

HIV in Los Angeles County 2025 Snapshot



Los Angeles County, known for its diverse population, extensive geography and significant cultural and economic influence, is the most populous county in the nation. As of 2024 LAC had an estimated population of 9,832,684, representing 27% of California's total population.

This snapshot summarizes information about persons newly diagnosed with HIV and persons living with **diagnosed** HIV (PLWDH) in Los Angeles County (LAC) using HIV surveillance data as of December 31, 2025. Please find additional data on the Los Angeles County HIV Dashboards

2025 PLWDH and 2024 new HIV diagnosis data are provisional due to reporting delay. All 2020-2022 data should be interpreted with caution due to the impact of the COVID-19 pandemic on HIV testing.

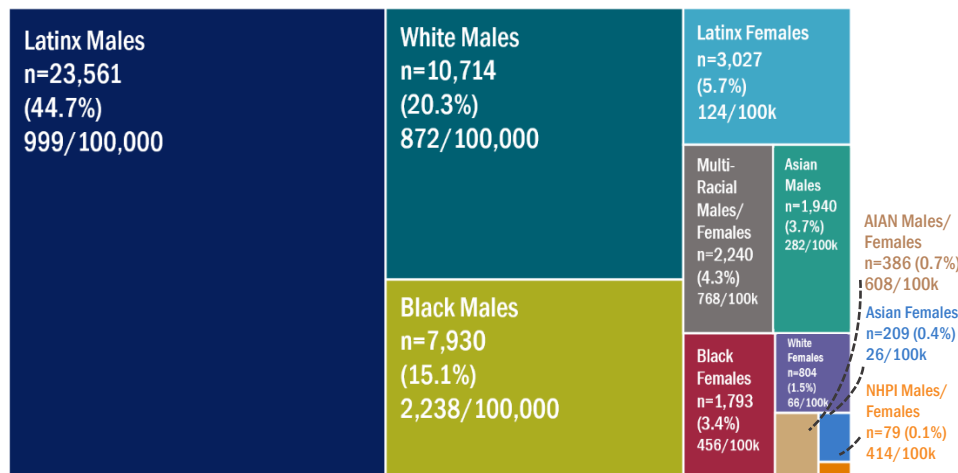
Key Epidemic Monitoring Indicators



- Compared with CA and the US, Los Angeles County is disproportionately impacted by HIV. LAC represents 27% of the CA population but 36% of PLWDH in CA. Similarly, LAC represents 3% of the US population but 5% of PLWDH in the US.
- As of year-end 2025 there were 52,750 persons aged 13 years and older living with diagnosed HIV in LAC. This represents a rate of 616 PLWDH per 100,000 population.
- There were an estimated 57,000 (95% CI: 55,100-58,800) people living with HIV (PLWH) in LAC in 2024, among whom 52,575 (92%) had been diagnosed.
- In 2024, 1,454 persons aged ≥13 years were newly diagnosed with HIV, down from 1,684 persons in 2023 (17 vs. 20 per 100K, respectively). Ten percent of persons with a new HIV diagnosis in 2024 were classified as having acute HIV (i.e., infected within 60 days prior to HIV diagnosis). By contrast, 20% were classified as stage 3 (i.e., late-stage HIV) at the time of diagnosis.
- An estimated 1,200 (95% confidence interval [CI]: 620 - 1,700) persons aged 13 years and older acquired HIV in 2024.
- 97% of pregnant women living with diagnosed HIV received at least one form of ART during pregnancy and/or during labor and delivery. There were no infants born with perinatally acquired HIV in LAC in 2025.
- 67% of the 2024 cohort of PLWDH* were virally suppressed.
- There were 690 deaths in 2024 among Angelenos with diagnosed HIV. Overall death rates for PWDH in LAC have declined, and for the past decade, rates of death due to HIV have fallen below rates of death due to non-HIV-related causes.

Characteristics and Distribution of PLWDH in LAC

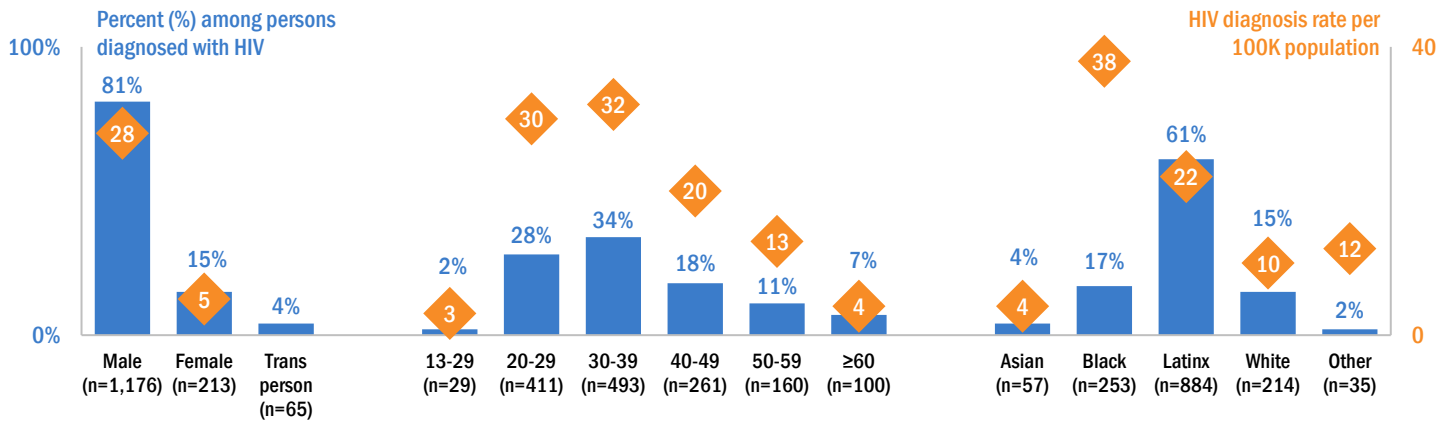
Distribution of sex listed at birth and race/ethnicity among persons living with diagnosed HIV at year-end 2025, LAC



Males are disproportionately impacted by HIV. At year-end 2025, **Black**, **Latinx**, and **White** males represented **15%**, **45%**, and **20%** of PLWDH in LAC, but only **4%**, **24%** and **12%** of the LAC population respectively. By sex at birth and race/ethnicity, the rate of PLWDH is highest among Black Males (2,238/100,000) while Latinx males make up the largest number of PLWDH (23,561).

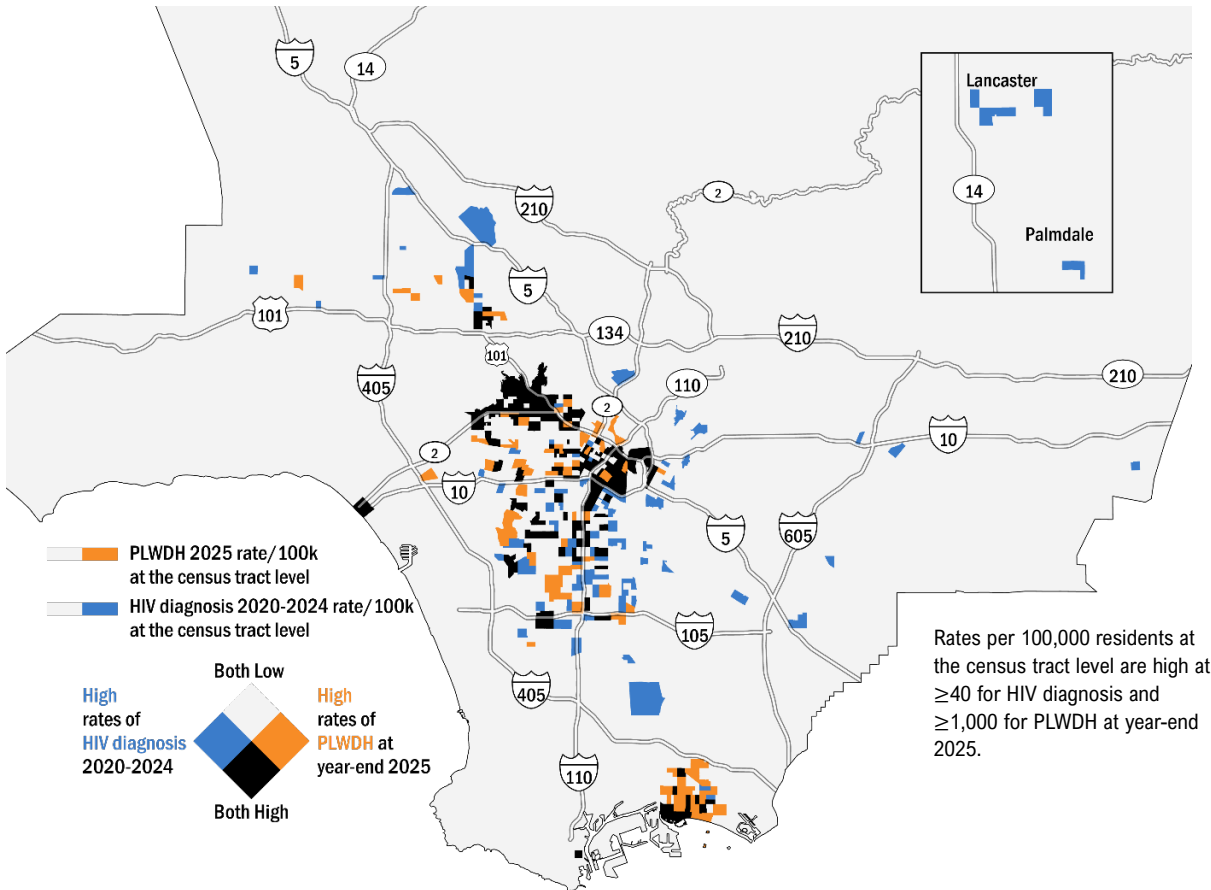
*The 2024 cohort of PLWDH includes persons diagnosed with HIV through 2024 and still living in LAC at year-end 2025.

Persons aged ≥13 years diagnosed with HIV in 2024 by gender, age group, and race/ethnicity (n=1,454), LAC.¹



In 2024, 81% of persons newly diagnosed with HIV in LAC were males. Almost two-thirds of new diagnoses were in the 20–39-year-old age group. Significantly more Latinx persons (n=884) than Black persons (n=253) were newly diagnosed with HIV, but diagnosis rates were markedly higher among Black persons (38/100K) than Latinx persons (22/100K). This highlights on one hand the overwhelming magnitude of Latinx cases and on the other hand the disproportional impact HIV continues to have on the Black population.

Geographic distribution of rates per 100K population for PLWDH aged ≥13 years at year-end 2025 and persons newly diagnosed with HIV in LAC (2020-2024)



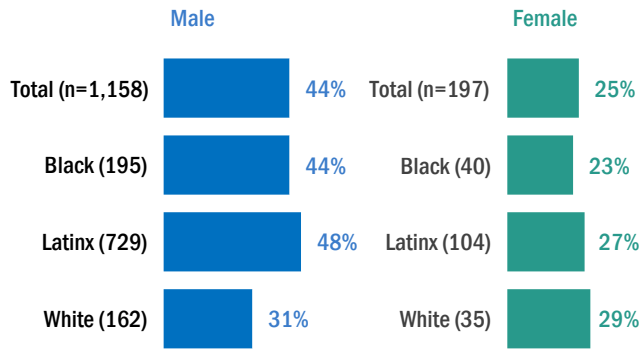
The highest density of new HIV diagnoses occurred in the central and southern regions of LAC. Among all 26 Health Districts, the Central and Hollywood-Wilshire Health Districts are the epicenters for HIV, reporting the highest rates of new HIV diagnoses from 2020 through 2024 and persons living with diagnosed HIV at year-end 2025.

¹ Other race/ethnicities include American Indians and Alaska Natives (AIAN), Native Hawaiian and Pacific Islanders (NHPI), and persons of multiple race/ethnicities; persons with unknown race/ethnicity are not shown but included in the total.

Syndemics

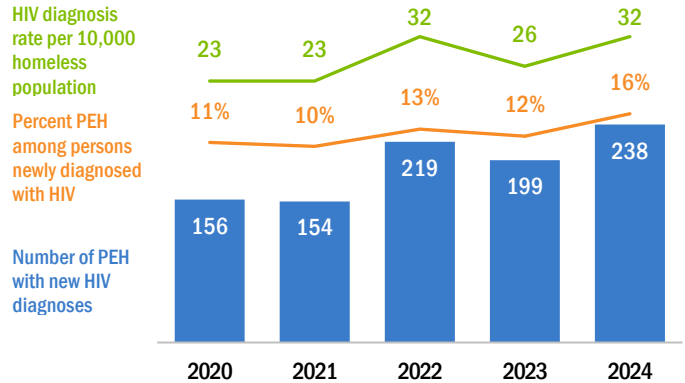
The syndemics of HIV, STIs, homelessness and substance use in LAC pose significant challenges to successful prevention, diagnosis, and treatment of disease.

HIV-STI Co-Infection Among Persons Newly Diagnosed with HIV²



While 41% percent of persons newly diagnosed with HIV in LAC in 2024 were also diagnosed with one or more STIs (syphilis, chlamydia, or gonorrhea) in the same calendar year overall, coinfection was markedly higher in males than in females. Latinx males had the highest occurrence of coinfection. *Excludes Long Beach and Pasadena*²

Homelessness Among Persons Newly Diagnosed with HIV^{3,4}

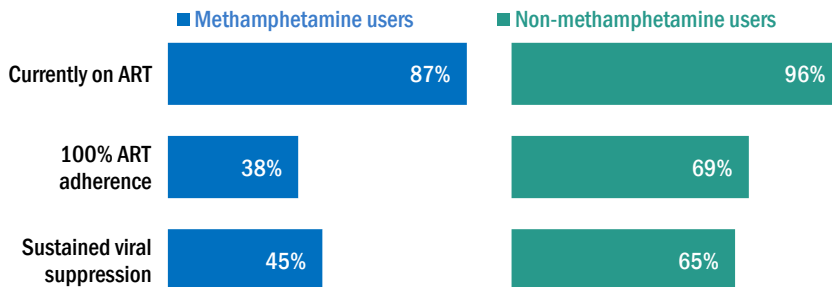


Homelessness* among persons newly diagnosed with HIV has been on an increasing trend, rising from 11% in 2020 to 16% in 2024.

* at the time of diagnosis

Substance Use

Methamphetamine use and HIV-related outcomes among PLWDH, LAC 2021-2023⁵



Over 1 in 10 (11%) randomly sampled PLWDH in LAC reported past-year methamphetamine use. PLWDH who use methamphetamine have poorer clinical outcomes.

² HIV and STI co-infection is defined when a person newly diagnosed with HIV also receives a diagnosis of an STI (syphilis, chlamydia, and/or gonorrhea) in the same calendar year. STI cases in the cities of Long Beach and Pasadena are reported to their respective health departments and are excluded from this figure.

³ Persons newly diagnosed with HIV were classified as PEH if they were experiencing homelessness within 6 months of their HIV diagnosis date. For the PEH definition, please refer to the Los Angeles Housing Services Authority definition under "Category 1" at <https://www.lahsa.org/documents?id=1349-homeless-definition-part-1-.pdf>

⁴ Data from the Greater Los Angeles County Homeless Count, [2024 results](#). Note that the count was not performed in 2021, so the 2020 results were applied to 2021. The estimated population size of PEH includes persons of all ages.

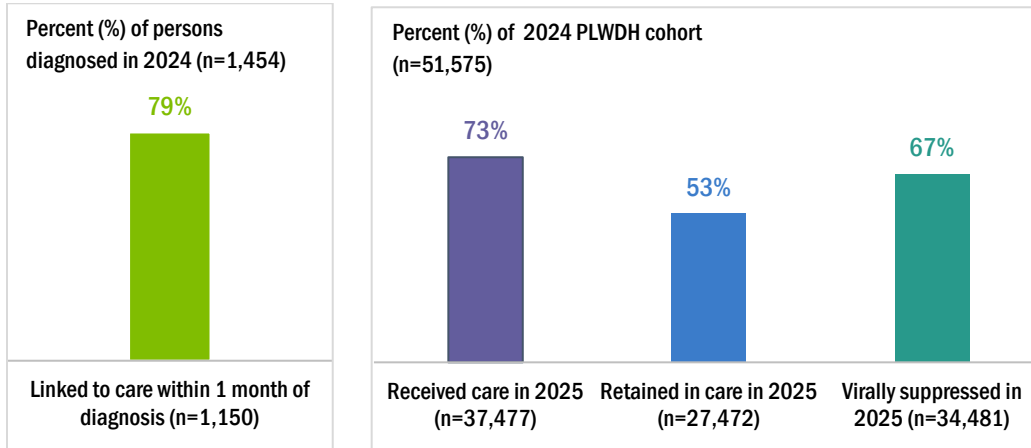
⁵ This analysis is based on Medical Monitoring Project (MMP) data collected from June 2021 through May 2024, (N=549). Currently on ART is defined as self-reported current use of prescription antiretroviral therapy at the time of the interview. 100% ART adherence is defined as not missing any doses within the past 30 days among persons reportedly currently taking ART. Sustained viral suppression in MMP is defined as having all HIV viral loads being undetectable or <200 copies/mL, as documented in the medical record within the past 12 months before interview.

Treatment and Prevention

HIV Care Continuum

The HIV care continuum is a public health model that outlines the steps a person living with HIV goes through, from an HIV-positive diagnosis to viral suppression. By monitoring these steps at a population level, we can help quantify progress and identify gaps in HIV care delivery.

HIV care continuum among persons aged ≥ 13 years, LAC 2024-2025⁶

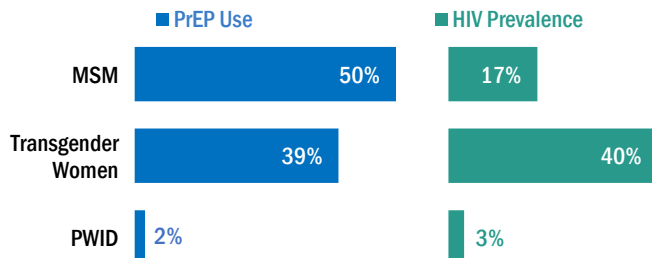


Of the 1,454 persons diagnosed with HIV in 2024, 79% were linked to care within 1 month of diagnosis. Among the 2024 cohort of 51,575 PLWDH (*persons diagnosed with HIV through 2024 and still living at year end 2025*), 73% received care, 53% were retained in care and 67% were virally suppressed in 2025. It is noteworthy that, among PLWDH who received care, viral suppression was 92%. This highlights the effectiveness of ART when taken.

HIV Prevention

One of several prevention options, PrEP is a powerful tool in the fight against HIV, particularly for those at high risk. When taken consistently, it offers significant protection against HIV transmission.

PrEP Use (past 12 months) and HIV Prevalence among populations at high risk for HIV, LAC 2023-2024⁷



In a representative sample of populations at risk for HIV, 50% of MSM, 39% of Transgender women and 2% of people who inject drugs (PWID) had used PrEP. The relatively low PrEP use among Trans women is noteworthy given the elevated HIV prevalence 40% in this population.

⁶ Linkage to HIV care: ≥ 1 viral load, CD4, or HIV genotype test performed within one month of diagnosis; receipt of care: ≥ 1 viral load, CD4, or HIV genotype test performed in 2025; retention in care: ≥ 2 viral load, CD4, or HIV genotype tests performed at least three months apart in 2025; viral suppression: most recent viral load result in 2025 was < 200 copies per milliliter (copies/mL), whereby persons without a reported test result were presumed to be virally unsuppressed. HIV care continuum denominator for linkage to care ≤ 1 month of diagnosis includes persons diagnosed in 2024; the denominator used to calculate receipt of care, retention in care, and viral suppression is based on the 2024 PLWDH cohort (persons diagnosed with HIV through 2024 and still living in LAC at year-end 2025).

⁷ PrEP use was measured by self-reported use within the past 12 months among NHBS participants who tested HIV-negative. HIV prevalence was measured as the proportion of NHBS participants who tested HIV-positive on blood-based rapid tests.

Table A2. HIV diagnoses counts, percentages, and rates¹ by gender, age group, race/ethnicity, and transmission category among persons aged ≥ 13 years, LAC 2015-2024

	Year of Diagnosis																													
	2015			2016			2017			2018			2019			2020			2021			2022			2023			2024 ²		
	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt	N	(%)	Rt
Gender																														
Male	1,778	(87)	43	1,701	(87)	40	1,599	(87)	38	1,541	(86)	36	1,400	(84)	33	1,246	(84)	30	1,333	(84)	32	1,361	(82)	33	1,369	(81)	33	1,176	(81)	28
Female	199	(10)	5	199	(10)	5	185	(10)	4	193	(11)	4	189	(11)	4	152	(10)	3	173	(11)	4	209	(13)	5	237	(14)	5	213	(15)	5
Transgender person ³	67	(3)	-	59	(3)	-	61	(3)	-	50	(3)	-	75	(5)	-	78	(5)	-	72	(5)	-	85	(5)	-	78	(5)	-	65	(4)	-
Age group (yrs.)																														
13-19	79	(4)	8	66	(3)	7	57	(3)	6	72	(4)	8	61	(4)	7	41	(3)	5	55	(3)	6	43	(3)	5	47	(3)	5	29	(2)	3
20-29	780	(38)	51	768	(39)	50	724	(39)	47	681	(38)	45	591	(36)	40	543	(37)	36	498	(32)	34	561	(34)	40	522	(31)	38	411	(28)	30
30-39	537	(26)	37	549	(28)	37	515	(28)	35	523	(29)	35	505	(30)	34	432	(29)	29	538	(34)	36	533	(32)	35	558	(33)	37	493	(34)	32
40-49	365	(18)	26	324	(17)	23	291	(16)	21	267	(15)	19	257	(15)	18	250	(17)	19	236	(15)	18	262	(16)	20	325	(19)	25	261	(18)	20
50-59	217	(11)	16	197	(10)	15	183	(10)	13	154	(9)	11	186	(11)	13	148	(10)	11	177	(11)	14	172	(10)	13	153	(9)	12	160	(11)	13
≥60	66	(3)	4	55	(3)	3	75	(4)	4	87	(5)	4	64	(4)	3	62	(4)	3	74	(5)	4	84	(5)	4	79	(5)	4	100	(7)	4
Race/ethnicity⁴																														
American Indian/Alaskan Native ⁵	14	(1)	25	14	(1)	26	24	(1)	46	12	(1)	21	7	(<1)	15	9	(1)	15	11	(1)	18	6	(<1)	10	11	(1)	19	6	(<1)	10
Asian	116	(6)	9	95	(5)	8	115	(6)	9	91	(5)	7	87	(5)	7	60	(4)	4	69	(4)	5	63	(4)	5	78	(5)	6	57	(4)	4
Black	408	(20)	57	416	(21)	58	348	(19)	49	359	(20)	50	317	(19)	44	286	(19)	43	342	(22)	52	320	(19)	49	296	(18)	45	253	(17)	38
Latinx	981	(48)	25	999	(51)	25	914	(50)	23	925	(52)	23	846	(51)	21	803	(54)	20	874	(55)	22	988	(60)	25	999	(59)	25	884	(61)	22
Native Hawaiian/Pacific Islander	<5	(-)	-	<5	(-)	-	<5	(-)	-	6	(<1)	29	<5	(-)	-	<5	(-)	-	<5	(-)	-	7	(<1)	39	5	(<1)	27	<5	(-)	-
White	425	(21)	17	324	(17)	13	350	(19)	14	305	(17)	12	326	(20)	13	254	(17)	11	226	(14)	10	227	(14)	10	262	(16)	12	214	(15)	10
Multi-race	95	(5)	78	105	(5)	85	88	(5)	69	85	(5)	66	73	(4)	53	58	(4)	29	41	(3)	20	36	(2)	18	27	(2)	12	25	(2)	11
Transmission category^{3,6}																														
Male-to-male sexual contact (MMSC)	1,655	(81)	-	1,573	(80)	-	1,477	(80)	-	1,401	(79)	-	1,259	(76)	-	1,106	(75)	-	1,176	(75)	-	1,197	(72)	-	1,216	(72)	-	1,031	(71)	-
Injection drug use (IDU)	104	(5)	-	103	(5)	-	115	(6)	-	111	(6)	-	111	(7)	-	106	(7)	-	129	(8)	-	136	(8)	-	145	(9)	-	134	(9)	-
MMSC/IDU	63	(3)	-	65	(3)	-	64	(3)	-	71	(4)	-	72	(4)	-	69	(5)	-	61	(4)	-	69	(4)	-	60	(4)	-	68	(5)	-
Transgender persons with sexual contact (TGSC)	59	(3)	-	53	(3)	-	55	(3)	-	42	(2)	-	69	(4)	-	68	(5)	-	67	(4)	-	73	(4)	-	68	(4)	-	60	(4)	-
Heterosexual contact ⁷	163	(8)	-	163	(8)	-	132	(7)	-	158	(9)	-	148	(9)	-	123	(8)	-	141	(9)	-	175	(11)	-	189	(11)	-	154	(11)	-
Hemophilia/transfusion	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-
Perinatal exposure	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-
Other risk ⁸	<5	(-)	-	<5	(-)	-	<5	(-)	-	<5	(-)	-	5	(<1)	-	<5	(-)	-	5	(<1)	-	<5	(-)	-	<5	(-)	-	7	(<1)	-
Total⁴	2,044	[100]	24	1,959	[100]	23	1,845	[100]	21	1,784	[100]	21	1,664	[100]	19	1,476	[100]	17	1,578	[100]	18	1,655	[100]	20	1,684	[100]	20	1,454	[100]	17

1 Data as reported to HIV surveillance as of December 22, 2025 and provisional due to reporting delay.

2 Rates per 100,000 population based on population estimates 2015-2024 prepared by Hedderson Demographic Services for LAC ISD. Rates based on fewer than 12 observations may not be reliable.

3 Rates for transgender persons and transmission category are not calculated because of the lack of denominator data.

4 Rates by race/ethnicity are based on 2015-2024 adjusted population estimates produced by LAC DPH OHAE, Vital Records and Demography Unit; persons with unknown race/ethnicity are not shown but are included in the total.

5 American Indian/Alaskan Native race includes all non-Latinx persons who have been reported with American Indian/Alaskan Native race, regardless of whether any other race or ethnicity information is reported.

6 Persons without an identified risk factor are assigned a risk factor using multiple imputation (MI) methods. Due to rounding, the sum may not add up to the total.

7 Includes cisgender persons who have ever had heterosexual contact with a person known to have, or with certain risk factors, for HIV (e.g., a person who injects drugs).

8 Other risk includes risk factor not reported or not identified.

Technical Notes

List of abbreviations

AIAN	American Indian and Alaskan Native
AIDS	Acquired Immune Deficiency Syndrome
IDU	Injection drug use
LAC	Los Angeles County
LTC	Linkage to care
MMSC	Male-to-male sexual contact
MSM	Gay, bisexual, and other men who have sex with men
NHPI	Native Hawaiian and Pacific Islander
PEH	Person experiencing homelessness
PLWDH	Persons living with diagnosed HIV
PWID	Persons who inject drugs
SPA	Service planning area
TGW	Transgender women
TGSC	Transgender persons with sexual contact
VS	Viral suppression

Estimates of new HIV infections and people with undiagnosed HIV

Estimated HIV infections and people living with undiagnosed HIV are approximated using CDC's CD4 depletion model v6.0.

Gender and sex listed at birth

Surveillance collects and presents data by the assigned sex category at birth ("sex listed at birth") and individuals' gender identity ("gender"). Sex-specific population estimates are used to calculate rates by sex listed at birth. Rates are not calculated for data by gender since the associated population estimates in LAC are not available. The following gender categories are included in this report: men, women, and transgender persons. Transgender individuals are people who have ever identified as trans women or trans men or whose reported gender identity differs from their sex listed at birth. Persons who are reported as female at birth and have no other gender identity noted are classified as females/women. Persons who are reported as male at birth and have no other gender identity noted are classified as males/men. This report likely underestimates the number of transgender persons affected by HIV because gender status information is often incomplete in HIV case reports.

HIV Transmission 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 sexual contact among males (listed at birth), regardless of gender, with injection drug use; this combination 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 category for persons aged ≥ 13 years. 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 estimates.

HIV Care Continuum

LAC has aligned with the targets set in the Ending the HIV Epidemic (EHE) in the US initiative to track progress along the HIV care continuum, which includes increasing the proportion of newly diagnosed patients linked to clinical care within one month of their diagnosis to 95% by 2025 and increasing the proportion of persons with diagnosed HIV who are virally suppressed to 95% by 2025.

Linkage to Care

Linkage to care was defined as having a viral load, CD4, or HIV genotype test performed within 1 month after a new HIV diagnosis.

Receipt of HIV Medical Care

Receipt of care was defined as having at least one viral load, CD4, or HIV genotype test performed during the specified year.

Retention in HIV Medical Care

Retention in care was defined as two or more viral load, CD4, or HIV genotype tests performed at least three months apart during the specified year.

HIV Viral Suppression

Viral suppression was defined as having a viral load result of < 200 copies per milliliter (copies/mL). It is based on a person's most recent viral load test result within the specified calendar year. Persons who had no viral load tests reported in the specified calendar year were presumed to be virally unsuppressed.

Care Continuum denominators

Linkage to care: diagnosed during the specified calendar year.

Receipt, retention, viral suppression: diagnosed through the prior year, still living in LAC at the end of the specified year, defined as the prior-year's PLWDH cohort.

Medical Monitoring Project (MMP)

MMP is conducted in 17 states and 6 cities to gather representative data on persons living with diagnosed HIV. MMP gathers data from face-to-face or phone interviews and medical records.

National HIV Behavioral Surveillance (NHBS)

MSM2023: A total of 577 HIV-negative gay, bisexual and other men who have sex with men were included in the PrEP analysis; Trans2023: A total of 350 HIV-negative transgender women were included in the PrEP analysis; PWID2024: 496 HIV-negative Persons who inject drugs included in the PrEP analysis for 2024.

Suggested Citation

Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2025 HIV Surveillance Snapshot. <http://publichealth.lacounty.gov/dhsp/Reports.htm>. Published April 2026. Accessed [date].