

Bellflower Health District

HIV & STD Epidemiologic Profile 2021

This epidemiologic profile provides updated information about HIV and STDs in the Bellflower 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 Bellflower

Bellflower residents make up **4%** of the LAC population

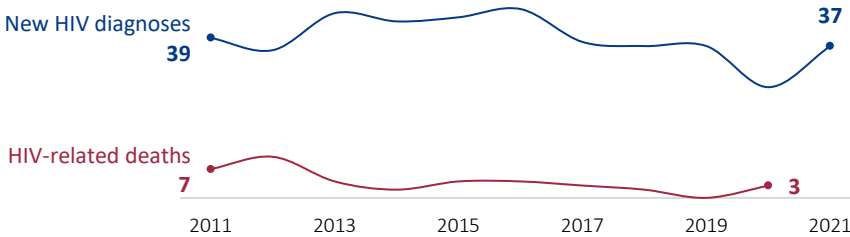


In 2021, Bellflower residents made up **2%** of the total number of PLWDH in LAC



*PLWDH = Persons living with diagnosed HIV

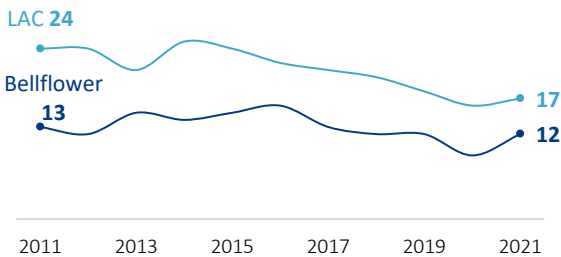
New Reported HIV Diagnoses & HIV-Related Deaths



In Bellflower, there were 39 new HIV diagnoses in 2011 and 37 in 2021. HIV-related deaths among PLWDH have been on a declining trend.

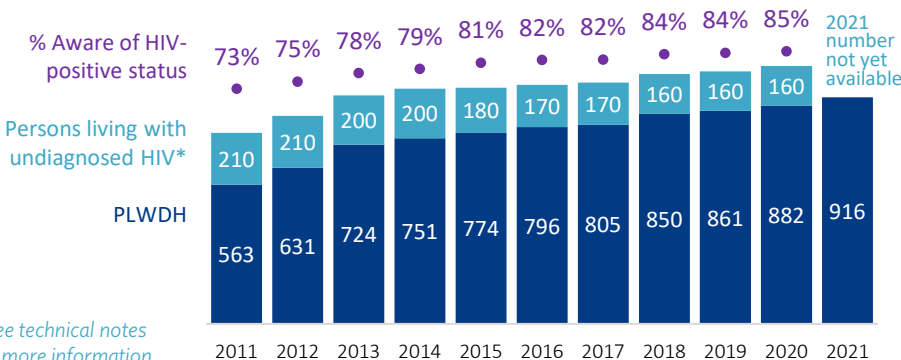
Note: It is recommended that 2014 and 2020 data be interpreted with caution due to situational factors. See technical notes for more information.

HIV Diagnosis Rates: Bellflower & LAC



Between 2011 and 2021, HIV diagnosis rates in Bellflower have been consistently lower than in LAC overall. Rates have been on a declining trend in Bellflower and LAC.

Number of Persons Living with HIV & Percent Aware of HIV-Positive Status



* See technical notes for more information



304,369

Residents of Bellflower Health District in 2021 aged ≥ 13 years

37

New reported HIV diagnoses in 2021

206

New reported syphilis diagnoses in 2020

645

New reported gonorrhea diagnoses in 2020

1,555

New reported chlamydia diagnoses in 2020

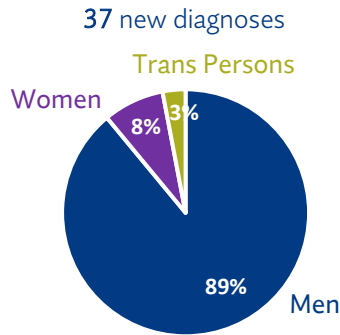
37%

STD coinfection among new reported HIV diagnoses in 2020

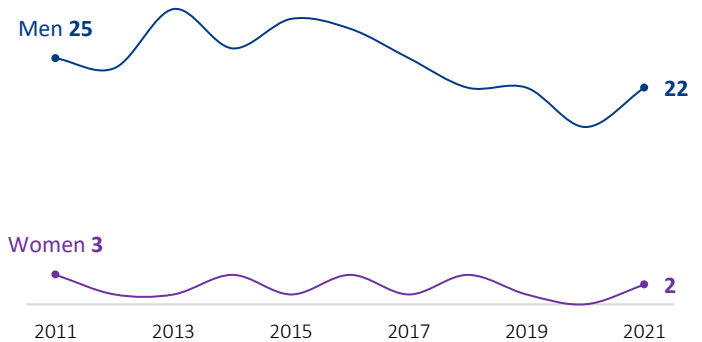
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Characteristics of New HIV Diagnoses – Gender, Race/Ethnicity, Age

2021 new HIV diagnoses by **gender**



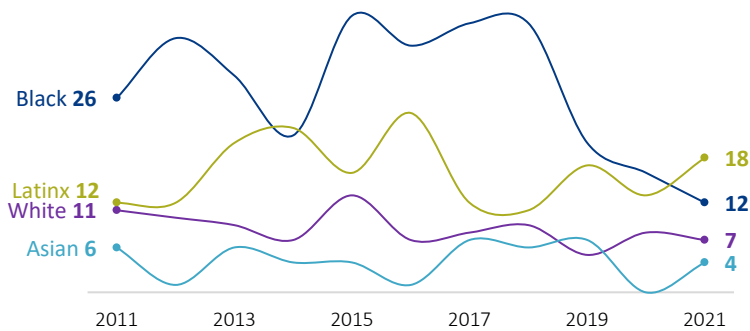
New HIV diagnosis rates¹ by **gender**



New HIV diagnosis rates have remained substantially higher among men than women, but rates among men are on the decline. Rates among women have remained relatively stable since 2011.

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**

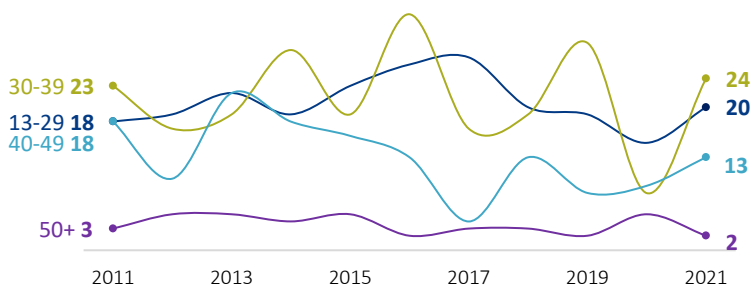


From 2011 to 2021, new HIV diagnosis rates have declined for White and Black persons. In 2021, rates for Latinx persons were higher than other race/ethnicity groups.

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 Bellflower.

The volatility in new diagnosis rates among race/ethnicity groups may be associated with small population sizes in Bellflower.

New HIV diagnosis rates¹ by **age group**



New HIV diagnosis rates have declined among persons aged 40-49 in recent years. Rates among persons aged 30-39 have fluctuated, while rates for persons aged 50+ have remained relatively low.

¹ New HIV diagnosis rates are presented per 100,000 population. Due to small numbers, rates may be unreliable and should be interpreted with caution.

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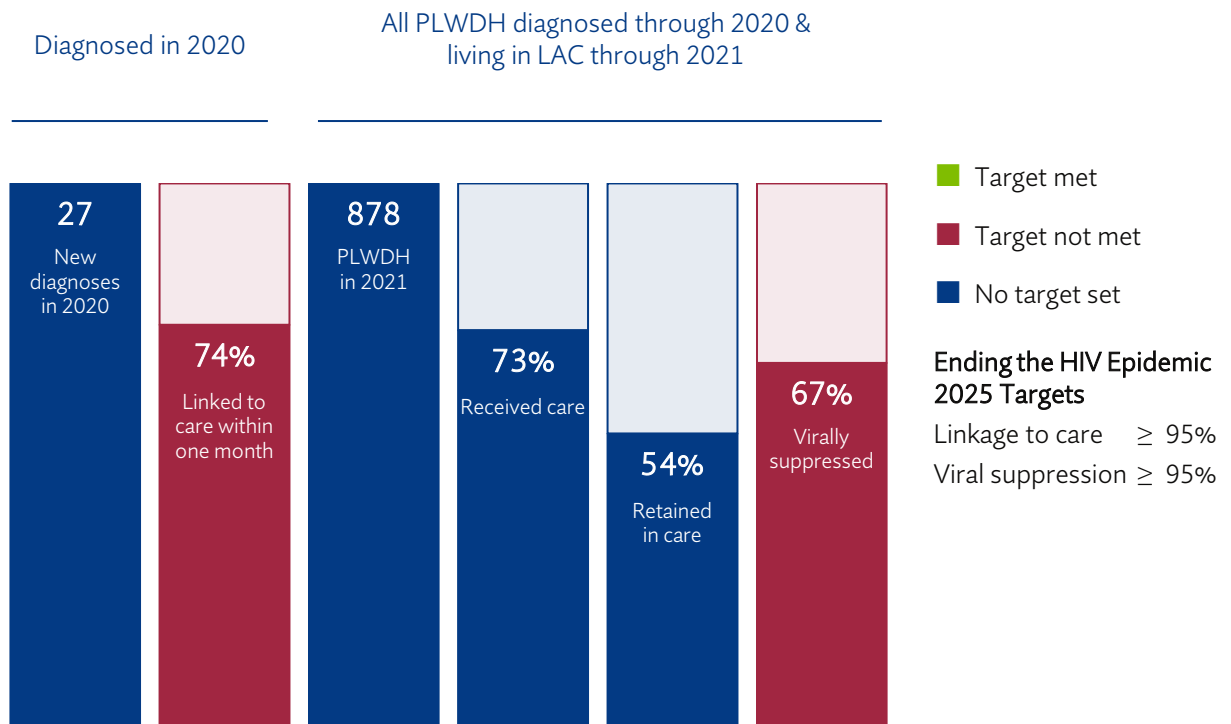
Transmission Category among Persons Newly Diagnosed with HIV by Gender

In 2021, the primary HIV transmission category for men was having sex with other men (MSM). The primary transmission category among women was injection drug use (IDU). For trans persons, the primary HIV transmission category was sexual contact.

To protect the privacy of persons with HIV, Los Angeles County applies data suppression rules when the total number in a stratum is less than 100. In accordance with those rules, a chart/table of transmission category among persons newly diagnosed with HIV by gender could not be presented for this health district.

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 2020 and were living in LAC as of year end 2021. The latter ensures at least one year of follow-up to measure receipt of care, retention in care, and viral suppression.

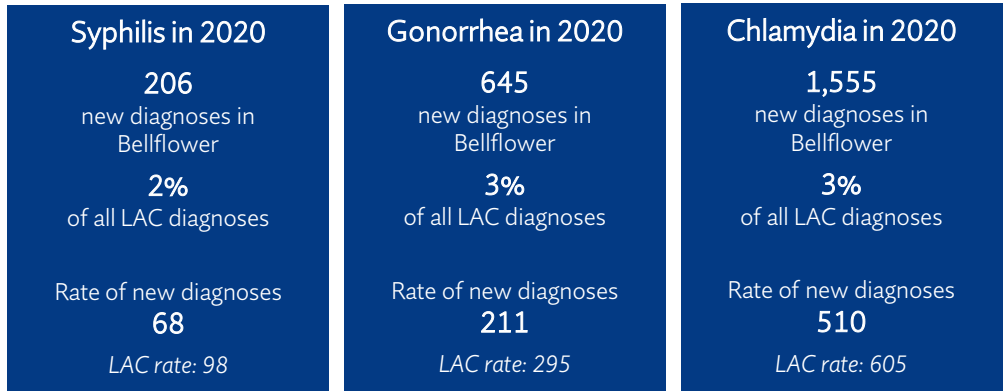


Linkage to care and viral suppression levels have not yet met the 2025 targets set for the Ending the HIV Epidemic (EHE) Initiative.

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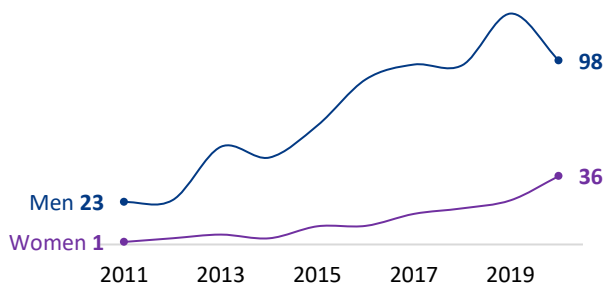
New Syphilis, Gonorrhea & Chlamydia Diagnoses and Rates: Bellflower vs. LAC

In 2020, a total of 2,406 new diagnoses of syphilis, gonorrhea, and chlamydia were reported among Bellflower Health District residents aged 13+ years. The rates of new diagnoses of syphilis, gonorrhea, and chlamydia were lower than in LAC.



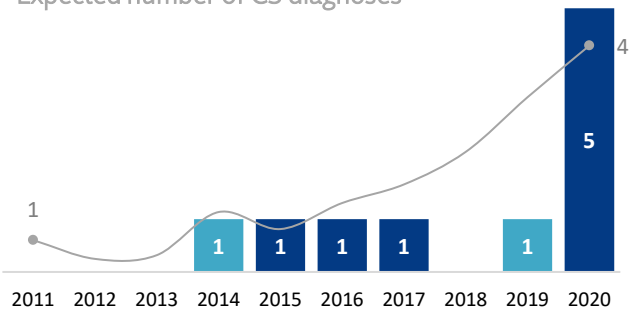
New STD Diagnosis Rates by Gender & New Congenital Syphilis Diagnoses

New **syphilis** diagnosis rates¹ by gender



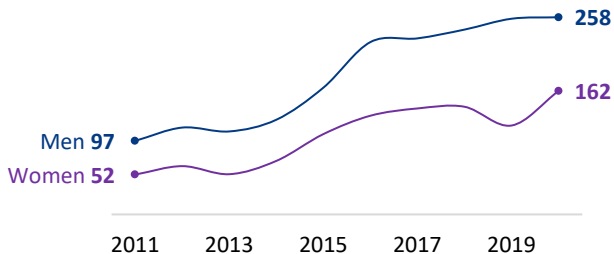
Since 2011, new syphilis diagnosis rates in Bellflower have increased for men and women. In 2020, rates for men in Bellflower were almost three times higher than rates for women.

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



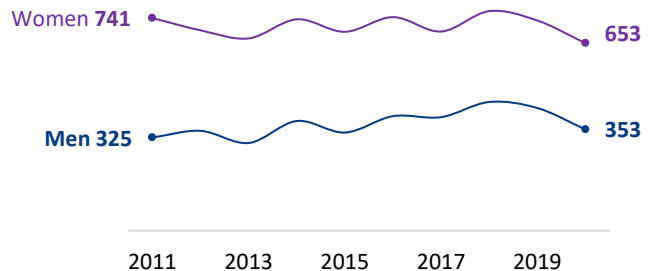
The number of new CS diagnoses in Bellflower had remained relatively low until 2020. In 2020, the number of CS diagnoses was higher than expected. Bellflower has reported two new stillbirth diagnoses since 2011.

New **gonorrhea** diagnosis rates¹ by gender



New gonorrhea diagnosis rates in Bellflower have increased for men and women since 2011. Rates for women in Bellflower have remained consistently lower than rates for men.

New **chlamydia** diagnosis rates¹ by gender



New chlamydia diagnosis rates in Bellflower were 741 for women and 325 for men in 2011, and 653 for women and 353 in 2020. From 2019 to 2020, rates declined, potentially due to the impact of the COVID-19 pandemic on testing and diagnosis.

¹ New STD diagnosis rates are presented per 100,000 population. Due to small numbers, rates may be unreliable and should be interpreted with caution.

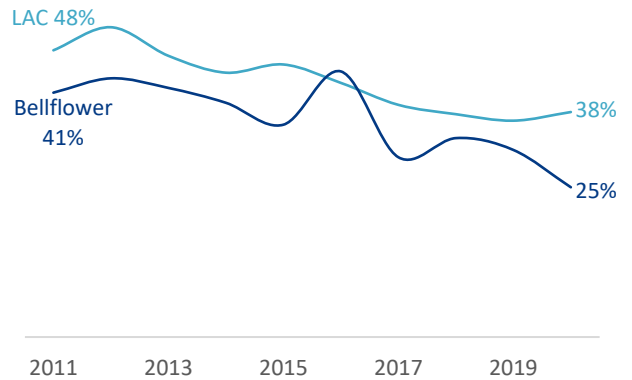
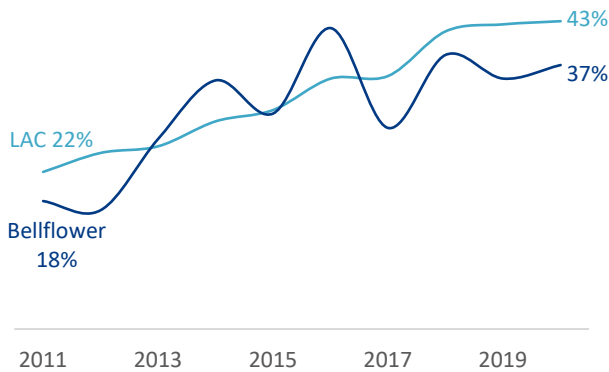
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Coinfection of HIV and STDs: Bellflower vs. LAC

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 an STD

Percent of new syphilis diagnoses coinfectd with HIV



The percentage of new HIV diagnoses in Bellflower with syphilis, gonorrhea, and/or chlamydia coinfection has increased from 18% in 2011 to 37% in 2020. The percent with HIV/STD coinfection in Bellflower briefly surpassed LAC from 2013-2016.

In 2020, a quarter of all new syphilis diagnoses in Bellflower were coinfectd with HIV. This proportion has declined from 41% in 2011 and has remained lower than in LAC overall.

Coinfection with STDs among New HIV Diagnoses

Among person newly diagnosed with HIV in 2019 & 2020, syphilis had the highest number of coinfection followed by gonorrhea and chlamydia, in the same year as their HIV diagnosis.

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