STD/HIV SURVEILLANCE Annual Report 2019



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DEPARTMENT STAFF

DIRECTOR OF HEALTH & HUMAN SERVICES	Kelly Colopy, MA
CITY HEALTH OFFICER	Anissa Davis, MD, MPH
AUTHORS	Tristan Bigornia, MPH Emily Johnson, MPH Belinda Prado, MPH
EDITORS	
CONTRIBUTING EDITORS	Everardo Alvizo, MSW
	Nora Barin, MPH
	Anissa Davis, MD, MPH
	Marisol Macias, BA
	Denise Sandez, MPHc

ACKNOWLEDGMENTS

This report was prepared by the HIV/STD Surveillance Program staff. We wish to thank our colleagues at the California Department of Public Health, STD Control Branch and Office of AIDS for providing data.

Additionally, the Long Beach Department of Health and Human Services wishes to acknowledge all contributions made by health care providers, laboratories, community groups, and members of the community who are committed to reducing HIV and STD morbidity within the city.

ADDITIONAL REPORT INFORMATION

For information on this report please contact:

Long Beach Department of Health and Human Services HIV and STD Surveillance Coordinator 2525 Grand Ave. Long Beach, CA 90815 Phone: 562-570-4321

DEPARTMENT OF HEALTH AND HUMAN SERVICES RESOURCES

Website: longbeach.gov/hivstd Address: 2525 Grand Avenue, Long Beach, CA 90815 To report cases, call or fax: p:(562)570-4321 or f:(562)570-4374 STD/HIV Hotline: (562) 570-4321



DEPARTMENT OF HEALTH AND HUMAN SERVICES- CLINICAL SERVICES*

Sexual Health (STD) Clinic: The Sexual Health Clinic offers comprehensive sexual health services Monday through Friday from 8am to 5pm. Services include: STD testing and treatment, and Biomedical HIV prevention services. Please call (562) 570-4180 to make an appointment or for more information.

HIV Care Coordination (HCC) Clinic: The HIV Care Coordination (HCC) Clinic provides medical services, health education, case management, treatment advocacy, support and direct linkage to outside services when needed. Please call (562) 570-4255 to make an appointment or for more information.

HIV Prevention Services: FREE anonymous and confidential HIV testing services are available on a walkin basis Monday through Friday 8am to 5pm (No appointment is necessary). Mobile HIV testing services are provided throughout the community at various locations.

HIV/STD Surveillance Program: The Long Beach HIV/STD Surveillance Program aims to inform Long Beach residents of the morbidity of STD/HIV and make data informed decisions to mitigate disease morbidity. Please call (562) 570-4321 for any STD/HIV related questions.

*Due to COVID-19, some in-person services may be limited or not available. Please call to determine current services and hours.



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LIST OF ACRONYMS

AIDS Acquired Immunodeficiency Syndrome CS Congenital Syphilis eHARS Enhanced HIV/AIDS Reporting System HIV Human Immunodeficiency Virus LBDHHS Long Beach Department of Health and Human Services MSM Men who have Sex with Men MSMW Men who have Sex with Men and Women MSW Men who have Sex with Women MSM-PWID Men who have Sex with Men and who also Inject Drugs OOJ Out-of-Jurisdiction PWID People Who Inject Drugs STD Sexually Transmitted Disease WSM Women who have Sex with Men



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STD TABLES AND FIGURES

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STD TABLE AND FIGURE DEFINITIONS

Chlamydia (*Chlamydia trachomatis*): Chlamydia is the most commonly reported sexually transmitted disease in the US. It can infect both men and women, causing infections in the genitals, rectum, throat, and eye. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb), as well as Pelvic Inflammatory Disease and chronic pelvic pain. It is most commonly diagnosed and reported among women ages 15-24.

Gonorrhea (*Neisseria gonorrhoeae*): Gonorrhea is a sexually transmitted disease that can infect both men and women. It can cause infections in the genitals, rectum, and throat, and eye. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later. Gonorrhea can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb), as well as Pelvic Inflammatory Disease and chronic pelvic pain. It is most commonly diagnosed in men ages 20-29. Local gonococcal infections can also spread through the blood, causing disseminated gonococcal infection (DGI), leading to a variety of clinical symptoms, and signs, such as arthritis or arthalgias, tenosynovitis, and multiple skin lesions.

Syphilis (Treponema pallidum): Syphilis is a sexually transmitted disease that can infect both men and women. It can cause long-term complications if not treated correctly. Symptoms in adults are divided into stages. These stages are primary, secondary, early latent, and late latent syphilis. Syphilis can be spread by direct contact with a syphilis sore during vaginal, anal, or oral sex. Sores can be found anywhere on your body, for example: the penis, vagina, anus, in the rectum, or on the lips and in the mouth. Syphilis can also be spread from an infected mother to her unborn baby.

Primary Syphilis: A stage of infection with *T. pallidum* characterized by one or more ulcerative lesions (e.g. chancre), which might differ considerably in clinical appearance.

Secondary Syphilis: A stage of infection caused by *T. pallidum* characterized by localized or diffuse mucocutaneous lesions (e.g., rash — such as non-pruritic macular, maculopapular, papular, or pustular lesions), often with generalized lymphadenopathy. Other symptoms can include mucous patches, condyloma lata, and alopecia. The primary ulcerative lesion may still be present. Because of the wide array of symptoms possibly indicating secondary syphilis, serologic tests for syphilis and a thorough sexual history and physical examination are crucial to determine if a case should be classified as secondary syphilis.

Latent Syphilis: A stage of infection caused by *T. pallidum* in which organisms persist in the body of the infected person without causing symptoms or signs. Latent syphilis is subdivided into early, late, and unknown categories based on the duration of infection

Early Latent Syphilis: A subcategory of latent syphilis. When the initial infection has occurred within the previous 12 months, latent syphilis is classified as early latent.

Late Latent Syphilis: A subcategory of latent syphilis. When initial infection has occurred >1 year previously, latent syphilis is classified as late latent.

Latent Syphilis of Unknown Duration: A subcategory of latent syphilis. When the date of initial infection cannot be established as having occurred within the previous year, the patient's age is between 13-35 years and patient's titer is \geq 32, latent syphilis is classified as latent syphilis of unknown duration.

Total Early Syphilis: Consists of primary syphilis, secondary syphilis and early latent syphilis diagnosis.

Congenital Syphilis: A condition caused by infection in utero with *Treponema pallidum*. Congenital syphilis can have devastating effects on the baby in utero if the mother is left untreated; A wide spectrum of severity exists (neurological



or ocular symptoms, low birth weight, miscarriage, stillbirth, and death), and only severe cases are clinically apparent at birth. An infant or child (aged <2 years) may have signs such as hepatosplenomegaly, rash, condylomata lata, snuffles, jaundice (nonviral hepatitis), pseudoparalysis, anemia, or edema (nephrotic syndrome and/or malnutrition). An older child may have various stigmata (e.g., interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson teeth, saddle nose, rhagades, or Clutton joints).

- **First prenatal care visit**: Females who delivered infants with congenital syphilis with a date documented for first prenatal care visit at least 30 days prior to delivery.
- **Syphilis testing**: Females who delivered infants with congenital syphilis with documentation of being tested for syphilis at least 30 days prior to delivery.
- **Initiated treatment**: Females who delivered infants with congenital syphilis that received their first dose of treatment at least 30 days prior to delivery, regardless of treatment course completion or dose timing.
- **Correct treatment**: Pregnant females infected with syphilis must complete all doses of treatment, using 6-8 days between doses.

Extra Genital Site Testing: Three-site testing, also known as triple-site testing; testing pharyngeal, rectal, and urethral/ first void urine samples for chlamydia and gonorrhea detection using nucleic acid amplification tests (NAATs).

Disease Intervention Specialist (DIS): DIS are trained professionals informed on the causes and spread of STDs and skilled in taking sexual histories, identifying and locating individuals who may have been exposed to an STD, and knowing where to refer individuals for evaluation and treatment. DIS provide counseling on behaviors that put individuals at risk for STDs including HIV.



STD LIMITATIONS

Suppression of Small Numbers: The Long Beach HIV/STD Surveillance program must balance providing data to the public, stakeholders, and policymakers while simultaneously protecting client confidentiality. Thus, when dealing with data concerning small and/or sensitive populations (e.g., number of female Native American chlamydia cases) in our report, cells containing 0–4 cases were suppressed to eliminate the possibility of identification. It is important to note that this data is still valuable and is used internally to evaluate STDs/HIV in Long Beach to make programmatic recommendations.

Due to fewer than 12 cases of CT, GC, and TES being reported in individuals who identified as transgender, this portion of the report will not release data for those who identified themselves as transgender. This is to ensure the protection of these individuals' personal health information.

Unstable Rates: The National Center for Health Statistics considers rates based on 20 or fewer observations unstable. The Center for Health Statistics utilizes relative standard error (RSE):

$$RSE(X) = \sqrt{A + \frac{B}{X}}$$

Any RSE less than 30% does not meet the requirement for a minimum degree of accuracy.

The City of Long Beach acknowledges that data presented in this report may not meet the National Center for Health Statistics guidelines on stable rates. However, the City must utilize the available data for programmatic evaluation and recommendations. In the context of this report, unstable rates are displayed for reporting purposes only.

Year Totals: While case counts are continuously updated from previous years by the California Department of Public Health, STD Control Branch, year totals in this report are not updated. This report captures data as of the March 31st state deadline for reporting all chlamydia, gonorrhea, and syphilis cases of the previous year.

Missing Race/Ethnicity date: Providers and labs provide limited demographic information. Unfortunately, about half of the time race/ethnicity data for chlamydia, gonorrhea, and syphilis was missing.

Effects of COVID-19: Due to COVID-19, State and other local health jurisdictions have not released HIV/STD data at time of publication. Tables that generally compare rates of HIV/STDs in Long Beach, Los Angeles, and California will updated at a later date.

STD SOURCES, CITATIONS, and NOTES

Source:

¹Source: California Department of Public Health, STD Control Branch and CalREDIE Data Distribution Portal.

Citation:

¹ Population source: State of California, Department of Finance, California County Population Estimates and Components of Change by County, July 1, 2015-2019. Sacramento, California, December 2019.

Notes:

¹Incidence rates are per 100,000 population

² Any indicators with less than 20 cases do not meet the requirement for a minimum degree of accuracy outlined by the National Center for Health Statistics. Case counts/rates are included for reporting purposes only.

³ If data was not available, values were left blank.

⁴ At the time of publication, Los Angeles and California data for 2019 were not available.

⁵ Gender specific age groups and race/ethnicity rates calculations exclude "Not Specified" from the denominator.

⁶ Due to lack of information gathered at time of testing, Female and Male at Birth Totals may not add up to Long Beach Totals.

⁷Tx refers to treatment. CS refers to congenital syphilis.

⁸ Any incidence rate calculated from an indicator with less than 20 cases will not be included in the race/ethnicity analysis, due to the AI/AN population count being too low to be accurate. Rates are included for reporting purposes only.

⁹ Percentages may not add to 100% due to rounding and not displaying data when less than 5 cases.

¹⁰Total Early syphilis includes primary, secondary and early latent syphilis.

¹¹This percent does not include individuals with unknown or missing sex partner information.

¹²WSMW and WSW cases counts are too small to report.

¹³>30 days means that it is 30 days before delivery.



- The rates for chlamydia, gonorrhea, and total early syphilis in Long Beach have seen an overall increase from 2015 to 2019 (Table 1). However, chlamydia and gonorrhea rates did decrease by 6% and 11% respectively from 2018 to 2019. The majority of STD diagnoses in Long Beach were concentrated among people aged 15-34 years (Tables 5, 9, and 13). Among those with available race/ethnicity data, African Americans had the highest rates of infection for chlamydia, gonorrhea, and total early syphilis in 2019 (Tables 6, 10, and 14). Unfortunately, about 52% of the race/ethnicity data for chlamydia, gonorrhea, and syphilis was missing.
- The highest rates of chlamydia occurred in the 90802 and 90804 zip codes; gonorrhea rates were highest in 90802; and total early syphilis rates were highest in 90802 zip code (Figures 5, 9, and 11).
- Chlamydia trachomatis is the most common reportable communicable disease in the City of Long Beach. Chlamydia rates in Long Beach increased by 12% (Table 3) (703.9 to 785.0 per 100,000) from 2015 to 2019 (Table 4). In 2019, the highest rates of chlamydia occurred among those aged 15-29 years (Table 5). In the same year, the total rate for females was 1.3 times higher than that of males (883.9 per 100,000 compared to 669.6 per 100,000) (Table 5).
- Gonorrhea rates in Long Beach increased by 59% (<u>Table 3</u>) (206.1 to 328.6 per 100,000) from 2015 to 2019 (<u>Table 8</u>). In 2019, the highest rates of gonorrhea occurred among those aged 20-34 years (<u>Table 9</u>). In the same year, the total rate for males was 2.5 times higher compared to females (464.4 per 100,000 compared to 184.0 per 100,000) (<u>Table 9</u>).
- There were fewer cases of extra genital site tests in comparison to urogenital site tests for both chlamydia and gonorrhea (601 extragenital site tests performed compared to 1,487 urogenital site test) in 2019 (<u>Tables 7 and 11</u>). Despite this finding, there was a 309% increase in the number of extragenital site tests being performed since 2015 (<u>Tables 7 and 11</u>). Women received fewer extragenital site tests than men (<u>Tables 7 and 11</u>).
- Total early syphilis (primary, secondary, early latent syphilis) rates in Long Beach increased by 32% (Table 3) (57.4 to 75.6 per 100,000) from 2015 to 2019 (Table 12). In 2019, the highest rates of total early syphilis occurred among those aged 25-34 years (Table 13). In the same year, total early syphilis rates for men were much higher than women (134.1 per 100,000 compared to 15.2 per 100,000) (Table 13).
- Men who have sex with men (MSM) comprised 58% of syphilis cases in Long Beach (Figure 13). Between 2015-2019, there was a notable increase of men who have sex with women (MSW) of 455% and men who have sex with men and women (MSMW) of 175%. Historically people who tested positive for syphilis were MSM. However, since 2015, there has been a steep increase of people reporting female sex partners.
- Rates of late latent syphilis in Long Beach have steadily increased from 2015 to 2019 (20.8 per 100,000 compared to 46.1 per 100,000) (Figure 12).
- Trends in congenital syphilis usually follow trends for total early syphilis among women, with a lag of 1-2 years (CDC, 2016). From 2015 to 2019, the number of syphilis cases among women increased by 216% (Figure 16). During 2019, a total of 6 (118.3 per 100,000 live births) cases of congenital syphilis were diagnosed, an increase from 1 case (16.6 per 100,000 live births) in 2015 (Figure 15).

- - Congenital syphilis is preventable if detected and treated at least 30 days prior to delivery. In 2019, among known birth outcomes, 25% of pregnant people did not seek prenatal care at least 30 days or more prior to delivery. 25% of pregnant people were not tested for syphilis at least 30 days or more prior to delivery. All pregnant people who were not tested 30 days prior to their deliver gave birth to a baby diagnosed with congenital syphilis.
 - Disease Intervention Specialists prevented 75% of congenital syphilis cases in 2019 (Figure 17). Most successful outcomes occurred when pregnant females engaged in early prenatal care.



OVERVIEW OF STDS IN LONG BEACH



Citation¹, Source¹ and Note¹. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 1. Reportable STD cases and incidence rates per100,000 population, Long Beach, 2015-2019

	20	2015		2016		2017		2018		19
	Cases	Rate								
Chlamydia	3,346	703.9	3,863	801.6	4,321	901.1	3,974	832.9	3,739	785.0
Gonorrhea	980	206.1	1,489	309.0	1,690	352.4	1,762	369.3	1,565	328.6
Total Early Syphilis	273	57.4	307	63.7	343	71.0	343	71.9	360	75.6
Late Latent Syphilis	96	20.2	115	23.9	165	34.4	201	42.1	215	46.1
Congenital Syphilis	1	16.6	5	84.6	4	72.5	10	186.5	6	118.3

Citation¹, Source¹ and Note^{1&2}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Table 2. State ranking by reportable STDs, Long Beach, 2015-2019													
	2015		2016		2017		2018		2019*				
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank			
Chlamydia	703.9	2 nd	801.6	2 nd	901.1	2 nd	832.9	3 rd	785.0	-			
Gonorrhea	206.1	4^{th}	309.0	3 rd	352.4	2 nd	369.3	2 nd	328.6	-			
Total Early Syphilis	57.4	2 nd	63.7	3 rd	71.0	3 rd	71.9	3 rd	75.6	-			
Congenital Syphilis	16.6	14 th	84.6	9 th	72.5	13 th	186.5	6 th	118.3	-			

Citation¹, Source¹ and Note^{1&3}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 3. Percent change by reportable STDs, Long Beach, 2015-2019											
	2015-2016	2016-2017	2017-2018	2018-2019	2015-2019						
	Percent change										
Chlamydia	14%	12%	- 8%	-6%	12%						
Gonorrhea	50%	14%	5%	-11%	59%						
Total Early Syphilis	11%	12%	1%	5%	32%						
Late Latent Syphilis	18%	44%	22%	10%	128%						
Congenital Syphilis	410%	- 14%	157%	-37%	613%						

Citation¹, and Source¹. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



CHLAMYDIA IN LONG BEACH



Citation¹, Source¹ and Note^{1&4}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 4. Chlamydia cases and incidence rates per 100,000 population, Long Beach, Los Angeles, andCalifornia, 2015-2019

	2015		2016		2017		2018		2019	
	Cases	Rate								
Long Beach	3,346	703.9	3,863	801.6	4,321	901.1	3,974	832.9	3,739	785.0
Los Angeles	57,134	560.6	59,176	578.5	64,225	625.3	68,021	661.8	-	-
California	189,937	486.1	198,503	504.4	218,710	552.1	232,181	583.0	236,719	598.4

Citation¹, Source¹ and Note¹⁸⁴. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



	2	015	20	016	2	017	20)18	2019	
	Cases	Rate								
LONG BEACH TOTAL	3,346	703.9	3,863	801.6	4,321	901.1	3,974	832.9	3,739	785.0
Male at Birth Total	1,156	496.2	1,349	571.2	1,690	719.2	1,589	679.7	1,563	669.6
0-9	<5	-	<5	-	<5	-	<5	-	<5	-
10-14	<5	-	<5	-	<5	-	<5	-	<5	-
15-19	123	678.3	136	739.7	171	934.8.0	140	769.2	132	726.4
20-24	342	1,748.5	399	2,012.1	478	2,422.7	416	2,119.1	366	1,867.5
25-29	258	1,316.1	294	1,479.4	370	1,871.2	358	1,819.6	399	2.031.4
30-34	147	843.4	162	916.8	221	1,257.0	213	1,217.7	244	1,397.2
35-44	151	438.7	199	570.3	254	731.6	282	816.4	215	623.4
45+	109	146.8	148	196.6	182	243.0	171	229.4	207	278.2
Blank	25	-	11	-	12	-	8	-	<5	-
Female at Birth Total	2,178	898.4	2,489	1,012.7	2,605	1,065.3	2,359	969.5	2,147	883.9
0-9	<5	-	<5	-	<5	-	<5	-	<5	-
10-14	<5	-	7	43.0	8	49.4	6	37.2	9	55.9
15-19	496	2,673.1	534	2,838.7	607	3,243.1	508	2,727.9	416	2,237.5
20-24	882	4,295.5	938	4,506.1	996	4,808.9	873	4,236.3	861	4,185.0
25-29	419	2,069.0	550	2,679.0	508	2,486.9	523	2,573.2	461	2,271.9
30-34	182	998.1	222	1,200.9	256	1,391.7	198	1,081.9	194	1,061.8
35-44	112	320.2	154	434.3	145	411.0	170	484.3	139	396.7
45+	40	48.7	64	76.9	71	85.7	61	74.0	64	77.8
Blank	42	-	20	-	14	-	20	-	<5	-

Table 5. Chlamydia cases and incidence rates per 100,000 population by sex and age group,Long Beach, 2015-2019

Citation¹, Source¹ and Note^{1,2,586}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 6. Chlamy	Table 6. Chlamydia cases and incidence rates per 100,000 population by sex and race/ethnicity,Long Beach, 2015-2019													
	2	015	2	2016	2	2017		2018	2019					
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
LONG BEACH TOTAL	3,346	703.9	3,863	801.6	4,321	901.1	3,974	832.9	3,739	785.0				
Male at Birth Total	1,156	496.2	1,349	571.2	1,690	719.2	1,589	679.7	1,563	669.6				
American Indian/Alaska Native	<5	-	9	1,342.5	10	1,499.2	9	1,356.1	6	905.6				
Asian/Pacific Islander	26	86.3	41	134.2	56	184.2	54	178.5	60	198.7				
African American	155	549.3	208	727.1	248	871.3	188	663.5	219	774.5				
Latinx	208	214.5	218	221.7	274	280.1	227	233.2	257	264.5				
White	105	148.4	130	181.3	157	220.0	175	246.5	182	256.7				
Other/Multi/Blank	658	-	743	-	945	-	936	-	839	-				
Female at Birth Total	2,178	898.4	2,489	1,012.7	2,605	1,065.3	2,359	969.5	2,147	883.9				
American Indian/Alaska Native	7	964.1	8	1,086.9	8	1,092.4	18	2,470.2	<5	-				
Asian/Pacific Islander	99	284.2	129	365.3	92	261.8	93	266.0	92	263.6				
African American	331	990.8	317	936.0	292	866.5	252	751.6	255	761.8				
Latina	479	494.9	533	543.2	418	428.2	305	314.0	287	296.0				
White	175	250.2	164	231.2	172	243.8	154	219.3	123	175.5				
Other/Multi/Blank	1,087	-	1,338	-	1,623	-	1,537	-	1,387	-				

Citation¹, Source¹ and Note^{1,2,6, &8}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



CHLAMYDIA SITE TESTING

Table 7. Positive chlamydia site testing by sex, Long Beach, 2015-2019												
	201	15	20:	16	201	17	2018		20	19		
	Cases		Cases		Cases		Cases		Cases			
LONG BEACH TOTAL	3,346	%	3,863	%	4,321	%	3,074	%	3,710	%		
Male at Birth Total	1,156	35%	1,349	35%	1,690	39%	1,559	40%	1,563	42%		
Urine	614	84%	551	78%	515	76%	354	68%	392	60%		
Urethral	39	5%	30	4%	24	4%	18	3%	54	8%		
Rectal	63	9%	102	15%	121	18%	129	25%	173	26%		
Throat	11	2%	20	3%	20	3%	18	3%	35	5%		
Unknown Site	429	-	646	-	1,010	-	1,040	-	909	-		
Female at Birth Total	2,178	65%	2,489	65%	2,605	61%	2,334	60%	2,147	58%		
Urine	1,050	68%	1,097	73%	759	71%	535	72%	589	68%		
Urethral	44	3%	38	3%	25	2%	39	5%	39	5%		
Rectal	<5	-	<5	-	12	1%	6	1%	11	1%		
Throat	<5	-	6	0.4%	<5	-	5	1%	5	1%		
Cervical	358	23%	256	17%	182	17%	112	15%	136	16%		
Vaginal	91	6%	100	7%	87	8%	47	6%	80	9%		
Unknown Site	633	-	988	-	1.536	-	1.590	-	1.287	-		

Citation¹, Source¹ and Note^{2,5,6, &9}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".







Figure 5. Chlamydia incidence rates by zip code, Long Beach, 2019



^{*}Map does not include people experiencing homelessness or individuals who did not provide a zip code. Source: California Department of Public Health, STD Control Branch and CalREDIE Data Distribution Portal.



GONORRHEA IN LONG BEACH



Citation¹, Source¹ and Note^{1&4}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 8. Gonorrhea cases and incidence rates per 100,000 population, Long Beach, Los Angeles, and California 2015-2019											
	2015		20	16	2017				20	2019	
	Cases	Rate									
Long Beach	980	206.1	1,489	309.0	1,690	352.4	1,762	369.3	1,565	328.6	
Los Angeles	17,614	172.8	22,361	218.6	26,160	254.7	27,333	265.9	-	-	
California	54,255	138.9	64,677	164.3	75,450	190.5	79,397	199.4	80,301	203.0	

Citation¹, Source¹ and Note¹⁸⁴. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Table 9. Gonorrhea cases and incidence rates per 100,000 population by sex and age group,Long Beach, 2015-2019

	20	15	2	016	20)17	20	018	20)19
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
LONG BEACH TOTAL	980	206.1	1,489	309.0	1,690	352.4	1,762	369.3	1,565	328.6
Male at Birth Total	627	269.2	1,031	436.6	1,125	478.8	1,221	522.2	1,084	464.4
0-9	<5	-	<5	-	<5	-	<5	-	<5	-
10-14	<5	-	<5	-	<5	-	<5	-	<5	-
15-19	44	242.6	66	359.0	53	289.7	44	241.8	42	231.1
20-24	148	756.6	209	1,054.0	261	1,322.8	232	1,181.8	195	995.0
25-29	132	673.4	222	1,117.1	232	1,173.3	285	1,448.6	232	1,181.1
30-34	88	504.9	158	894.2	188	1,069.3	199	1,137.6	195	1,116.6
35-44	114	331.2	206	590.4	215	619.3	269	778.7	222	643.7
45+	94	126.6	161	213.9	173	231.0	184	246.9	196	263.4
Blank	7	-	8	-	<5	-	7	-	<5	-
Female at Birth Total	343	141.5	440	179.0	550	224.9	519	213.3	447	184.0
0-9	<5	-	<5	-	<5	-	<5	-	<5	-
10-14	<5	-	<5	-	<5	-	<5	-	<5	-
15-19	74	398.8	76	404.0	128	683.9	82	440.3	69	371.1
20-24	112	545.5	138	663.0	150	724.2	141	684.2	131	636.7
25-29	50	246.9	90	438.4	113	553.2	118	580.6	98	483.0
30-34	36	197.4	47	254.2	72	391.4	76	415.3	58	317.4
35-44	41	117.2	51	143.8	55	155.9	60	170.9	57	162.7
45+	17	20.7	34	40.9	25	30.2	29	35.2	32	38.9
Blank	11	-	<5	-	6	-	12	-	<5	-

Citation¹, Source¹ and Note^{1,2,5, &6}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Table 10. Gonorrhea cases and incidence rates per 100,000 population by sex and race/ethnicity,Long Beach, 2015-2019

	2015		20	016	2017		2018		2019	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
LONG BEACH TOTAL	980	206.1	1,489	309.0	1,690	352.4	1,762	369.3	1,565	328.6
Male at Birth Total	627	269.2	1,031	436.6	1,125	478.8	1,221	522.2	1,084	464.4
American Indian/Alaska Native	5	756.1	10	1,491.7	16	2,398.8	14	2,109.5	9	1,358.4
Asian/Pacific Islander	13	43.1	18	58.9	23	75.6	41	135.5	45	149.0
Black/African American	132	467.8	191	667.6	206	723.7	203	716.8	224	792.2
Latinx	78	80.4	153	155.6	165	168.7	202	207.5	236	242.9
White	84	118.7	121	168.7	151	211.6	168	236.6	166	234.2
Other/Multi/Blank	315	-	538	-	564	-	593	-	404	-
Female at Birth Total	343	141.5	440	179.0	550	224.9	519	213.3	447	184.0
American Indian/Alaska Native	<5	-	<5	-	5	682.7	<5	-	<5	-
Asian/Pacific Islander	16	45.9	10	28.3	10	28.5	17	48.6	15	43.0
Black/African American	95	284.4	78	230.3	112	332.4	80	238.6	85	253.9
Latina	42	43.4	83	84.6	64	65.6	78	80.3	63	65.0
White	30	42.9	40	56.4	64	90.7	44	62.7	47	67.1
Other/Multi/Blank	159	-	228	-	295	-	298	-	236	-

Citation¹, Source¹ and Note^{1,2 &6}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



GONORRHEA SITE TESTING

т	able 11.	Positive	gonorrhea	a site tes	ting by sea	k, Long B	each, 201	5-2019		
	20	15	202	16	2017		2018		2019	
	Cases		Cases		Cases		Cases		Cases	
LONG BEACH TOTAL	980	%	1,489	%	1,690	%	1,723	%	1,565	%
Male at Birth Total	627	65%	1,031	70%	1,125	67%	1,196	70%	1,084	69%
Urine	273	71%	366	63%	307	57%	225	49%	324	45%
Urethral	26	7%	30	5%	33	6%	11	2%	46	6%
Rectal	53	14%	96	16%	113	21%	136	29%	178	25%
Throat	35	9%	90	15%	85	16%	90	19%	170	24%
Unknown Site	240	-	449	-	587	-	734	-	366	-
Female at Birth Total	343	35%	440	30%	550	33%	505	30%	447	29%
Urine	172	75%	184	73%	190	76%	159	76%	182	67%
Urethral	<5	-	6	2%	<5	-	<5	-	6	2%
Rectal	<5	-	<5	-	5	2%	<5	-	8	3%
Throat	5	2%	7	3%	7	3%	12	6%	21	8%
Cervical	29	13%	39	15%	26	10%	20	10%	29	11%
Vaginal	17	7%	15	6%	22	9%	19	9%	27	10%
Unknown Site	114	-	188	-	299	-	292	-	174	-

Citation¹, Source¹ and Note^{2,5,6 &9}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".





Figure 9. Gonorrhea incidence rates by zip code, Long Beach, 2019



*Map does not include people experiencing homelessness or individuals who did not provide a zip code. Source: California Department of Public Health, STD Control Branch and CalREDIE Data Distribution Portal.



SYPHILIS IN LONG BEACH



Citation¹, Source¹ and Note^{4, & 10}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 12. Total early syphilis cases and incidence rates per 100,000 population, Long Beach, Los Angeles,and California, 2015-2019

	20:	2015		2016		2017		2018		19
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Long Beach	273	57.4	307	63.7	343	71.5	343	71.9	360	75.6
Los Angeles	3,454	33.9	4,018	39.3	4,717	45.9	5,627	54.7	-	-
California	9,359	24	11,222	28.5	13,605	34.3	15,368	38.6	-	-

Citation¹, Source¹ and Note^{4, &10}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Table 13. Total early syphilis cases and incidence rates per 100,000 population by sex and age group,Long Beach, 2015-2019

	20	15	20	016	20	017	20	18	20	19
	Cases	Rate								
LONG BEACH TOTAL	273	57.4	307	63.7	343	71.5	343	71.9	360	75.6
Male at Birth Total	256	109.9	295	124.9	315	134.1	304	130.0	313	134.1
0-9	<5	-	<5	-	<5	-	<5	-	<5	-
10-14	<5	-	<5	-	<5	-	<5	-	<5	-
15-19	5	27.6	<5	-	6	32.8	<5	-	7	38.5
20-24	27	138	39	196.7	38	192.6	35	178.3	23	117.4
25-29	36	183.6	48	241.5	50	252.9	60	304.9	58	295.3
30-34	31	177.9	49	277.3	42	238.9	51	291.6	48	274.9
35-44	80	232.4	64	183.4	80	230.4	68	196.9	68	197.2
45+	77	103.7	92	122.2	99	132.2	86	115.4	109	146.5
Blank	<5	-	<5	-	<5	-	<5	-	<5	-
Female at Birth Total	17	7.0	12	4.9	27	11.0	39	16.1	37	15.2
0-9	<5	-	<5	-	<5	-	<5	-	<5	-
10-14	<5	-	<5	-	<5	-	<5	-	<5	-
15-19	<5	-	<5	-	5	26.7	<5	-	<5	-
20-24	5	24.4	5	24.0	9	43.5	9	43.7	7	34.0
25-29	<5	-	<5	-	7	34.3	7	34.5	11	54.2
30-34	6	33	<5	-	<5	-	8	43.7	8	43.8
35-44	<5	-	<5	-	<5	-	6	17.0	5	14.3
45+	<5	-	<5	-	<5	-	6	7.3	5	6.1
Blank	<5	-	<5	-	<5	-	<5	-	<5	-

Citation¹, Source¹ and Note^{1,2,6,&10}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Table 14. Total early syphilis cases and incidence rates per 100,000 population by sex and race/ethnicity,Long Beach, 2015-2019

	20	15	20	16	20	17	20	18	20	19
	Cases	Rate								
LONG BEACH TOTAL	273	57.4	307	63.7	343	71.5	343	71.9	360	75.6
Male at Birth Total	256	109.9	295	124.9	315	134.0	304	130.0	313	134.1
American Indian/Alaska Native	<5	-	<5	-	<5	-	<5	-	<5	-
Asian/Pacific Islander	12	39.8	14	45.8	23	75.6	6	19.8	20	64.8
Black/African American	38	134.7	51	178.3	61	214.3	39	137.7	65	231.1
Latinx	93	95.9	102	103.7	124	126.8	44	45.2	123	125.3
White	79	111.7	89	124.1	87	121.9	38	53.5	87	128.6
Other/Multi/Blank	34	-	38	-	19	-	19	-	25	-
Female at Birth Total	17	7.0	12	4.9	27	11.0	39	16.1	37	15.2
American Indian/Alaska Native	<5	-	<5	-	<5	-	<5	-	<5	-
Asian/Pacific Islander	<5	-	<5	-	<5	-	<5	-	<5	-
Black/African American	6	18	5	14.8	8	23.7	6	17.8	12	35.8
Latina	5	5.2	6	6.1	14	14.3	11	11.3	17	17.5
White	<5	-	<5	-	<5	-	11	15.7	<5	-
Other/Multi/Blank	<5	-	<5	-	<5	-	7	-	<5	-

Citation¹, Source¹ and Note^{1,2,6 & 10}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Figure 11. Total early syphilis incidence rates by zip code, Long Beach, 2019



*Map does not include people experiencing homelessness or individuals who did not provide a zip code. Source: California Department of Public Health, STD Control Branch ¹Total early syphilis incudes primary, secondary and early latent syphilis.





Citation¹, Source¹ and Note^{1&4} For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 15. Late latent syphilis cases and incidence rates per 100,000 population, Long Beach, 2015-2019

	20	15	2016		2017		2018		2019	
	Cases	Rate								
Long Beach	96	20.2	115	23.9	165	34.4	201	42.1	215	46.1
Male	80	34.3	98	41.5	128	54.5	153	65.4	149	65.7
Female	16	6.6	17	6.9	37	15.1	48	19.7	66	28.4

Citation¹, Source¹ and Note¹⁸⁴. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".





Figure 13. Percent of syphilis cases by sex at birth and sex partners, Long Beach, 2015-2019

Citation¹, Source¹ and Note ^{11 & 12}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".

Table 16. Syphilis cases by sex at birth and sex partners, Long Beach, 2015-2019

	2015		201	6	201	17	201	18	201	.9
	Cases		Cases		Cases		Cases		Cases	
LONG BEACH TOTAL	366	%	416	%	504	%	538	%	572	%
MSM	226	62%	211	51%	273	54%	246	46%	331	58%
MSMW	8	2%	14	3%	19	4%	27	5%	22	4%
MSW	11	3%	11	3%	40	8%	43	8%	61	11%
WSM	21	6%	19	5%	50	10%	62	12%	77	13%
WSMW	<5	-	<5	-	<5	-	<5	-	<5	-
WSW	<5	-	<5	-	<5	-	<5	-	<5	-
Unknown	100	27%	161	39%	117	23%	156	29%	75	13%

Citation¹, Source¹ and Note¹¹. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".





Citation¹, Source¹ and Note¹. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Citation¹ and Source¹. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".





Figure 16. Congenital syphilis incidence rates per 100,000 population, and female cases of syphilis, Long

Citation¹, Source¹ and Note¹. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



Citation¹, Source¹ and Note^{7&13}. For more detailed information, refer to section titled "STD SOURCES, CITATIONS, and NOTES".



ADDITIONAL STD FIGURES






Figure 21. Male chlamydia cases by known race/ethnicity, Long Beach, 2019



Figure 23. Male gonorrhea cases by known race/ethnicity, Long Beach, 2019



*See Table 10.

Other/Multi/Blank (n=404).

Figure 25. Male total early syphilis cases by known race/ethnicity, Long Beach, 2019



Figure 22. Female chlamydia cases by known race/ethnicity, Long Beach, 2019



Figure 24. Female gonorrhea cases by known race/ethnicity, Long Beach, 2019



Figure 26. Female total early syphilis cases by known race/ethnicity, Long Beach, 2019



HIV SURVEILLANCE Annual Report 2019



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HIV LIMITATIONS

Health Insurance Data: There was a large amount of missing insurance data in our data set, potentially skewing percentages in Figures 40 and 41.

HIV Data: The electronic HIV/STD surveillance database utilized by the City of Long Beach is different from the databases used by Los Angeles County and the State of California. Some variation in data is to be expected.

The latest available HIV data for Los Angeles County, the State of California, and the United States is for 2018.

HIV Care Continuum: HIV Care Continuum report includes all persons diagnosed and living with HIV who were alive as of December 31, 2018 and living in Long Beach, and an estimate of the number of persons who are living, but not yet diagnosed with HIV. The data was extracted from the California HIV Surveillance System 12 months after the end of the calendar year to allow for delays in cases and laboratory reporting. Specific populations with small numbers of diagnosed individuals were not reported to protect their personal health information.

Late Reporting: Due to reporting delays, the City of Long Beach's 2018 HIV case counts may be underestimated.

Suppression of Small Numbers: The Long Beach HIV/STD Surveillance program must balance providing data to the public, stakeholders, and policymakers while simultaneously protecting client confidentiality. Thus, when dealing with data concerning small and/or sensitive populations (e.g., number of female Native American chlamydia cases) in the report, cells containing 0–4 cases were suppressed to eliminate the possibility of identification. It is important to note that this data is still valuable and is used internally to evaluate STDs/HIV in Long Beach and make programmatic recommendations.

Unstable Rates: The National Center for Health Statistics considers rates based on 20 or fewer observations unstable. The Center for Health Statistics utilizes relative standard error (RSE):

$$RSE(X) = \sqrt{A + \frac{B}{X}}$$

Any RSE less than 30% does not meet the requirement for a minimum degree of accuracy.

The City of Long Beach acknowledges that data presented in this report may not meet the National Center for Health Statistics guidelines on stable rates. However, the City must utilize the available data for programmatic evaluation and recommendations. In the context of this report, unstable rates are displayed for reporting purposes only.

Year Totals: While case counts are continuously updated from previous years by the California Department of Public Health, Office of AIDS, year totals in this report are not updated. This report captures data as of the December 31st state deadline for reporting HIV cases and updates of the previous year.

HIV SOURCES and NOTES

Sources:

¹ All HIV data taken from California Office of AIDS eHARS database.

² California data are reported through January 2019, for cases living as of January 9, 2019. California data taken from California Department of Public Health HIV Surveillance Report – 2017;

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA case surveillance reports.aspx. Published March 2019.

³ U.S. data are reported through June 30, 2018 and reflect cases diagnosed through December 31, 2017. U.S. data reflect unadjusted numbers for 50 states and 6 dependent areas and may be found in the CDC HIV Surveillance Report, 2017; vol. 29; https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2017.

⁴ Population data taken from California Department of Finance Demographic Research Unit Report P-3 State and County total population projections by race/ethnicity and detailed age;

www.dof.ca.gov/Forecasting/Demographics/projections/.

Notes:

¹See Technical Notes "Date of Initial HIV Diagnosis."

² The latest available HIV data for California and the United States is for 2017. Therefore, 2013-2017 data was used for the figure to create a 5-year comparison

³ Transgender data are not reported by the United States. See Technical Notes "Transgender Status."

⁴ U.S. gender data does not include children living with HIV; the CDC counts those number separately. Long Beach and California aggregate gender data with children, adolescents, and adults.

⁵ Any indicators with less than 20 cases do not meet the requirement for a minimum degree of accuracy outlined by the National Center of Health Statistics. Case counts/rates are included for reporting purposes only.

⁶ At the time of publication, United States data for 2019 were not available.

⁷ Data include persons newly diagnosed with HIV infection in any stage and reported as of December 31, 2019.

⁸For how the HIV Disease Stage is determined, see Technical Notes "Stage of Disease at Diagnosis of HIV Infection."

⁹ Percentages may not add to 100% due to rounding and not displaying data when less than 5 cases.

¹⁰ Transgender population in Long Beach is unknown and therefore, not included in the table.

¹¹ Persons living with HIV at the end of each year. Data include persons living with HIV infection in any stage and reported as of December 31, 2019.

¹² Transgender cases are reported separately in Table 24.

¹³ Numbers for persons who identify as Native American/Alaska Native were included in this category due to the small number of cases. This number also includes persons with multiple race or whose racial/ethnic information is not available.

¹⁴Cases in the "Other" racial/ethnic category include Native American/Alaska Native, Multi-race, and unknown.

¹⁵ Data for newly diagnosed women by transmission category was too small to report.

¹⁶The "Other" transmission category includes adult heterosexual contact, HIV positive mother, and undetermined transmission method.

¹⁷Unknown locations of facility at diagnosis were removed (N=35)

¹⁸Data in recent years are incomplete due to reporting delays. In addition, deaths that occurred outside of Long Beach are primarily identified through matching with the National Death Index (NDI), which is complete through December 31, 2019.

¹⁹ The "Other" category also includes unidentified transmission category.



²⁰ Mortality rates are calculated as the number of HIV cases who died each year divided by the population by sex and race/ethnicity. See Technical Notes for "HIV Case Rates and HIV Mortality Rates."

²¹ "Public" insurance includes Medicaid, Medical, and other public funding sources. "Private" insurance includes both HMO and PPOs. "No Coverage" indicates patient reported having no insurance at time of diagnosis. "Unknown" indicates that the insurance data for the patient was not given at time of diagnosis.

²¹ "No coverage" indicates patient reported having no insurance at time of diagnosis. "Unknown" indicates that the insurance data for the patient was not given at time of diagnosis.

²² Transgender data is not reported separately from other gender information due to small population size. See Technical Notes "Transgender Status."

²³ Health insurance status of Medicaid and Private Insurance/HMO not included due to case counts of <5 cases.

²⁴ Syphilis data is taken from the CalREDIE statewide reporting system.

²⁵See Technical Notes "HIV Care Continuum."

²⁶American Indian/Alaskan Native numbers were not reported due to small numbers.



HIV HIGHLIGHTS

- As of December 31, 2019, there were 4,389 Long Beach residents diagnosed and living with HIV (Figure 27).
- The number of new HIV diagnoses declined by 15% overall from 146 individuals in 2015 to 124 individuals in 2019 (Figure 27). There was a total of 25 recorded deaths in 2019 (Figure 27). In 2019, 81% of persons newly diagnosed with HIV were male; 40% were Latinx; 27% were between the ages of 30-39; 87% of known transmission reported their transmission risk as MSM; and 81% were diagnosed with only HIV, as opposed to HIV and later AIDS, or HIV and AIDS diagnosed simultaneously (Table 18).
- In 2019, Long Beach had a rate of 26.0 new HIV infections per 100,000 population (<u>Table 19</u>). Although there is no official 2019 data from Los Angeles County or the State of California to compare this incidence to, Long Beach has historically experienced higher rates (<u>Figure 29</u>). In 2019, males in Long Beach had a new infection rate of 42.8 per 100,000, which is about 4 times higher than that of females (9.9 per 100,000) (<u>Table 19</u>). African Americans had the highest rate (48.6 per 100,000) when compared to their White and Latinx counterparts (<u>Table 19</u>).
- In 2019, persons living with HIV were predominately White, aged 50-59 years, and MSM (<u>Table 20</u>). In 2019, African American women represented only 14% of the total female population in Long Beach, but accounted for 34% of females living with HIV in the city (<u>Table 21</u>).
- In 2019, 14% of individuals were simultaneously diagnosed with HIV and AIDS at the time of diagnosis (<u>Table 18</u>). Of those in Long Beach, 794 (19%) of persons living with HIV were simultaneously diagnosed with HIV and AIDS at the time of diagnosis (<u>Table 20</u>).
- Between 2015 and 2019, 247 deaths occurred among people living with HIV (PLWH) in Long Beach (Table 24); the trend in mortality amongst PLWH has decreased. However, there has been a delay in reporting deaths and the 2019 data may not capture all deaths that occurred that year. In 2019, most deaths occurred among persons aged 50-59 years (Table 24), and African American men and women experienced the highest mortality rates (Figures 39, 40). The largest decline in deaths from 2018 to 2019 was among White people, followed by Latinx people (Table 24).
- Public funding for health insurance increased across all ethnic groups between 2015-2019; and rates of obtaining private insurance increased for the Latinx population (Figure 41). In 2019, more males were insured by Private Insurance/HMO than females (17% for males, 0% for females) (Figure 42).
- In 2019, 58 % of MSM had a diagnosis of total early syphilis and are co-infected with HIV (Figure 44).
- In 2019, 96% of transgender persons living with HIV stated they are male-to-female. From the available data, the largest percentage of this population were Latinx (39%) (Figure 45). Most were reported as being over the age of 50 (42%) and diagnosed with HIV only (56%) (Table 25).
- In 2019, 68% of newly diagnosed HIV patients were retained in HIV care and 70% achieved viral suppression in the City of Long Beach (Figure 46). African American people newly diagnosed with HIV had the lowest percentage (57%) of HIV care retention in 2019, while White people newly diagnosed with HIV had the lowest percentage (56%) of viral suppression (Figure 47). Cisgender women newly diagnosed with HIV had the lowest percentage (56%) of being retained in HIV care and the lowest percentage (44%) of achieving viral suppression (Figure 48). Those aged 46-64 years or older who were newly diagnosed with HIV had the lowest percentage of retention in HIV care at 57%, but those aged 65+ years old had the lowest percentage of achieving viral suppression at 50% (Figure 49).
- For all persons living with HIV in Long Beach in 2019, 58% were retained in HIV care and 64% achieved viral suppression (Figure 50). In 2019, Native Americans/Alaska Natives and African Americans living with HIV had the lowest percentage



(25% and 53%, respectively) of HIV care retention. African Americans the lowest percentage (60%) of viral suppression (Figure 51). The lowest percentage of being retained in HIV care (54%) and achieving viral suppression (60%) was in cisgender women living with HIV (Figure 52). Those aged 25-44 years old had the lowest percentage (53%) of being retained in HIV care and the lowest percentage (60%) of achieving viral suppression (Figure 53).

• Zip code 90802 has the highest rate of persons living with HIV in Long Beach (Figure 31).



OVERVIEW OF HIV IN LONG BEACH

Table 17. Characteristics of persons living with HIV and persons newly diagnosed with HIV in Long Beach,California, and the United States, 2019

	Living wit	h HIV Cases	N	ewly Diagnosed HIV	Cases
	Long Beach	California	Long Beach	California	United States
Gender					
Male	3,857	119,528	99	3,753	-
Female	475	16,137	23	522	-
Transgender men	<5	73	<5	9	-
Transgender women	55	2,041	<5	111	-
Race/Ethnicity					
White	1,603	51,280	18	1,087	-
African American	859	23,456	30	764	-
Latinx	1,537	51,981	40	2,183	-
Asian/Pacific Islander	192	6,057	8	253	-
Native American/Alaska Native	<5	353	<5	19	-
Other/Unknown	194	4,658	27	90	-
Transmission Category					
MSM	3,201	91,729	53	2,655	-
PWID	184	7,712	<5	210	-
MSM-PWID	255	8,838	<5	166	-
Heterosexual	306	20,298	<5	803	-
Other/Unidentified	443	9.208	62	562	-

Sources^{1,2 &3} and Notes^{1,2,3,4,5, &6}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".





Figure 27. New HIV diagnoses, deaths, and prevalence, Long Beach, 2015-2019

New HIV diagnoses, deaths and prevalence percent change*, Long Beach, 2015-2019														
	<u>2015-2016</u> 2016-2017 2017-2018 2018-2019 2015-2019													
New HIV Diagnoses	-13%	-12%	-6%	18%	-15%									
Living with HIV	3%	3%	3%	3%	12%									
Deaths	-46%	114%	-5%	-56%	-52%									

Source¹ and Note¹. For more detailed information, refer to section titled "HIV SOURCES and NOTES".

*Percent change calculated using number of reported cases

 Table 18. Number of persons newly diagnosed with HIV infection by year, Long Beach, 2015-2019

	20	15	201	16	201	17	201	.8	20	19
	Num.	%								
Total	146		127		112		105		124	
Sex at Birth										
Male	129	88%	109	86%	102	91%	88	84%	100	81%
Female	17	12%	18	14%	10	9%	17	16%	24	19%
Race/Ethnicity										
White	32	23%	34	29%	23	21%	27	26%	18	18%
African American	35	25%	24	20%	24	22%	27	26%	30	30%
Latinx	64	45%	57	48%	48	44%	36	35%	40	40%
Asian/Pacific Islander	9	6%	<5	-	9	8%	10	10%	8	8%
Native American/Alaska Native	<5	-	<5	-	<5	-	<5	-	<5	-
Multi-race	<5	-	8	7%	6	5%	<5	-	<5	-
Unknown	<5	-	<5	-	<5	-	<5	-	23	-
Age at HIV Diagnosis (years)										
0-12	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	<5	-	<5	-
18 - 24	27	18%	19	15%	26	23%	17	16%	17	14%
25 - 29	22	15%	25	20%	18	16%	17	16%	32	26%
30 - 39	42	29%	40	31%	29	26%	35	33%	33	27%
40 - 49	31	21%	23	18%	17	15%	18	17%	21	17%
50+	24	16%	20	16%	18	16%	15	14%	19	15%
Transmission Category										
MSM	83	82%	82	89%	76	88%	60	82%	53	85%
PWID	8	8%	<5	-	6	7%	<5	-	<5	-
MSM-PWID	<5	-	5	5%	<5	-	5	7%	<5	-
Heterosexual	6	6%	<5	-	<5	-	<5	-	<5	-
Mother HIV positive	<5	-	<5	-	<5	-	<5	-	<5	-
Unknown	45	-	35	-	26	-	32	-	62	-
HIV Disease Stage ⁵										
HIV only	113	77%	93	73%	93	83%	87	83%	101	81%
HIV and later AIDS	13	9%	13	10%	7	5%	6	6%	6	5%
HIV and AIDS diagnosed										
simultaneously	20	14%	21	17%	12	11%	12	11%	17	14%

Source¹ and Notes^{1,5, 8,9,12}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Figure 28. Persons newly diagnosed with HIV infection by demographic and transmission category, Long Beach, 2019



¹ See Technical Notes "Date of Initial HIV Diagnosis." *See table 18



Table 19. Number and rate per 100,000 population of new HIV infections by year, Long Beach, 2015-2019

	2015	i	2016		2017	,	2018	8	2019	9
	Number	Rate								
Total	146	30.7	127	26.4	112	23.4	105	22.0	124	26.0
Sex at Birth										
Male	129	55.4	109	46.2	102	43.4	88	37.6	100	42.8
Female	17	7.0	18	7.3	10	4.1	17	7.0	24	9.9
Race/Ethnicity										
White	32	22.7	34	23.8	23	16.2	27	19.1	18	12.8
African American	35	56.8	24	38.4	24	38.6	27	43.7	30	48.6
Latinx	64	33.0	57	29.0	48	24.6	36	18.5	40	20.6

Sources^{1&4} and Notes^{5 &10}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Sources^{1 &4} and Note². For more detailed information, refer to section titled "HIV SOURCES and NOTES".



	201	5	201	6	201	17	201	18	20	19
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
Total	3,926		4,052		4,161		4,265		4,389	
Sex at Birth										
Male	3,516	90%	3,624	89%	3,724	89%	3,811	89%	3,912	89%
Female	410	10%	428	11%	437	11%	454	11%	477	11%
Race/Ethnicity										
White	1,502	38%	1,533	38%	1,556	37%	1,583	37%	1,603	37%
African American	757	19%	781	19%	803	19%	830	19%	859	20%
Latinx	1,359	35%	1,417	35%	1,462	35%	1,498	35%	1,537	35%
Asian/Pacific Islander	162	4%	166	4%	175	4%	184	4%	192	4%
Native American/ Alaska Native	<5	-	<5	-	<5	-	<5	-	<5	-
Multi-race	138	4%	145	4%	151	4%	153	4%	157	4%
Unknown	5	-	7	-	11	-	14	-	37	-
Age in Years										
0 - 12	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	5	0.1%	6	0.1%
18 - 24	8	0.2%	14	0.3%	26	1%	34	1%	48	1%
25 - 29	96	2%	114	3%	139	3%	159	4%	182	4%
30 - 39	543	14%	594	15%	622	15%	658	16%	689	16%
40 - 49	834	21%	855	21%	876	21%	895	21%	908	21%
50 - 59	1,469	38%	1,491	37%	1,503	36%	1,512	36%	1,524	35%
60 - 69	781	20%	785	19%	790	19%	797	19%	800	18%
70+	182	5%	183	5%	185	4%	185	4%	185	4%
Unknown	9	-	12	-	16	-	20	-	46	-
Transmission Category										
MSM	2,933	80%	3,013	80%	3 <i>,</i> 087	80%	3,147	81%	3,201	81%
PWID	168	5%	171	5%	177	5%	180	5%	184	5%
MSM-PWID	238	6%	243	6%	247	6%	252	6%	255	6%
Heterosexual	300	8%	301	8%	301	8%	305	8%	306	8%
Mother HIV positive	16	0.4%	16	0.2%	16	0.4%	16	0.2%	17	0.4%
Transfusion/Hemophilia	7	0.2%	7	0.2%	7	0.2%	7	0.2%	7	0.2%
Unknown	264	-	301	-	326	-	358	-	419	-
HIV Disease Stage ⁴										
HIV only	1,502	40%	1,595	41%	1,687	42%	1,774	43%	1,874	44%
HIV and later AIDS	1,528	41%	1,538	40%	1,543	39%	1,549	38%	1,555	37%
HIV and AIDS diagnosed										
simultaneously	738	20%	759	20%	768	19%	778	19%	794	19%
Unknown	158	-	160	-	163	-	164	-	166	-

Source¹ and Notes ^{5,8,9,11, &12}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



*See Table 20.



 Table 21. Characteristics of persons living with HIV by race/ethnicity, Long Beach, 2019

	Race/Ethnicity											
	Wł	nite	Afrie Amer	can Tican	Lati	nx	Asian/ Islar	Pacific der	Oth Unkn	er/ own²	Total	
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
Total	1,603	37%	859	20%	1,537	35%	192	4%	198	5%	4,389	100%
Male at Birth												
Transmission Category												
MSM	1,288	88%	520	81%	1,133	90%	144	92%	116	83%	3,201	88%
PWID	41	3%	36	6%	26	2%	<5	-	8	6%	113	3%
MSM-PWID	115	8%	55	9%	73	6%	<5	-	11	8%	255	7%
Heterosexual	11	1%	24	4%	26	2%	7	4%	<5	-	71	2%
Transfusion/Hemophilia	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
Mother HIV positive	<5	-	<5	-	<5	-	<5	-	<5	-	6	0.2%
Unknown	53	-	57	-	110	-	11	-	31	-	266	-
Age in Years												
0 - 12	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
18 - 24	<5	-	23	3%	11	1%	<5	-	<5	-	40	1%
25 - 29	26	2%	40	6%	77	6%	9	5%	10	7%	162	4%
30 - 39	119	8%	154	22%	276	20%	43	26%	27	19%	619	16%
40 - 49	212	14%	128	18%	381	28%	43	26%	31	22%	795	20%
50 - 59	666	44%	209	30%	413	30%	49	29%	41	29%	1,377	35%
60 - 69	375	25%	125	18%	169	12%	15	9%	29	20%	713	18%
70+	106	7%	13	2%	39	3%	5	3%	<5	-	167	4%
Unknown	<5	-	<5	- 2/0	<5	-	<5	-	28	-	34	-
Male at Birth Subtotal	1.510		696		1.369		167		170		3.912	
Female at Birth	_,				_,						-,	
Transmission Category												
PWID	21	34%	22	23%	23	18%	<5	-	<5	-	71	22%
Heterosexual	40	65%	70	73%	97	76%	18	86%	10	71%	235	73%
Transfusion/Hemophilia	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
Mother HIV positive	<5	-	<5	-	6	5%	<5	-	<5	-	11	3%
Unknown	31	-	67	-	41	-	<5	-	14	-	157	-
Age in Years												
0 - 12	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
18 - 24	<5	-	<5	-	<5	-	<5	-	<5	-	8	2%
25 - 29	7	8%	7	4%	<5	-	<5	-	<5	-	20	4%
30 - 39	12	13%	26	16%	25	15%	<5	-	<5	-	70	15%
40 - 49	19	20%	38	23%	47	28%	6	24%	<5	-	113	24%
50 - 59	31	33%	50	31%	53	32%	6	24%	7	39%	147	31%
60 - 69	15	16%	35	21%	28	17%	<5	-	<5	-	86	18%
70+	<5	-	5	3%	8	5%	<5	-	<5	-	19	4%
Unknown	<5	-	<5	-	<5	-	<5	-	10	-	12	-
Female at Birth Subtotal	93		163		168		25		28		477	

Source¹ and Notes^{5,9, &13}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Figure 31. Persons living with HIV in Long Beach, cases by zip code, 2019

Zip code	Prevalence of HIV (per
	100,000)
90802	2,600
90803	977
90804	1,177
90805	493
90806	945
90807	789
90808	262
90810	322
90813	1,208
90814	1,397
90815	445



*Map does not include people experiencing homelessness or individuals who did not provide a zip code. Source: California Department of Public Health, STD Control Branch

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TRENDS IN HIV DIAGNOSES



Source¹ and Notes^{1, &14}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹ and Notes ^{1,15,16}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".





Source¹ and Notes ^{1, &14}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



American Indian/Alaska Native, Multi-race, Unknown excluded (n=10), or 12% of new diagnoses between 2015-2019.

Source¹ and Notes ^{1, &14}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Table 22. Number of persons newly diagnosed with HIV by gender and age group, Long Beach, 2015-2019

	201	15	201	L6	20:	17	201	18	20	19
	Num.	%								
Total	146		127		112		105		124	
Male at Birth (Years) Age at Diagnosis										
0 - 12	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	<5	-	<5	-
18 - 24	24	19%	16	15%	25	25%	16	18%	13	13%
25- 29	18	14%	25	23%	18	18%	15	17%	29	29%
30 - 39	39	30%	37	34%	27	26%	27	31%	29	29%
40 - 49	27	21%	17	16%	16	16%	16	18%	14	14%
50 - 59	17	13%	11	10%	10	10%	9	10%	12	12%
60 - 69	<5	-	<5	-	<5	-	<5	-	<5	-
70+	<5	-	<5	-	<5	-	<5	-	<5	-
No age given	<5	-	<5	-	<5	-	<5	-	<5	-
Male Subtotal	129		109		102		88		100	
Female at Birth (Years) <i>Age at Diagnosis</i>										
0 - 12	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	<5	-	<5	-
18 - 24	<5	-	<5	-	<5	-	<5	-	<5	-
25-29	<5	-	<5	-	<5	-	<5	-	<5	-
30 - 39	<5	-	<5	-	<5	-	8	47%	<5	-
40 - 49	<5	-	6	33%	<5	-	<5	-	7	29%
50 - 59	<5	-	6	33%	<5	-	<5	-	<5	-
60 - 69	<5	-	<5	-	<5	-	<5	-	<5	-
70+	<5	-	<5	-	<5	-	<5	-	<5	-
Female Subtotal	17		18		10		17		24	

Source¹ and Notes ^{9, & 5,}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹ and Note ¹⁷. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



TRENDS IN INDIVIDUALS IN STAGE 3 (AIDS)

Table 23. Number of persons living with Stage 3 (AIDS) by year, Long Beach, 2015-2019 2015 2016 2019 2017 2018 Num. % Num. % Num. % Num. % Num. % Total 2,454 2,501 2,351 2,393 2,421 Sex at Birth Male 2.119 90% 2.157 90% 2,184 90% 2,213 90% 2,251 90% Female 232 10% 236 10% 237 10% 241 10% 250 10% **Race/Ethnicity** 924 937 39% 946 39% 954 39% 967 39% White 39% African American 446 19% 455 19% 460 19% 471 19% 483 19% Latinx 805 34% 820 34% 832 34% 843 34% 860 34% Asian/Pacific Islander 94 95 97 98 102 4% 4% 4% 4% 4% Native American/ Alaska <5 <5 <5 <5 -_ <5 _ _ _ Native Multi-race 80 3% 83 3% 83 3% 85 3% 85 3% Unknown <5 <5 <5 <5 <5 _ _ -_ _ Age in Years 0 - 12 <5 <5 <5 <5 <5 _ _ _ _ <5 13 - 17 <5 -<5 _ <5 <5 18 - 24 <5 <5 <5 <5 <5 _ 25 - 29 20 1% 22 1% 26 1% 30 1% 33 1% 7% 190 201 30 - 39 171 185 8% 8% 8% 217 9% 40 - 49 424 18% 18% 434 18% 442 18% 449 461 18% 50 - 59 1,008 43% 1,020 43% 1,027 42% 1,033 42% 1,045 42% 60 - 69 591 25% 594 25% 598 25% 602 25% 604 24% 70+ 132 6% 132 6% 132 5% 132 5% 133 5% Unknown <5 <5 <5 <5 <5 -----**Transmission Category** 78% MSM 1,748 78% 1,777 78% 1,794 78% 1,810 78% 1,830 PWID 122 5% 123 5% 126 5% 128 6% 129 5% MSM-PWID 180 170 8% 173 8% 176 8% 179 8% 8% Heterosexual 195 9% 195 9% 195 8% 196 8% 201 9% 7 7 7 7 7 Transfusion/Hemophilia 0.3% 0.3% 0.3% 0.3% 0.3% 7 Mother HIV positive 0.3% 7 0.3% 7 0.3% 7 0.3% 7 0.3% Unknown 102 111 116 126 146

Source¹ and Notes ^{5,9 &12}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".





Figure 38. Persons living with Stage 3 (AIDS) by demographic, Long Beach, 2019

*See table 23



TRENDS IN HIV MORTALITY

Table 2	4. Deat	hs am	ong per	sons li	ving wi	th HIV	by year	, Long	Beach,	2015-	2019	
	20	15	20	16	2017		2018		2019		Cumulative Total	
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	2015-2019	%
Sex at Birth												
Male	52	95%	28	88%	60	91%	57	85%	25	93%	222	90%
Female	<5	-	<5	-	6	9%	10	15%	<5	-	25	10%
Race/Ethnicity					Ū	0,0		2070				20/0
White	24	44%	12	38%	28	42%	25	37%	10	37%	99	40%
African American	14	25%	7	22%	17	26%	12	33%	9	33%	62	25%
Latinx	14	25%	10	31%	15	23%	20	26%	7	26%	66	27%
Asian/Pacific Islander	<5	-	<5	-	<5	-	<5	-	<5	-	5	2%
Native American/Alaska Native	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
Multi-race	<5	-	<5	-	6	9%	<5	-	<5	-	15	6%
Transmission Category ³												
MSM	34	67%	19	66%	38	61%	39	64%	16	70%	146	65%
PWID	7	14%	<5	-	6	10%	<5	-	<5	-	19	8%
MSM-PWID	6	12%	5	17%	13	21%	12	20%	6	26%	42	19%
Heterosexual	<5	-	<5	-	<5	-	7	11%	<5	-	18	8%
Mother HIV positive	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
Unknown	<5	-	<5	-	<5	-	6	-	<5	-	22	-
Age at Death (Years)												
0 - 29	<5	-	<5	-	<5	-	<5	-	<5	-	8	3%
30 - 39	<5	-	<5	-	<5	-	7	10%	<5	-	15	6%
40 - 49	11	20%	8	25%	5	8%	13	19%	5	19%	42	17%
50 - 59	24	44%	11	34%	33	50%	21	31%	11	41%	100	41%
60 - 69	11	20%	10	31%	19	29%	13	19%	7	26%	60	24%
70+	<5	-	<5	-	5	8%	10	15%	<5	-	22	9%
HIV Disease Stage ⁴												570
HIV only	7	13%	<5	-	11	18%	10	15%	<5	-	35	15%
HIV and later AIDS	32	62%	19	61%	32	52%	43	66%	12	46%	138	58%
HIV and AIDS diagnosed												
simultaneously	13	25%	9	29%	19	31%	12	18%	10	38%	63	27%
Unknown	<5	-	<5	-	<5	-	<5	-	<5	-	11	-
Total	55		32		66		67		27		247	

Source¹ and Notes ^{5,8, 18, &19}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".





Source¹ and Notes ^{14 & 20}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹ and Notes ^{14 & 20}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



HEALTH INSURANCE STATUS AT TIME OF HIV DIAGNOSIS



Source¹ and Notes ^{14, &21}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".







HIV AMONG MEN WHO HAVE SEX WITH MEN (MSM)



Source¹ and Notes^{1, & 14}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Figure 44. Total early syphilis among MSM by HIV serostatus, Long Beach, 2017-2019

Source¹ and Note²⁴. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



HIV AMONG TRANSGENDER PERSONS

Table 25. Ni	umber of tra	ansgend	ler perso	ns living	g with HI\	/ by year	, Long Bea	ch, 2015	5-2019	
	201	.5	201	.6	201	.7	2018		201	.9
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
Total	52		52		54		55		57	
Sex at Birth										
Transgender Women	52	100%	52	100%	54	100%	54	98%	55	96%
Transgender Men	<5	-	<5	-	<5	-	<5	-	<5	-
Race/Ethnicity										
White	9	17%	9	17%	9	17%	9	16%	9	16%
African American	19	37%	19	37%	19	35%	20	36%	21	37%
Latinx	19	37%	19	37%	21	39%	21	38%	22	39%
Asian/Pacific Islander	<5	-	<5	-	<5	-	<5	-	<5	-
Native American/Alaska Native	<5	-	<5	-	<5	-	<5	-	<5	-
Multi-race	<5	-	<5	-	<5	-	<5	-	<5	-
Age in Years										
0-12	<5	-	<5	-	<5	-	<5	-	<5	-
13 - 17	<5	-	<5	-	<5	-	<5	-	<5	-
18 - 24	<5	-	<5	-	<5	-	<5	-	<5	-
25 - 29	<5	-	<5	-	<5	-	<5	-	<5	-
30 - 39	12	23%	12	23%	12	22%	13	24%	14	25%
40 - 49	17	33%	17	33%	17	31%	17	31%	17	30%
50+	22	42%	22	42%	23	43%	23	42%	24	42%
Transmission Category										
MSM	42	82%	42	82%	44	83%	44	83%	44	83%
PWID	9	18%	9	18%	9	17%	9	17%	9	17%
MSM-PWID	<5	-	<5	-	<5	-	<5	-	<5	-
Heterosexual	<5	-	<5	-	<5	-	<5	-	<5	-
Unknown	<5	-	<5	-	<5	-	<5	-	<5	-
HIV Disease Stage										
HIV only	27	52%	27	52%	29	54%	30	55%	32	56%
HIV and later AIDS	25	48%	25	48%	25	46%	25	45%	25	44%
HIV and AIDS diagnosed simultaneously	<5	-	<5	-	<5	-	<5	-	<5	-

Source¹ and Note^{5,7,8, &9}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



*See Table 25.



HIV CARE CONTINUUM



Source¹ and Note^{1 & 25}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹ and Note^{1, 25, & 26}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".





Source¹ and Note^{1, &25}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹ and Note^{1, &25}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".





Source¹ and Note²⁵. For more detailed information, refer to section titled "HIV SOURCES and NOTES".







Source¹ and Note^{1 & 25}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".



Source¹ and Note^{1 &25}. For more detailed information, refer to section titled "HIV SOURCES and NOTES".


HIV TECHNICAL NOTES

Place of Residence: As of 2018, a more up-to-date indicator is now being used to differentiate city of residence. As a result, case counts, and incidence rates will have changed from previous versions of the annual report and display different values for prior years.

Date of Initial HIV Diagnosis: The date of HIV diagnosis for newly diagnosed cases is determined based on the earliest date of any of the following: positive HIV antibody test, positive HIV antigen/antibody combination test, detectable viral load test, or physician-documented diagnosis in absence of sufficient laboratory evidence. The date of initial HIV diagnosis for assessing trends in new HIV diagnoses considers 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 are not used to determine date of initial HIV diagnosis.

Living with HIV: Those reported as living with HIV are those with a new diagnosis as well as those who have been diagnosed in previous years.

Grouping of Data Categories: Data in certain racial/ethnic or risk categories are grouped together when the number of persons with HIV in that group is small and/or does not present significant trends. For example, "Other" in the race/ethnicity breakdown in some tables or figures represents Asian/Pacific Islander, Native American, and people of mixed race. Whenever possible, this report presents the expanded racial/ethnic categories rather than an aggregate group labeled "Other." The label "Other" in the transmission category breakdown may include transfusion recipients, hemophiliacs, heterosexuals, persons acquiring HIV prenatally, or persons of unidentified risk.

HIV Case Rates and HIV Mortality Rates: Annual race-specific rates are calculated as the number of cases diagnosed for a racial/ethnic group during each year divided by the population for that race/ethnicity, multiplied by 100,000. These rates are calculated separately for males and females. The annual populations are not available for transgender persons. Population denominators by year are obtained from the State of California, Department of Finance, Demographic Research Unit (See References).

HIV Surveillance Methods: Long Beach HIV cases are reported primarily through active surveillance activities in which public health personnel review laboratory and pathology reports and medical records to identify cases and complete the case report forms. HIV cases are also identified through passive reporting, 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. The surveillance system is evaluated regularly for completeness, timeliness, and accuracy.

The HIV data in this report include persons who were residents of Long Beach at the time they were diagnosed with HIV (all stages of infection) including Long Beach residents who were diagnosed in other jurisdictions. Long Beach started name-based case reporting for HIV cases in April 2006, as mandated by California law. Only cases reported confidentially by name are included in this report.

Data on diagnoses of HIV infection should be interpreted with caution. HIV surveillance reports may not be representative of all persons infected with HIV because not all infected persons have been tested. Furthermore, the results of anonymous tests are not required to be reported in California. Therefore, reports of confidential test results may not represent all persons with HIV infection. Many factors, including the extent to which testing is routinely offered



to specific groups and the availability of, and access to, medical care and testing services, may influence testing patterns. These data only provide a minimum estimate of persons known to be HIV infected.

Stage of Disease at Diagnosis of HIV Infection: In 2014, the United States surveillance case definition for HIV infection among adults and adolescents aged \geq 13 years and children age <13 was revised to expand the HIV infection classification staging system to five stages of HIV infection as described below.

- <u>HIV infection stage 0</u>: This stage is early HIV infection and is established by a sequence of discordant HIV test results indicative of early HIV infection in which a negative or indeterminate result was within 180 days of a positive result. This sequence of discordant results may be based on testing history (previous 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).
- <u>HIV infection stage 1-3</u>: HIV infection stage 1-3 is based on age-specific CD4 T-lymphocyte count or CD4 T-lymphocyte percentage of total lymphocytes. Data on persons with HIV infection, stage 3 (AIDS) include persons whose infection has ever been classified as stage 3 (AIDS).
- <u>HIV infection, stage unknown</u>: No information available on CD4 count or percentage and no reported information on AIDS-defining conditions (every effort is made to collect CD4 counts or percentages at time of diagnosis).

Transgender Status: In Long Beach HIV data, transgender individuals are listed as either male-to-female or female-tomale. Due to the small number of transgender cases in Long Beach and potential small population size, their data are included with their sex at birth category to protect confidentiality. Please note that there are several limitations of our transgender data. We believe that our report likely underestimated the number of transgender persons affected by HIV because data collected for HIV reporting are derived from medical records. Consequently, information that may be discussed with the health care provider but not recorded in the medical record is generally not available for the purposes of HIV case reporting.

CDC HIV Surveillance report data is based on a person's sex at birth. Data for transgender persons are not explicitly presented in their report because information on gender identity (a person's internal understanding of his or her gender or the gender with which a person identifies) is not consistently collected or documented in the data sources used by HIV reporting jurisdictions, like those of Long Beach.

Out-of-Jurisdiction Cases: Routine HIV case surveillance assigns case ownership by residence at diagnosis. HIV cases residing in Long Beach at time of diagnosis are considered Long Beach cases. HIV cases receiving care in Long Beach but who resided elsewhere at time of diagnosis are considered out-of-jurisdiction (OOJ) cases.

HIV Care Continuum: To direct HIV prevention resources most effectively, the CDC tracks the "HIV care continuum." The continuum is the series of steps from the time a person is diagnosed with HIV through the successful treatment of their infection with HIV medications. The goal of HIV treatment is to achieve viral suppression, meaning the amount of HIV in the body is very low or undetectable. The HIV care continuum consists of several steps required to achieve viral suppression.



Out of HIV Care: Persons who do not have at least one CD4 or viral load or HIV-1 genotype test during the calendar year are to be considered out of HIV care.

HIV Care Continuum Continued:

- <u>Diagnosed</u>: Persons currently diagnosed and living with HIV.
- <u>In HIV Care</u>: Persons who have at least one CD4 or viral load or HIV-1 genotype test during the calendar year are considered to be engaged in care.
- <u>Retained in HIV Care</u>: Persons who have two or more CD4 or viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year are considered to be retained in care.
- <u>Achieved Viral Suppression</u>: Persons who have a most recent viral load test result <= 200 copies/ml during the calendar year are considered to be virally suppressed for HIV.

For further information on HIV, please visit: <u>https://www.cdc.gov/hiv/</u>



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