

E Executive Summary

In recent years, encouraging declines in new HIV diagnoses in San Francisco have put us on track to meet the Getting to Zero goals for new diagnoses and deaths. We anticipated further success in 2020, but unfortunately the COVID-19 pandemic had a profound disruption on HIV-related health care and prevention. This report includes a special section documenting the impact of COVID-19 on HIV testing, including declines in HIV screening and viral load testing during 2020 (Section S, beginning page S-1).

Changes in HIV diagnoses and HIV testing

- New HIV diagnoses declined 22% from 168 diagnoses in 2019 to 131 diagnoses in 2020. This compares to a 18% decline from 2018 to 2019 (Figure 1.2).
- Compared to the average number of monthly HIV screening tests at medical sites in 2019, there was an 18% decline in the average number of monthly HIV tests in 2020 (Figure S.1). The largest decline in HIV screening occurred in April 2020 (52%). A similar pattern but a greater decline was seen at community testing sites (Figure S.2). The average number of monthly community HIV screenings in 2020 was 44% lower than the 2019 monthly average.
- Compared to average monthly HIV viral load tests among persons with HIV in 2019, there was a 20% decline in viral load testing in 2020, with the highest decline in April 2020 (52%) (Figure S.4). The numbers of viral load tests have increased since November 2020 but are still below 2019 testing levels.
- Of note, from March through December 2020, SFDPH conducted a HIV/STD home testing program. A total of 324 HIV home tests were ordered by 204 persons during this period. No positive test results were reported from these HIV home tests (Figure S.6).

Trends in HIV care outcomes

- Ninety-two percent of new diagnoses in 2020 were linked to care within one month of diagnosis compared to 95% in 2019 (Figure 3.1).
- Seventy-seven percent of persons newly diagnosed with HIV between January and June 2020 were virally suppressed within six months of diagnosis compared to 80% of persons newly diagnosed in 2019 (Figure 3.1).
- Among PLWH in 2020, the proportion with at least one laboratory test result (76%) and the proportion virally suppressed (70%) were lower than in 2019 (81% and 75%, respectively) (Table 3.1).
- PLWH who experienced homelessness were particularly affected; the proportion of PLWH experiencing homelessness with an HIV laboratory test result (33%) and who were virally suppressed (20%) was significantly lower than in the overall population (Table 3.3).

These data show that a high level of rapid linkage to care and viral suppression among persons newly diagnosed with HIV was maintained during the first year of the COVID-19 pandemic. Declines in HIV testing and the drop in new diagnoses suggest that some San Franciscans with HIV may have been missed. The declines in HIV care among PLWH, particularly among persons experiencing homelessness, is of concern. This population was disproportionately affected by COVID-19 and our data show that their HIV-related health care suffered as well. Efforts to increase access to HIV testing and treatment should continue, especially among the vulnerable populations. We will continue to monitor the impact of COVID-19 on delayed diagnosis and care outcomes in San Francisco using surveillance data in coming reports.