Increases in New HIV Diagnoses Among Cisgender Women in King, Los Angeles and San Francisco Counties

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Background

- Syphilis cases among cisgender (cis) women have been rising in jurisdictions across the United States (US), raising concerns about the potential for an increase in HIV.
- While the number of new HIV diagnoses among cis women has declined slightly over the last fifteen years, there is significant geographic heterogeneity in US epidemic.
- Using public health data, we summarized trends in the rate of HIV diagnosis and characteristics of newly diagnosed cis women in three large jurisdictions on the west coast of the US.

In King, San Francisco and Los Angeles Counties, the rate of new HIV diagnoses among cis women increased compared to prior to COVID-19.

Improved access to stigma-free HIV screening, prevention and treatment for cis women are important to reverse this trend.

Methods

- This analysis included data from the National HIV Surveillance System and local partners services databases for King County, Washington (which includes Seattle); Los Angeles (LA) County, California; and San Francisco (SF) County, California from 2015-2024.
- Individuals were included if sex assigned at birth was "female", current gender was "woman", and the diagnosis was classified as new based on public health investigation.
- We calculated the annual incidence of new HIV diagnoses by jurisdiction and used descriptive statistics to summarize case characteristics at the time of diagnosis.

Results

- From 2015 to 2020, all three jurisdictions reported decreases in the rate of new HIV diagnoses among cis women (**Figure 1**).
- The rate started to increase in 2021, and in 2024, was 40%, 15% and 63% higher for King, LA and SF counties, respectively, compared to 2019 (pre-COVID).
- In 2024, reported history of injection drug use varied by county (**Table 1**: King County 7%; Los Angeles County 12%; San Francisco County 15%).
- In all three counties, the proportion of cis women who reported being homeless or unhoused at diagnosis in 2024 was higher than the proportion for the overall population of newly diagnosed individuals (**Figure 2**: King County 28% vs 20%; Los Angeles County 27% vs. 14%; San Francisco County 39% vs 16%).
- There were significant and persistent racial/ethnic disparities, which varied by county (**Table 1**).
- From 2015-2024, 1% of cis women across all three counties were diagnosed with syphilis in the 12 months prior to HIV diagnosis.

Table 1. New HIV diagnoses among cisgender women in King, Los Angeles, San Francisco Counties, 2022-2024

	King County			Los Angeles County			San Francisco County		
	2022	2023	2024	2022	2023	2024	2022	2023	2024
# of new diagnoses	23	36	43	210	236	212	14	14	26
Rate per 100,000[1]	1.99	3.08	3.64	4.20	4.70	4.22	3.36	3.38	6.27
Rate by race or ethnicity[2]									
AIAN	0.00	35.27	17.85	20.84	45.92	22.96	--	--	--
Asian	1.21	0.00	0.00	0.86	0.72	0.72	--	--	--
Black[2]	19.90	28.59	29.39	13.29	12.80	10.43	24.41	24.67	59.77
Latinx or Hispanic (all races)	0.79	2.32	6.05	3.95	5.14	4.57	3.43	3.43	8.59
NHPI	0.00	9.20	0.00	0.00	8.82	8.82	--	--	--
White	0.66	0.99	1.81	3.14	3.00	2.92	2.00	2.00	5.38
Nativity - N (%)									
US-born	8 (35)	14 (39)	16 (37)	33 (16)	42 (18)	48 (23)	11(79)	10(71)	19 (73)
Non-US born	15 (65)	20 (56)	26 (60)	88 (42)	94 (40)	77 (36)	2 (14)	1 (7)	3 (12)
Missing	0 (0)	2 (6)	1 (2)	89 (42)	100 (42)	87 (41)	1 (7)	3 (21)	4 (15)
Transmission category[3] - N (%)									
Heterosexual sexual contact	18 (78)	13 (36)	21 (49)	48 (23)	34 (14)	17 (8)	6 (43)	3 (21)	5 (19)
People who inject drugs	1 (4)	4 (11)	3 (7)	32 (15)	29 (12)	26 (12)	4 (29)	3 (21)	4 (15)
Perinatal	0 (0)	0 (0)	1 (2)	0 (0)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)
No identified risk	4 (17)	19 (53)	18 (42)	130 (62)	171 (72)	169 (80)	4 (29)	8 (57)	17 (65)

AIAN = American Indian/Alaska Native; Black = Black or African American; NHPI = Native Hawaiian or Pacific Islander. [1]Since there were diagnoses among individuals <13 years of age, population denominators include all individuals and are not restricted by age. [2]For rates by racial categories, mutually exclusive categories were used to enable rate calculations using census data as the denominator. [3]Heterosexual sexual contact indicated as the transmission category if, prior to their diagnosis, individuals report that at least one heterosexual sex partner: 1) reported injection drug use (IDU), 2) was male and reported sex with male partners or 3) is living with HIV. There were no instances of HIV acquisition via transfusion/transplant.

Figure 1. Rate of new HIV diagnoses among cisgender women in King, Los Angeles and San Francisco Counties, 2015-2024

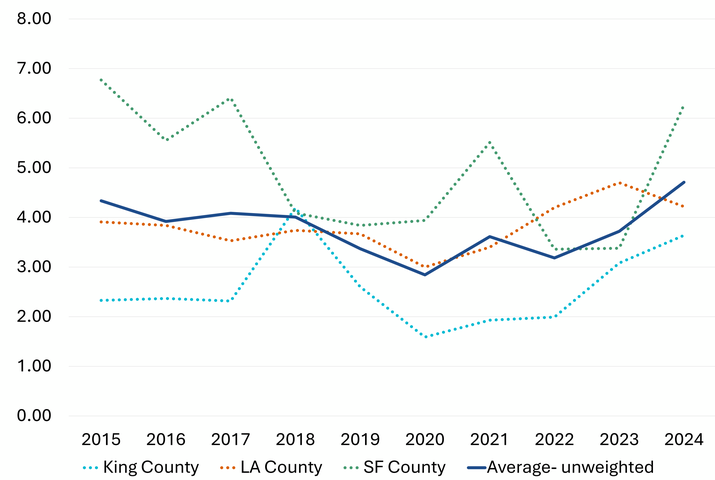
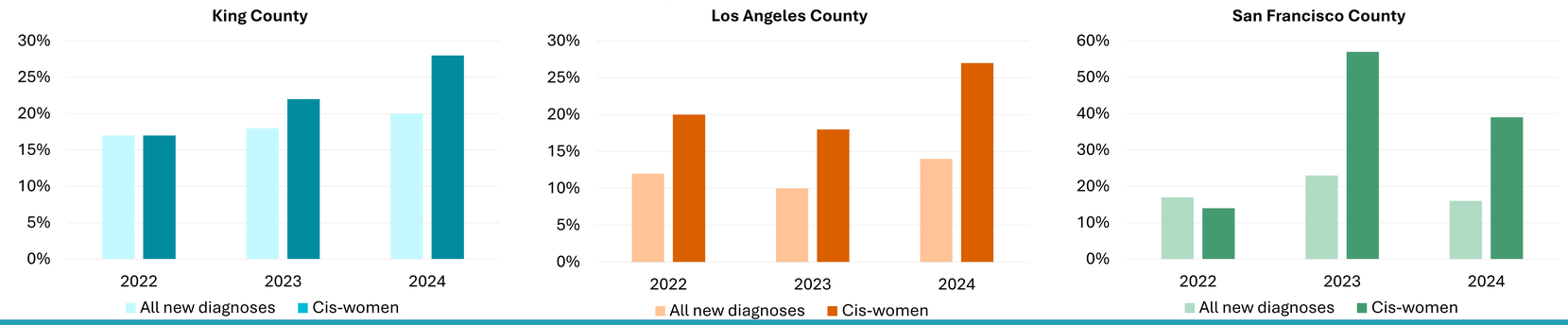


Figure 2. Proportion of individuals reporting being homeless or unstably housed at diagnosis by county, 2022-2024



Discussion

- Across three urban jurisdictions on the west coast, the rate of new HIV diagnoses among cis women increased over the past four years.
- The high proportion of homelessness/unstable housing at diagnosis, highlights the significant marginalization of some cis women affected by this epidemic.
- While rates of new diagnoses were lower compared to cis men and similar to rates seen pre-COVID-19, these increases are concerning as they follow years of declining incidence (overall and among cis women) and occur in the context of substantial increases in syphilis among a similarly marginalized population.
- Improved access to stigma-free HIV screening, prevention and treatment for cis women are important to reverse this trend.

Public Health Seattle & King County

County of Los Angeles Public Health

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