Los Angeles County Health District
HIV & STD Epidemiologic Profiles
Technical Notes - 2021

Health District Data

- This profile includes HIV surveillance data as of September 30, 2022 and STD surveillance data as of January 9, 2022 in Los Angeles County.
- Long Beach and Pasadena STD surveillance data are presented as of August 3, 2022.
- All data and maps presented in this profile use Health District boundaries adjusted to align with the U.S. Census Bureau's 2010 census tract boundaries.
- Residence at HIV diagnosis was used to determine the geographic location of persons newly diagnosed with HIV.
- Conforming to standard criterion used by the National Center for Health Statistics, rates presented in this report were considered unreliable when the relative standard error of the rate was greater than or equal to 30%, which corresponded to rates based on less than or equal to 12 observations. These rates should be interpreted with caution.

Reporting Delay

- All data presented in this profile are considered provisional and subject to change as additional case reports are submitted and the completeness of surveillance data improves over time. Because reporting delays can impact the reliability of data presented in this profile, caution should be used when interpreting the results.
- Due to reporting delay, data for deaths is only available until 2020.
- STD data is only available until 2020. This profile will be updated to include 2021 data when they become available.
- All 2020 and 2021 data should be interpreted with caution due to the potential effects of the COVID-19 pandemic.

Underreporting

- HIV surveillance data may not be representative of all persons living with HIV (PLWH) because not all are aware of their HIV positive status or have been reported to the Department of Public Health. 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 HIV testing patterns. Additionally, the results of anonymous tests are not required to be reported in California. As such, LAC HIV surveillance data are an underestimate of the true numbers of all PLWH in LAC.
- CDC revised the case definition for HIV in 2014. Trends for 2013-2014 diagnoses should be interpreted with caution.
- As of October 1, 2019, physicians and other health care providers are no longer required to report chlamydia cases to the local health department. 2019 and 2020 data reflect lab-reported chlamydia cases.

Estimates of Undiagnosed HIV

- Undiagnosed HIV is estimated using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by LAC. HIV prevalence, which represents counts of persons with diagnosed or undiagnosed HIV at the end of each year, is estimated by subtracting reported cumulative deaths from cumulative infections. The model estimates are impacted by a 12-month reporting delay. Therefore, in this profile, estimates from the CD4 model are presented through 2020. Due to the impact of the COVID-19 pandemic on delivery of health care services in 2020, the modeled estimates for 2020 may be unreliable.

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Expected Congenital Syphilis Diagnoses

- The expected number of new congenital syphilis diagnoses each year are estimated by multiplying the proportion of the LAC population made up by each health district with the total number of new congenital syphilis diagnoses reported in LAC.

Population Rates

- Population rates presented in this profile are per 100,000 population. The population denominators used to compute the rates in the general population were based on 2010-2021 estimates provided by LAC Internal Services Department and contracted through Hedderson Demographic Services.

HIV-Related Deaths

- Death data for PLWDH are presented for only HIV-related deaths. These include deaths among PLWDH where HIV/AIDS is listed as a cause of death.

Gender

- Surveillance collects information about both sex assigned at birth ("sex at birth") and individuals' current gender identity ("gender"). This profile displays data by gender. For gender, this report displays the following gender categories: men, women, and transgender persons. Transgender individuals are people whose current gender identity is reported as trans women or trans men or whose current gender identity differs from their sex assigned at birth. Persons who are reported as female at birth and have no other gender identity noted are classified as women. Persons who are reported as male at birth and have no other gender identity noted are classified as men. This report likely underestimates the number of transgender people affected by HIV because gender status information is often incomplete in HIV and STD case reports. This is our best approximation of the various gender experiences represented by this data, in order to capture general trends. However, we are currently working on ways to increase the accuracy with which we represent all genders, bodies, and lived experiences.
- For HIV and STD diagnosis rates presented by gender, population by sex at birth is used a proxy for population by gender. This is due to the unavailability of population estimates by gender.

Race/Ethnicity

- 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.
- Race and ethnicity in this report were grouped using the following criteria exclusively: A person was considered 'Latinx' if indicated 'Latino' or 'Latina' in the race or ethnicity field, regardless of any other race information found for the person. When not indicated as 'Latino' or 'Latina', a person was considered 'American Indian and Alaska Native (AIAN)' if the race field contained AIAN information, regardless of any other race information found for this person. Asians and Pacific Islanders were categorized into two separate groups: Asian or Native Hawaiian and Pacific Islander (NHPI). This categorization was based on an extensive review among available reporting sources, including electronic medical records, original case report forms, Ryan White client registry, and STD Case Watch. In addition, information on extended race, country of birth, and full name were also considered in the review. Persons identified with presumed NHPI race were included in the NHPI group regardless of their identification of Asian race in the records. Except for AIAN and NHPI groups, a person was categorized as 'Multi-racial' when two or more races were reported in the above race fields. All other persons reported with only one single race were placed in the corresponding race/ethnicity category.

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HIV Transmission Risk Categories

- For surveillance purposes, a diagnosis of HIV is counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV are classified in the transmission category listed first in the hierarchy. The exception is men who had sexual contact with other men and injected drugs; this group makes up a separate transmission category.
- Because a substantial proportion of persons newly diagnosed with HIV are reported without an identified risk factor, multiple imputation was used to assign a transmission risk category. Multiple imputation is a statistical approach in which each missing transmission category is replaced with a set of plausible values that represent the uncertainty about the true, but missing value. The plausible values were analyzed by using standard procedures, and the results from these analyses were combined to produce the final results.
- The transmission risk category "other risks" include perinatal, hemophilia, coagulation disorder, blood transfusion, and risk factor not reported/identified.

HIV & STD Coinfection

- "New HIV diagnoses coinfected with an STD" is defined as having an STD diagnosis within the same calendar year as HIV diagnosis.
- "New syphilis diagnoses coinfected with HIV" is defined as having an HIV diagnosis date before or within one month after syphilis diagnosis.

Suggested Citation

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County of Los Angeles Public Health