

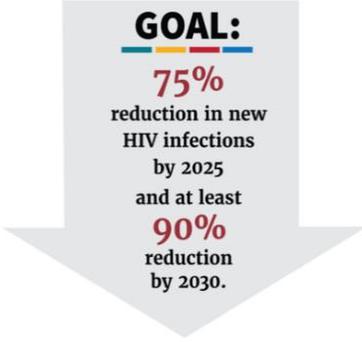
Ending the HIV Epidemic in Los Angeles County

Executive Summary

December 1, 2020

What is Ending the HIV Epidemic?

Ending the HIV Epidemic: A Plan for America (EHE) is a national initiative which focuses on four key pillars of interventions designed to help us reach the goal of reducing new HIV transmissions and acquisitions in the United States by 75 percent in five years (by 2025) and by 90 percent in ten years (by 2030).ⁱ The four EHE Pillars are: (1) **Diagnose** people living with HIV as early as possible, (2) **Treat** people living with HIV rapidly and effectively to achieve viral suppression, (3) **Prevent** new HIV transmissions using proven interventions, and (4) **Respond** quickly to HIV outbreaks and deliver prevention and treatment services to people who need them. A network of federal partners, including the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Region IX Prevention through Active Community Engagement (PACE) Program, have collaborated to fund and support 57 EHE Phase I priority jurisdictions across the United States to develop and implement strategies that will move us towards an AIDS-free generation. Los Angeles County is one of the 57 priority jurisdictions.



GOAL:
75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

What does HIV look like in Los Angeles County?

In Los Angeles County (LA County) there are approximately 58,000 people living with HIV (PLWH), the majority of these persons are male (90%), a smaller fraction are female (9%) and a smaller number (but highly disproportionate compared to their share of the LA County population) are transgender (either male to female or female to male). The majority of PLWH in LA County are treating their HIV with highly active antiretroviral therapy (ART) and effectively managing HIV as evidenced by their achievement of sustained viral suppression – a level of HIV in the bloodstream that is so low that it is undetectable. While some people living with HIV can achieve viral suppression through the routine and consistent access to their health care delivery system, many other persons living with HIV depend on access to a broader menu of medical and support services to achieve viral suppression. These services include but are not limited to medical care coordination services that improve health system navigation, housing support, mental health, oral health food and nutrition services, substance use treatment, and transportation services.

In Los Angeles County, there are nearly 1,700 new HIV infections each year and separately there are more than 6,000 undiagnosed people living with HIV. For people living with HIV, adherence to ART and achieving viral suppression is critical to promoting health and to ensuring that HIV is not sexually transmitted to others.ⁱⁱ For persons who have HIV but are not yet diagnosed (e.g. unaware of their HIV infection) or for persons who have been diagnosed but are experiencing challenges with both adherence to ART and maintaining viral load suppression, the scale up of existing effective interventions and the adoption of new interventions are necessary to achieve our Ending the HIV Epidemic goals. It has been well established that broad scale testing that allows persons with HIV to be diagnosed as close to the period of infection as possible and promptly linking newly HIV diagnosed persons to care and treatment services will not only improve overall individual health outcomes but will also have broad public health benefits. The support and access of new biomedical HIV prevention tools like PrEP (pre-exposure prophylaxis or a daily pill that prevents HIV transmission) for HIV-negative persons at elevated risk for HIV continues to be uneven across Los Angeles County.

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The underutilization of these low-cost or no-cost prevention tools in the most impacted areas of our County will require a renewed commitment of education, awareness and mobilization if we are to realize the full potential of this science, and end the HIV epidemic, once and for all.

At the end of 2018, approximately 0.6% of the 10.3 million LA County residents were living with HIV. The group with the plurality of PLWH are Latinx cisgender men who have sex with men (~40%), followed by White cisgender men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%).ⁱⁱⁱ The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men.

Separately, Latinx and Black/African American cisgender heterosexual females each represent approximately 40% of the cases among females while White cisgender heterosexual females represent nearly 19% of female cases. Approximately 1% of female cases are among cisgender heterosexual females who identify as American Indian/Alaskan Native, Asian or Pacific Islander.

Transgender persons continue to be the most disproportionately impacted gender group compared to their share of the LA County population with HIV positivity rates exceeding 30%. The disproportionate impact is evident across all racial/ethnic groups.

Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LA County population.

How will we end the HIV epidemic in Los Angeles County?

Ending the HIV epidemic locally requires the significant scale up and expanded reach of proven and new interventions that work towards overarching goals and are undergirded by overarching strategies.

Overarching Goal: Reduce new HIV transmissions and acquisitions in the United States by 75% in five years and by 90% in ten years.

Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.

Priority Populations: Based on the most recent LA County epidemiologic profile and other key local data, the priority populations include: Black/African-American men who have sex with men (MSM), Latinx MSM, women of color, people who inject drugs, transgender persons, and persons under 30 years of age.

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Diagnose people living with HIV as early as possible.

Why is early diagnosis important? An HIV diagnosis as close to the period of infection as possible is a crucial first step to achieving good HIV-related health outcomes and reducing the likelihood of HIV transmission to others. In LA County in 2019, 1,660 people aged 13 years or older were newly diagnosed with HIV. While HIV diagnoses rates have declined in general and across all most racial and gender groups, Black/African American cisgender men and cisgender women continue to have the highest rates of new diagnoses (number per 100,000 residents.) In 2017, 6,400 people in LA County were unaware of their HIV-positive status and the greatest disparities in awareness were among young people living with HIV (PLWH). In 2017, only 48% of PLWH aged 13-24 years and 66% of PLWH aged 25-34 years were aware of their HIV status, falling short of the 95% local and national target. Disparities in status awareness also persist among persons who inject drugs (PWID), with over one-third of PWID with HIV unaware of their HIV-positive status and only 55% having been tested for HIV in the past 12 months.

What will be measured as part of this pillar of EHE?

- Increase the percentage of people living with HIV (PLWH) who are aware of their HIV status to 95%
- Reduce annual number of HIV diagnoses

What strategies will be implemented?

Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities. Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, including as part of the delivery of STD screening, substance use treatment, and syringe service program services, among others.

Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home and/or self-testing.

Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare and non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening and increase ways of maintaining communication with clients.



Pillar 2: Treat people rapidly and effectively to achieve viral suppression.

Why is this important? People diagnosed with HIV should be linked to medical care within days of diagnosis to ensure optimal treatment for the individual and reduce transmission to others. In LA County, HIV testing providers are responsible for linking people who are newly diagnosed with HIV to a specialty care provider. In many instances, due to a combination of factors, including denial of the diagnosis, competing life demands, health care access barriers, necessary but cumbersome financial screening requirements, among others, access to HIV is delayed or halted. In response to these barriers, we must insist on the universal availability of rapid initiation of antiretroviral therapy (ART), an intervention that has been shown to shorten the time to viral suppression. Our current approach to linkage to care must be restructured to promote and incentivize the prompt linkage to care of newly diagnosed persons and coupled with building the capacity among HIV specialty providers to receive same day referrals. In 2018, 75% of people aged 13 and older newly diagnosed with HIV in LA County were linked to care within one month of diagnosis. The lowest levels of prompt linkage to care were noted among cisgender

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women, Black/African-American persons, young persons aged 13-19, persons over age 60, and individuals whose mode of HIV transmission was heterosexual sex or injection drug use, persons who were unhoused at the time of HIV diagnosis, and those who report injection drug use as the transmission risk.

What will we measure to determine if we are making progress in this area?

- The proportion of people diagnosed with HIV who are linked to HIV care within 1 month of diagnosis to 95%
- The proportion of diagnosed people living with HIV (PLWH) who are virally suppressed to 95%

What strategies will be implemented?

Strategy 2A: Ensure rapid linkage to HIV care and ART initiation for all persons newly diagnosed with HIV by developing a network of specialty care providers who offer same day appointments with rapid ART disbursement.

Strategy 2B: Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness and persons with substance use disorders.

Strategy 2C: Expand promotion of Ryan White Program services to increase awareness, access to and utilization of available medical care and support services for PLWH.

Strategy 2D: Develop and implement an emergency financial assistance program that supports PLWH experiencing financial hardship to allow for better treatment adherence or engagement in medical care and/or supportive services.

Strategy 2E: Improve the delivery of HIV services and client satisfaction rates by supporting strategies to address workforce burnout, improve staff capacity to better meet the needs of PLWH, and expand the availability of staff training tied to trauma informed care, stigma reduction, implicit bias, and medical mistrust.

Strategy 2F: Develop and fund a housing service portfolio that provide rental subsidies to prevent homelessness among PLWH.

Strategy 2G: Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH. Implement and evaluate a pilot program to determine continued use of financial incentives and potential for expansion to disproportionately impacted populations.



Pillar 3: Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs.

Why is this important? PrEP will be a cornerstone to our efforts to end the HIV epidemic because it reduces the risk of getting HIV through sex by about 99% and reduces the risk of getting HIV among people who share and inject drugs by at least 74%, when the medication is taken as prescribed.^{iv} In 2018, an estimated 72,700 Los Angeles County residents had an indication for PrEP and approximately 25,500 had

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been prescribed PrEP; despite widely available PrEP resources and providers, fewer than a third of people with an indication for PrEP report taking it. Interventions to address suboptimal PrEP coverage, particularly among Black/African American men who have sex with men (MSM) and cisgender women of color, are critically needed.

Historical LA County HIV transmission data reveals that injection drug use (IDU) is a consistent, but less common risk factor for HIV transmission, accounting for less than 5% of HIV cases annually. However, across the United States and the west coast, IDU-based HIV outbreaks have occurred, even in areas where syringe support programs are available. The rise of conditions and co-morbidities that contribute to drug use and are associated with HIV risk, such as economic inequality, homelessness, untreated mental illness, and opioid and methamphetamine use, are becoming more pervasive in LA County. These trends increase our local susceptibility to an HIV outbreak among persons who inject drugs and demands that we expand the reach of syringe service programs. Of the six agencies funded by the LA County Substance Abuse and Prevention Control (SAPC) Program to deliver syringe service programs, only three are funded to deliver HIV, STD, and hepatitis C (HCV) testing, revealing a critical service gap.

What will we do as a sign of progress in this area?

- Increase the number of people prescribed PrEP in priority populations to at least 70,000 persons in a 12-month period.
- Increase the number of syringe service programs by 50% by 2025 and expand the menu of services available at syringe service programs.

What strategies will be implemented?

Strategy 3A: Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and lowest PrEP coverage rates) by adopting new strategies at LA County funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education related to cost, effectiveness and availability, supporting alternatives to daily PrEP and expanding PrEP support groups.

Strategy 3B: Increase availability, use, and access to comprehensive syringe services programs in collaboration with LA County Substance Abuse and Prevention Control (SAPC) Program and other partners and identify opportunities to improve the delivery of linkage to care services for client accessing syringe service programs to HIV prevention and other services. As part of service expansion efforts, explore alternate models of prevention service delivery (e.g., syringe exchange vouchers for use at pharmacies in exchange for clean syringes and home HIV test kits.)



Pillar 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Why is this important? In 2018, LA County adopted the use of the CDC's HIV TRACE program to identify priority molecular clusters (defined as a group of 5 or more persons whose HIV genotype is identified as being highly similar and a transmission cluster requiring additional review and intervention.) Because HIV has a high mutation frequency, individuals whose HIV genotypes are highly similar are likely connected through recent sexual or social networks where there is ongoing HIV transmission. In addition, there is a high likelihood that persons who may be part of new cluster are unaware of their HIV status or know their

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status but are not virally suppressed. LA County staff perform molecular cluster analysis of available surveillance and programmatic data to determine if the individuals are in care, virally suppressed, and if they need contact and engagement from linkage to care, re-engagement or partner services/notification teams.

All persons newly diagnosed with HIV should receive a partner services interview to help them engage in HIV care and ensure that any sex or needle-sharing partner is tested for HIV and linked to PrEP or Syringe Service Programs as a strategy to prevent the forward transmission of HIV. Current data suggests that only two-thirds of persons newly diagnosed with HIV infection in LAC receive an offer of Partner Services around the time of their new diagnosis.

What will we accomplish as a sign of progress in this area?

- Develop and maintain capacity for cluster and outbreak detection and response.
- Increase the number of people newly diagnosed with HIV that are interviewed for partner services within 7 days of diagnosis to at least 85%.

What strategies will be implemented?

Strategy 4A: Refine processes, data systems, and policies for robust, real-time cluster detection, time-space analysis within DHSP to help identify hot-spot locations and sub-populations where rapid investigation and response is needed.

Strategy 4B: Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.

Ending the HIV Epidemic in Los Angeles County Next Steps

In this unprecedented era of COVID-19, it is imperative now more than ever that the strategies and activities tied to the Ending the HIV Epidemic (EHE) Plan be adopted by a broad cross-section of organizations and that we all work in a concerted fashion towards the goals of the EHE plan.

The full EHE Plan for Los Angeles County can be accessed [here](#). The proposed strategies are complementary to the existing LAC HIV service portfolio and strives to further expand existing prevention and care services available to persons living with HIV or at elevated risk for HIV in our County. The proposed strategies and activities will be implemented starting in 2021 and further expanded over the course of the next five years.

ⁱ <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

ⁱⁱ <https://getprotectedla.com/uu/what-is-uu/>

ⁱⁱⁱ <https://www.cdc.gov/healthyouth/terminology/sexual-and-gender-identity-terms.htm>

^{iv} <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>