

Antelope Valley Health District

HIV & STD Epidemiologic Profile 2022

This epidemiologic profile provides updated information about HIV and STDs in the Antelope Valley Health District in Los Angeles County (LAC). **All data represent persons aged ≥ 13 years. All rates are per 100,000.** See technical notes for additional details.

Percent of LAC PLWDH* residing in Antelope Valley

Antelope Valley residents make up **4%** of the LAC population

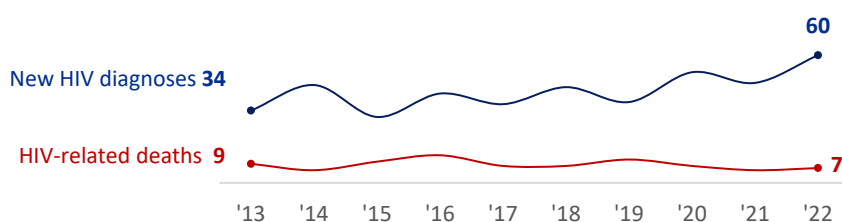


In 2022, Antelope Valley residents made up **2%** of the total number of PLWDH in LAC



*PLWDH = Persons living with diagnosed HIV

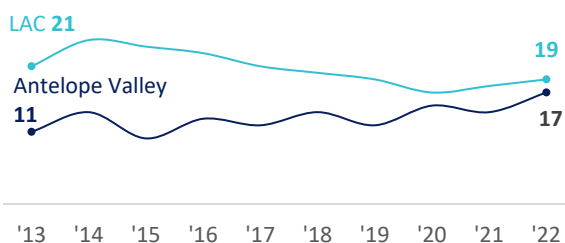
New Reported HIV Diagnoses & HIV-Related Deaths



New reported HIV diagnoses in Antelope Valley have been on an increasing trend since 2013. HIV-related deaths among PLWDH have remained relatively stable.

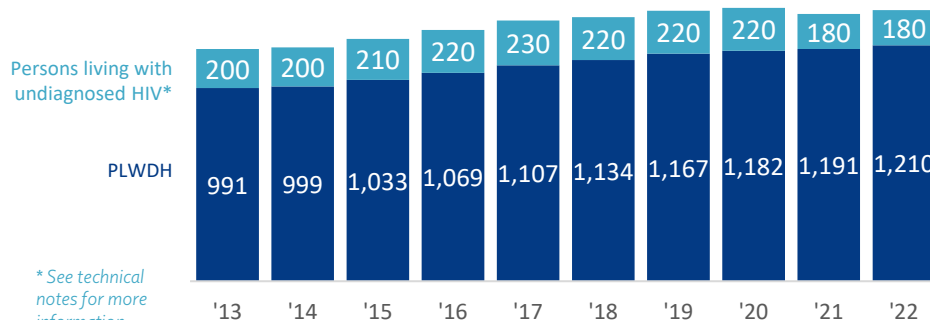
Note: It is recommended that 2014 and 2020 data be interpreted with caution due to situational factors. See technical notes for more information

HIV Diagnosis Rates: Antelope Valley vs. LAC



Between 2013 and 2022, HIV diagnosis rates in Antelope Valley have been consistently lower than in LAC overall. However, rates have been increasing in Antelope Valley while rates have been decreasing in LAC.

Number of Persons Living with diagnosed & undiagnosed HIV



* See technical notes for more information



343,660

Residents of Antelope Valley Health District in 2022 aged ≥ 13 years

60

New reported HIV diagnoses in 2022

339

New reported syphilis diagnoses in 2022

945

New reported gonorrhea diagnoses in 2022

2,487

New reported chlamydia diagnoses in 2022

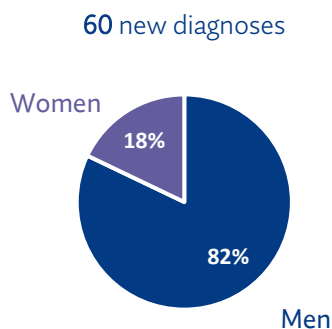
43%

STD coinfection among new reported HIV diagnoses in 2022

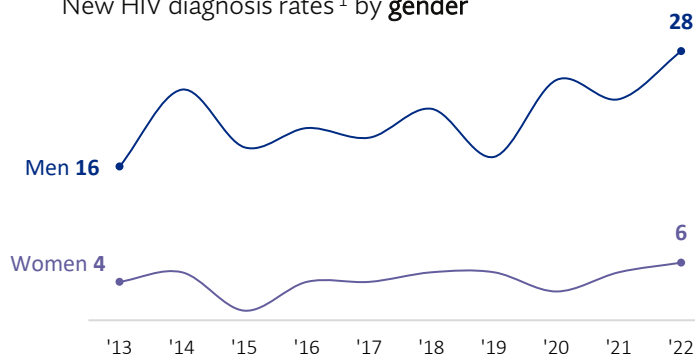
Antelope Valley Health District Epidemiologic Profile - 2022

Characteristics of New HIV Diagnoses – Gender, Race/Ethnicity, Age

2022 new HIV diagnoses by **gender**



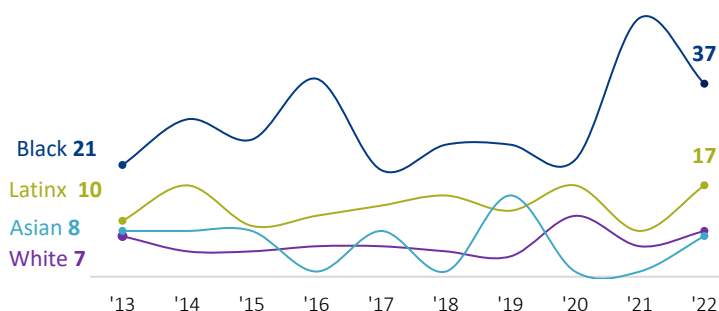
New HIV diagnosis rates¹ by **gender**



New HIV diagnosis rates have remained substantially higher among men than women. Rates among men have increased, while rates among women have increased just modestly since 2013.

Note: Trans men and trans women are grouped into one category to maintain confidentiality due to small numbers. New HIV diagnosis rates among trans persons are not presented due to the unavailability of reliable population size estimates in LAC.

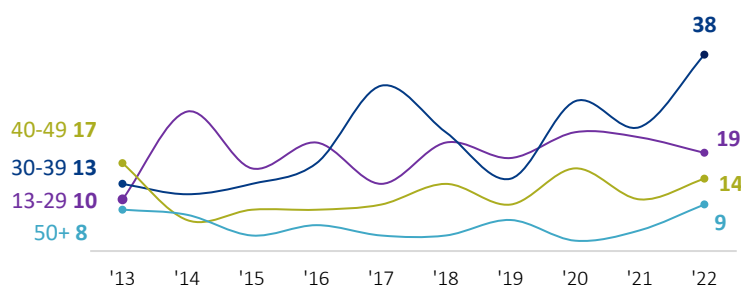
New HIV diagnosis rates¹ by **race/ethnicity**



Between 2013 and 2022, new HIV diagnosis rates among Black persons have been consistently higher than other race/ethnicity groups.

Note: Native Hawaiian and Pacific Islanders, American Indians and Alaska Natives, and persons of multiple race/ethnicities are not included in this profile due to small numbers in Antelope Valley.

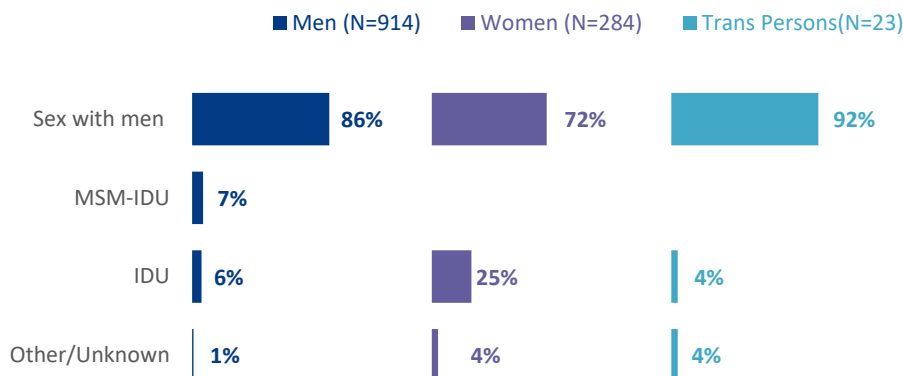
New HIV diagnosis rates¹ by **age group**



Since 2013, new HIV diagnosis rates have increased for ages 13-29 and 30-39. Rates for ages 50+ have stayed consistent. Among persons aged 40-49, rates have declined.

Antelope Valley Health District Epidemiologic Profile - 2022

Transmission Category among Persons Living with HIV by Gender

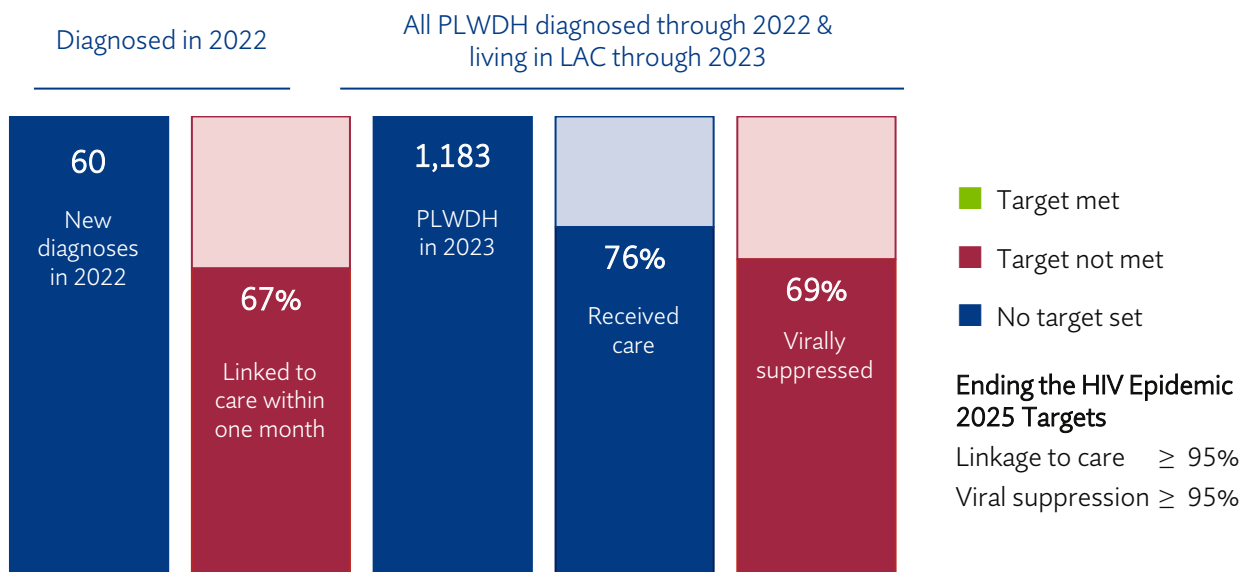


The primary transmission category for men, women, and trans persons was having sex with men.

Note: Persons without an identified category were assigned a category factor using CDC-recommended multiple imputation methods. Sum of transmission may not add to the total number of persons newly diagnosed with HIV by gender due to rounding error.

HIV Care Continuum

The HIV care continuum is a series of steps starting from when a person is diagnosed with HIV through their achievement of viral suppression. The base population for measuring linkage to HIV care is persons who received an HIV diagnosis in a given calendar year, whereas the base population for the downstream steps in the continuum is all persons who were diagnosed with HIV through 2022 and living in LAC as of 2023. The latter ensures at least one year of follow-up to measure receipt of care, retention in care, and viral suppression.



Ending the HIV Epidemic 2025 Targets

Linkage to care $\geq 95\%$
Viral suppression $\geq 95\%$

Linkage to care and viral suppression levels have not yet met the 2025 targets set for the Ending the HIV Epidemic (EHE) Initiative.

Antelope Valley Health District Epidemiologic Profile - 2022

New Syphilis, Gonorrhea & Chlamydia Diagnoses and Rates: Antelope Valley vs. LAC

In 2022, a total of 3,771 new diagnoses of syphilis, gonorrhea, and chlamydia were reported among Antelope Valley Health District residents aged 13+ years. The rates of new syphilis and gonorrhea diagnoses were lower than in LAC while the rate of new chlamydia diagnoses was higher than in LAC.

Syphilis in 2022

339
new diagnoses in
Antelope Valley
3%
of all LAC diagnoses
Rate of new diagnoses
99
LAC rate: 126

Gonorrhea in 2022

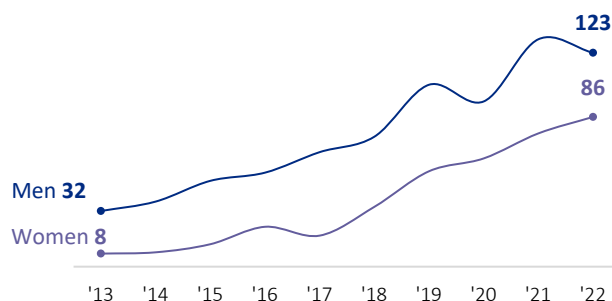
945
new diagnoses in
Antelope Valley
4%
of all LAC diagnoses
Rate of new diagnoses
275
LAC rate: 332

Chlamydia in 2022

2,487
new diagnoses in
Antelope Valley
5%
of all LAC diagnoses
Rate of new diagnoses
724
LAC rate: 674

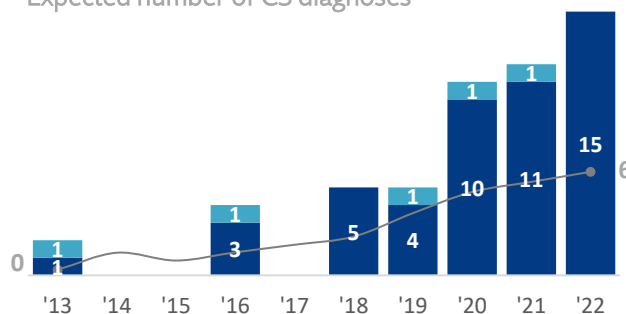
New STD Diagnosis Rates by Gender & New Congenital Syphilis Diagnoses

New **syphilis** diagnosis rates¹ by gender



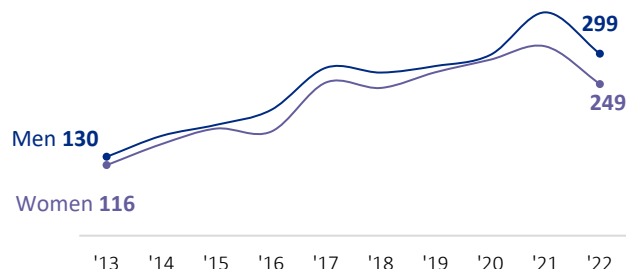
Since 2013, new syphilis diagnosis rates in Antelope Valley have increased for men and women. Rates among men have remained higher than rates among women.

Number of new **congenital syphilis (CS)** diagnoses by type: **Non-Stillbirths** & **Stillbirths** vs. Expected number of CS diagnoses



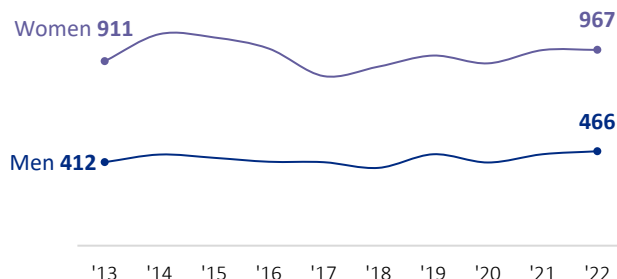
New CS diagnoses in Antelope Valley have increased in recent years. In 2022, the number of CS diagnoses was higher than expected. There have been five stillbirths reported since 2013.

New **gonorrhea** diagnosis rates¹ by gender



New gonorrhea diagnosis rates in Antelope Valley have increased for men and women. Rates among men and women in Antelope Valley have remained similar since 2013.

New **chlamydia** diagnosis rates¹ by gender



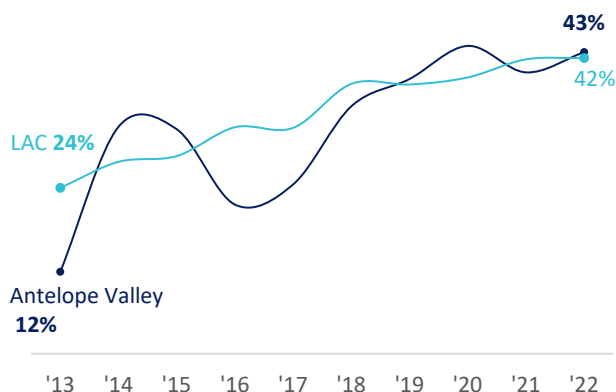
New chlamydia diagnosis rates in Antelope Valley have remained relatively stable for men and women since 2013. The rates among women in Antelope Valley have remained more than double the rates among men.

Antelope Valley Health District Epidemiologic Profile - 2022

Coinfection of HIV and STDs: Antelope Valley vs. LAC

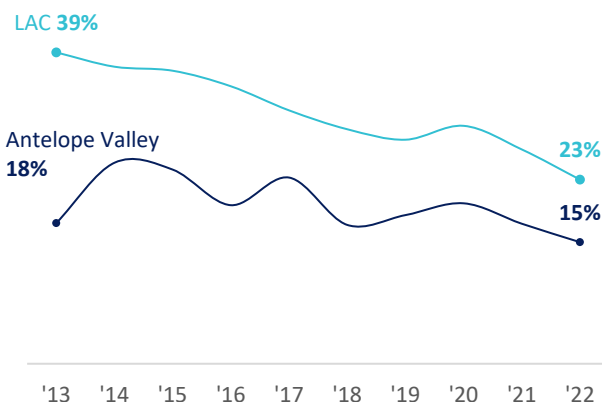
HIV and other STDs are syndemic in LAC. Persons with syphilis, gonorrhea, and/or chlamydia are at an increased risk of acquiring HIV due to biological and behavioral factors. STDs among PLWH can also increase HIV viral load and the risk of HIV transmission.

Percent of new HIV diagnoses coinfectd with one or more STD



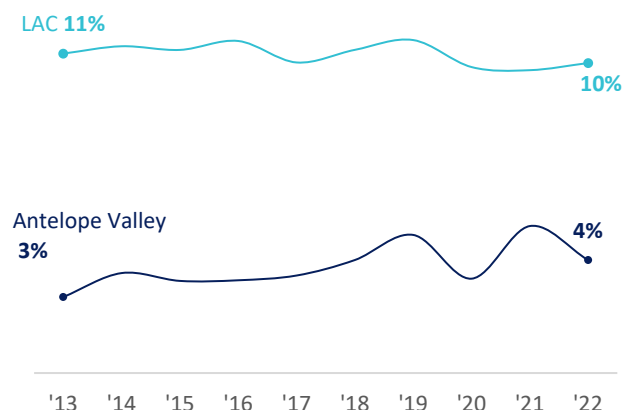
The percentage of new HIV diagnoses in Antelope Valley with syphilis, gonorrhea, and/or chlamydia coinfection has increased from 12% in 2013 to 43% in 2022. The percent of coinfectd diagnoses in Antelope Valley has neared LAC trends in recent years.

Percent of new syphilis diagnoses coinfectd with HIV



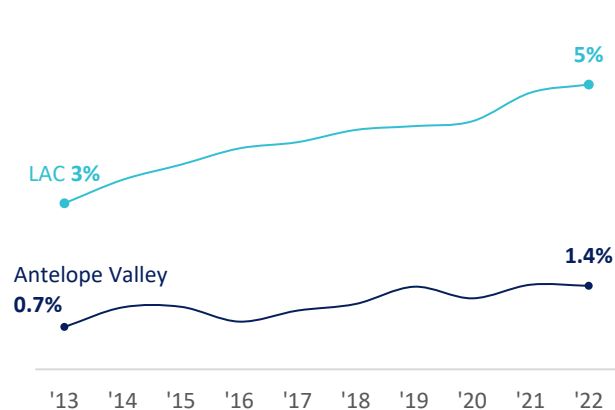
In 2022, 15% of all new syphilis diagnoses in Antelope Valley were coinfectd with HIV. This proportion has decreased over time and remained consistently lower than in LAC overall.

Percent of new gonorrhea diagnoses coinfectd with HIV



The percentage of new gonorrhea diagnoses coinfectd with HIV in Antelope Valley has remained relatively stable from 2013 to 2022 and remained lower than LAC overall.

Percent of new chlamydia diagnoses coinfectd with HIV



The percentage of new chlamydia diagnoses coinfectd with HIV in Antelope Valley has remained relatively stable from 2013 to 2022 and has remained consistently lower than LAC overall.