2009	324	207	9200
2010	301	193	9308
2011	252	190	9370
2012	243	179	9434
2013	187	190	9431
2014	141	188	9384
2015	125	203	9306
2016	97	182	9221
2017	133	202	9152
2018	115	208	9059
2019	111	192	8978
2020	91	208	8861
2021	89	203	8747
2022	72	247	8572
2023	93	225	8440
2024	82	222	8300
2025	103	192	8211

Figure 2.1 Number of people diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco 10

Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	91	83	60	59	41	55	44	51	39	31
Black/African American	32	43	42	30	28	28	24	27	41	31
Latine/x	80	81	97	73	67	69	78	43	47	53
Asian/Pacific Islander	42	33	24	23	17	20	17	19	18	15
Other/Unknown	9	15	7	9	3	7	6	0	3	6

Figure 2.2 Annual rates of cis men diagnosed with HIV per 100,000 population by race/ethnicity, 2016-2025, San Francisco11

Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	40	37	28	25	18	28	22	26	16	14
Black/African American	87	129	135	88	89	85	73	79	114	116
Latine/x	95	99	117	83	80	87	113	60	60	71
Asian/Pacific Islander	30	22	15	16	11	9	10	8	12	9

Figure 2.3 Annual rates of cis women diagnosed with HIV per 100,000 population by race/ethnicity, 2016-2025, San Francisco11

Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	4	3	1	2	4	3	2	2	5	4
Black/African American	43	43	35	26	24	14	24	25	65	30
Latine/x	6	11	9	8	6	17	3	3	9	3
Asian/Pacific Islander	1	2	1	1	1	2	1	2	1	1

Figure 2.4 Number of cis men diagnosed with HIV by transmission category, 2016-2025, San Francisco 12

Transmission Category	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
MSM	171	154	146	126	99	91	105	86	90	76
PWID	11	15	19	6	5	10	8	6	6	6
MSM-PWID	24	33	27	18	14	23	17	13	8	11
Heterosexual	7	6	4	4	3	6	2	0	0	4
Unknown	3	12	4	7	6	7	10	5	4	12



Figure 2.5 Number of cis women diagnosed with HIV by transmission category, 2016-2025, San Francisco 12

Transmission Category	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
PWID	11	10	6	5	8	8	4	3	4	4
Heterosexual	13	14	11	12	9	14	10	11	23	11
Unknown	0	4	1	0	0	1	0	0	0	0

Figure 3.3 Trends in median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2020-2024, San Francisco 27

	2020	2021	2022	2023	2024
Overall Median Time (in days)	43	39	36	33	33
Race/Ethnicity					
White	46	51	65	50	44
Black/African American	64	50	90	48	43
Latine/x	42	40	33	28	29
Asian/Pacific Islander	71	53	35	32	28
Transmission Category					
MSM	41	36	36	34	34
PWID	55	81	126	43	87
MSM-PWID	78	104	63	66	45
Heterosexual	68	56	40	48	41
Housing Status					
Homeless	67	62	76	36	44
Non-Homeless	44	43	39	39	37

Figure 5.1 Age-adjusted mortality rates among people aged 18 and older with HIV per 100,000 by gender and race/ethnicity, 2015-2024, San Francisco36

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
White cis men	83	79	90	75	80	109	103	121	118	122
Black/African American cis men	164	142	144	199	150	191	218	260	264	188
Latine/x cis men	58	42	63	81	89	69	83	106	78	102
White cis women	6	5	5	6	5	6	8	5	8	3
Black/African American cis women	56	70	41	60	52	23	45	88	40	101
Latine/x cis women	7	16	10	5	3	11	12	3	11	9
Trans women ² (not age-adjusted)	N/A	N/A	290	161	161	322	386	354	290	418

Figure 6.2 Trends in health insurance status at the time of HIV diagnosis by race/ethnicity, 2021-2025, San Francisco 42

	2021	2022	2023	2024	2025
White					
Public	45%	45%	31%	51%	45%
Private	29%	32%	47%	36%	26%
None	22%	16%	16%	8%	26%
Missing	4%	7%	6%	5%	3%
Black/African American					
Public	61%	71%	67%	71%	65%
Private	25%	21%	15%	12%	16%
None	14%	4%	15%	15%	13%
Missing	0%	4%	4%	2%	6%
Latine/x					
Public	45%	35%	44%	34%	53%
Private	20%	21%	14%	36%	23%
None	30%	41%	40%	30%	21%
Missing	4%	4%	2%	0%	4%
Asian/Pacific Islander					
Public	35%	29%	37%	17%	33%
Private	25%	53%	53%	28%	27%
None	25%	12%	11%	50%	40%
Missing	15%	6%	0%	6%	0%

Figure 7.1 Number of MSM diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco 45

Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	77	66	49	45	27	41	33	42	25	22
Black/African American	18	23	25	15	17	11	14	14	22	14
Latine/x	59	61	76	58	52	51	60	37	34	39
Asian/Pacific Islander	35	26	20	20	15	11	12	9	17	9
Other	6	11	3	6	2	1	3	0	3	5



Figure 7.2 Number of MSM diagnosed with HIV by age group at HIV diagnosis, 2016-2025, San Francisco45

Age Group	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
13-24 years	26	21	25	10	18	13	17	18	10	10
25-29 years	48	40	46	31	20	16	29	15	16	16
30-39 years	67	72	55	58	39	47	39	35	47	35
40-49 years	30	33	33	21	18	19	21	18	15	14
50+ years	24	21	14	24	18	20	16	16	13	14

Figure 7.3 Male rectal gonorrhea among MSM by HIV serostatus, 2016-2025, San Francisco46

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Male Rectal Gonorrhea (HIV+)	420	464	431	350	345	412	391	320	325	272
Male Rectal Gonorrhea (HIV-)	857	1010	1026	1009	655	1146	1198	1001	1027	1026

Figure 8.1 Number of PWID diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco48

Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	7	10	10	7	8	9	7	4	3	4
Black/African American	6	8	7	1	3	4	0	2	5	4
Latine/x	5	5	6	3	3	1	3	1	2	2
Other/Unknown	5	2	3	0	0	4	2	2	0	0

Figure 8.2 Number of PWID diagnosed with HIV by age group at HIV diagnosis, 2016-2025, San Francisco 49

Age Group	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
18-24 years	2	1	2	0	0	0	0	1	0	0
25-29 years	3	0	1	0	1	8	2	1	1	1
30-39 years	7	8	7	6	4	4	3	1	2	3
40-49 years	5	8	8	4	2	5	5	4	3	3
50+ years	6	8	8	1	7	1	2	2	4	3

Figure 9.1 Number of heterosexuals diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco 50

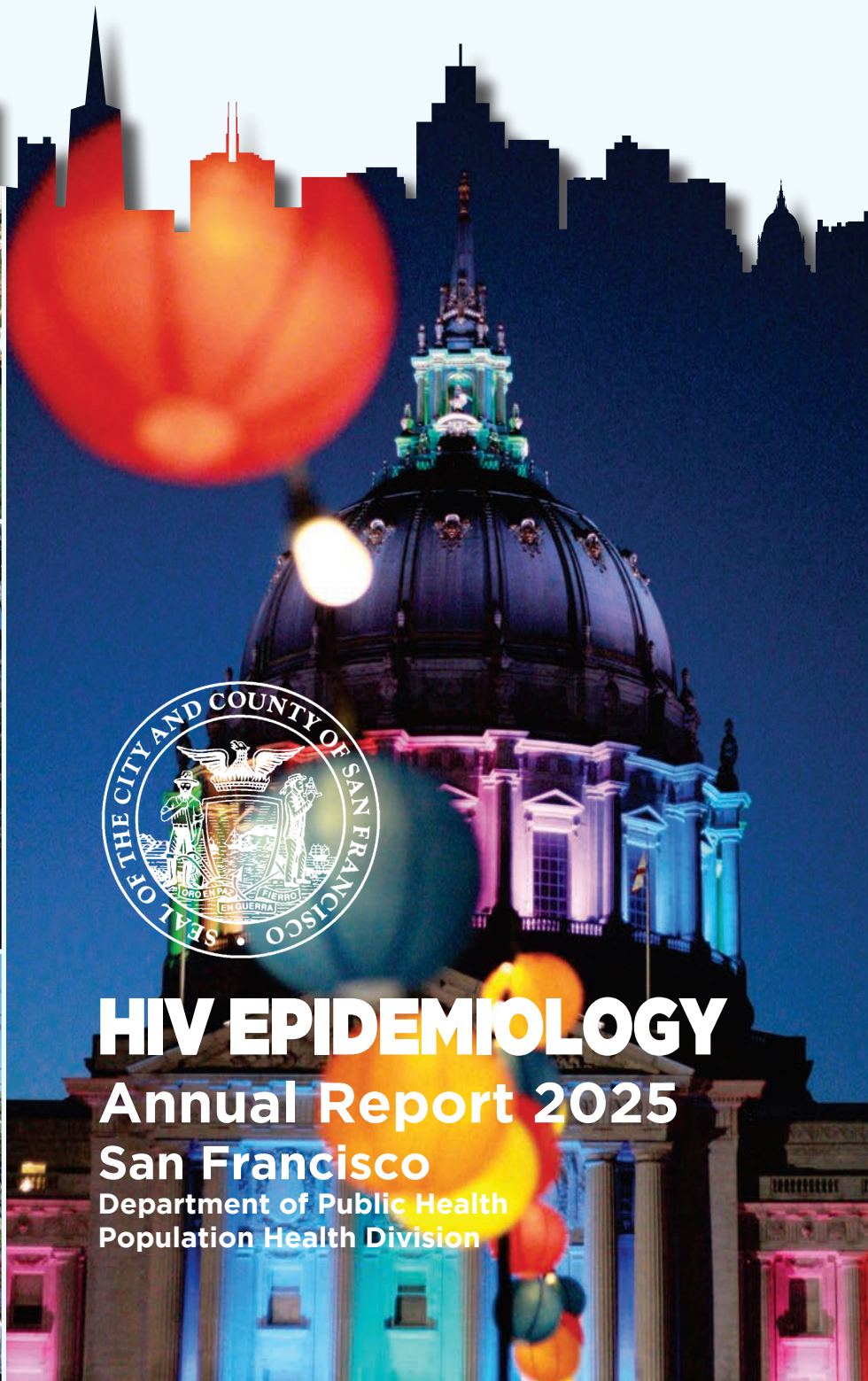
Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	4	4	0	1	4	3	1	2	7	4
Black/African American	7	4	9	9	3	3	6	6	11	9
Latine/x	6	6	7	6	4	12	3	1	5	2
Other/Unknown	3	6	0	2	1	3	3	4	1	1

Figure 10.1 Number of cis women diagnosed with HIV by race/ethnicity, 2016-2025, San Francisco 51

Race/Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
White	7	5	2	4	7	5	3	3	8	6
Black/African American	10	10	8	6	5	3	5	5	13	6
Latine/x	4	7	6	5	4	10	2	2	5	2
Other/Unknown	3	6	2	2	1	5	4	4	1	1

Map 17 **Geographic distribution of people with HIV in San Francisco as of December 2025** **76**

	Map 17.1	Map 17.2	Map 17.3	Map 17.4	Map 17.5
Neighborhood	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	344	798	35	19	79%
Bernal Heights	228	967	17	8	79%
Castro	1499	5602	64	56	78%
Diamond Heights	261	1454	28	17	81%
Downtown	498	709	9	10	72%
Excelsior	268	573	9	11	78%
Haight Ashbury	266	1150	4	13	75%
Ingleside	90	539	18	12	78%
Lake Merced	119	747	50	6	82%
Mission	1169	2022	50	19	78%
Mission Bay	167	958	29	11	81%
Nob Hill	271	1387	15	51	77%
Noe Valley	212	1608	23	15	80%
Outer Mission	165	576	21	7	80%
Pacific Heights	298	522	14	11	75%
Potrero Hill	177	1053	18	12	78%
Presidio	11	298	0	0	73%
Richmond	415	431	6	6	75%
South Of Market	916	3213	67	74	77%
Sunset	251	279	9	6	74%
Tenderloin	1555	3551	128	82	73%
Treasure Island	44	1602	36	36	70%
Twin Peaks	294	674	9	34	86%
Visitation Valley	122	484	16	12	75%
Western Addition	1133	2508	42	55	80%
Homeless	322	N/A	N/A	N/A	36%
Unknown	355	N/A	N/A	N/A	42%



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