

Bellflower Health District

HIV & STD Epidemiologic Profile 2022

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

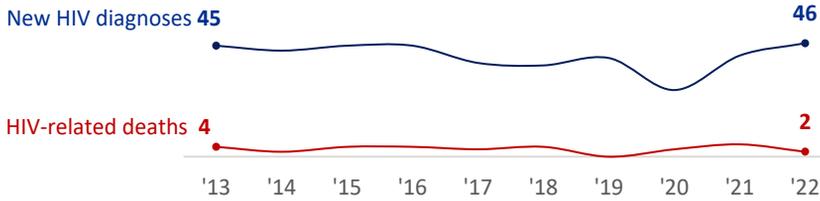


In 2022, Bellflower residents made up **2%** of the total number of PLWDH in LAC



*PLWDH = Persons living with diagnosed HIV

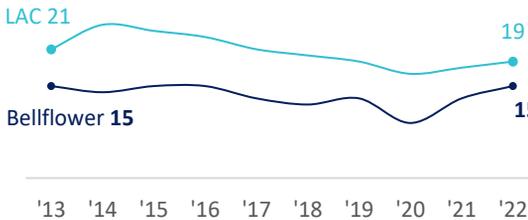
New Reported HIV Diagnoses & HIV-Related Deaths



In Bellflower, there were 45 new HIV diagnoses in 2013 and 46 in 2022. 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 vs. LAC



Between 2013 and 2022, HIV diagnosis rates in Bellflower have been consistently lower than in LAC overall. Rates have remained stable in Bellflower while decreasing in LAC.

Number of Persons Living with Diagnosed & Undiagnosed HIV



* See technical notes for more information



302,086

Residents of Bellflower Health District in 2022 aged ≥ 13 years

46

New reported HIV diagnoses in 2022

210

New reported syphilis diagnoses in 2022

573

New reported gonorrhea diagnoses in 2022

1,618

New reported chlamydia diagnoses in 2022

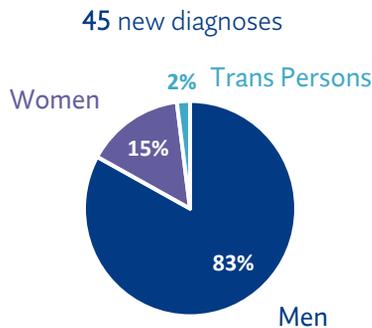
46%

STD coinfection among new reported HIV diagnoses in 2022

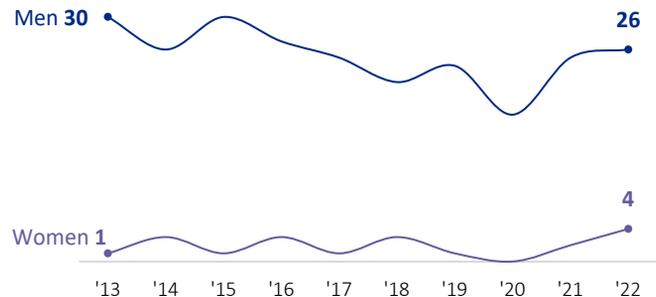
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Characteristics of New HIV Diagnoses – Gender, Race/Ethnicity, Age

2022 new HIV diagnoses by **gender**



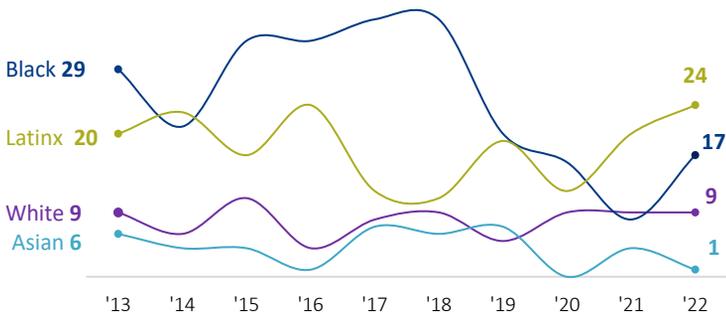
New HIV diagnosis rates¹ by **gender**



New HIV diagnosis rates have remained substantially higher among men than women. Rates among men have declined while rates among women have increased since 2013.

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**

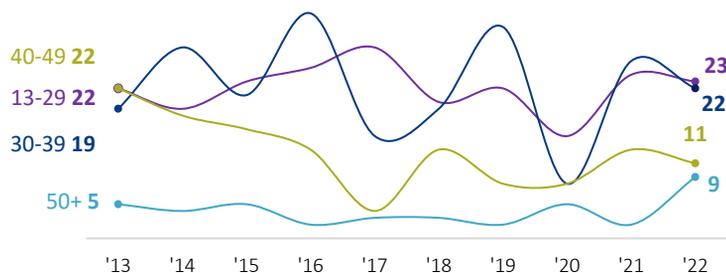


Between 2013 and 2022, new HIV diagnosis rates have declined among Black persons. In 2022, rates for Latinx persons were higher than other race/ethnicity groups.

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**

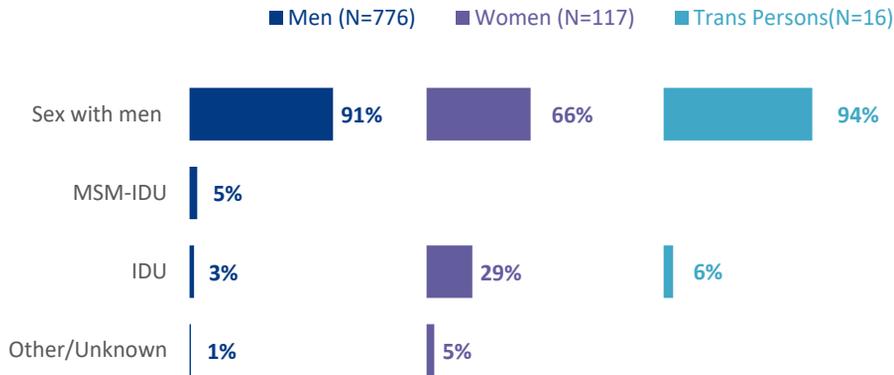


Since 2013, new HIV diagnosis rates have declined among persons aged 40-49. Rates among persons aged 13-39 have fluctuated, while rates for persons aged 50+ have remained relatively low.

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 Living with HIV by Gender

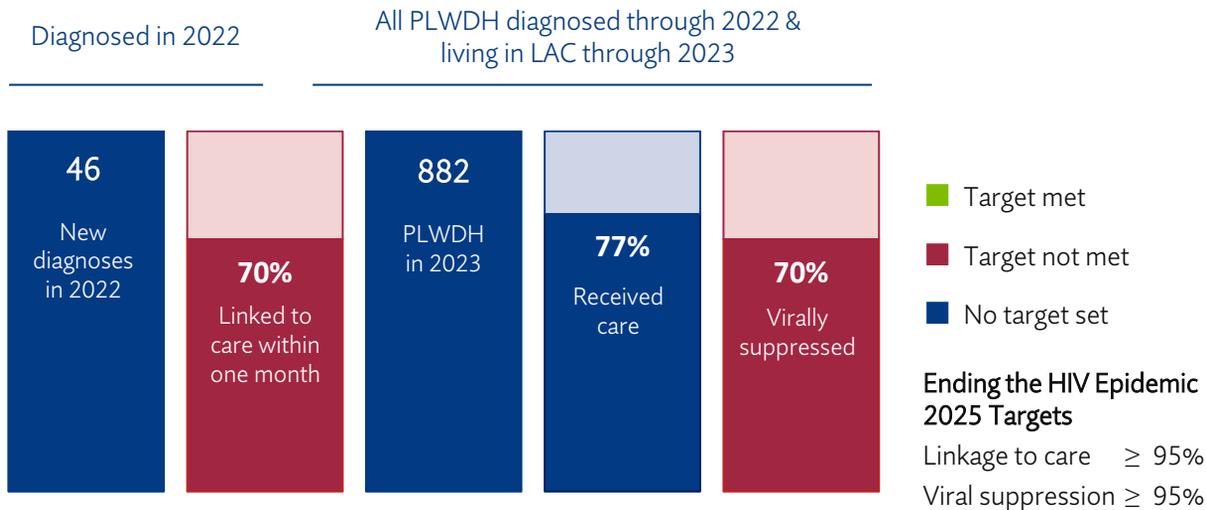


The primary transmission category for men, women, and trans persons is having sex with men.

Note: Persons without an identified category were assigned a category factor using CDC-recommended multiple imputation methods. Sum of transmission may not add to the total number of persons newly diagnosed with HIV by gender due to rounding error.

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 2022 and living in LAC as of 2023. 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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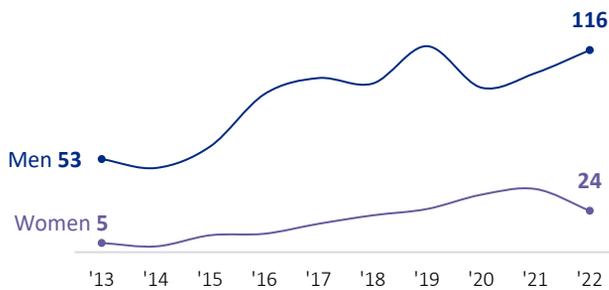
New Syphilis, Gonorrhea & Chlamydia Diagnoses and Rates: Bellflower vs. LAC

In 2022, a total of 2,401 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.

Condition	2022 Bellflower	% of LAC	Rate of new diagnoses	LAC rate
Syphilis	210	2%	70	126
Gonorrhea	573	2%	190	332
Chlamydia	1,618	3%	536	674

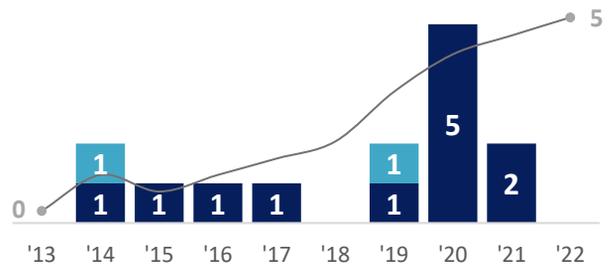
New STD Diagnosis Rates by Gender & New Congenital Syphilis Diagnoses

New syphilis diagnosis rates¹ by gender



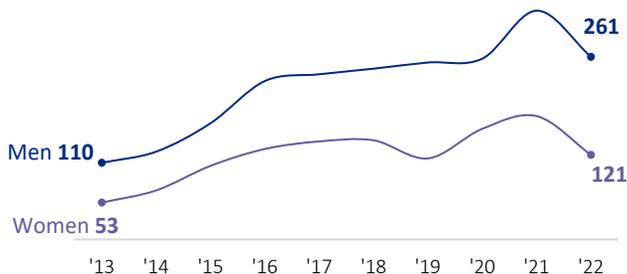
Since 2013, new syphilis diagnosis rates in Bellflower have increased for men and women. In 2022, rates for men in Bellflower were almost five times higher than rates for women.

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



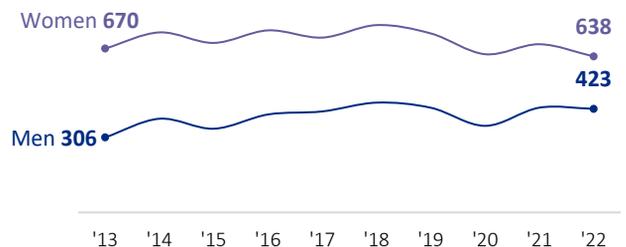
The number of new CS diagnoses in Bellflower had remained relatively low until 2020. In 2022, the number of CS diagnoses (0) was lower than expected. Bellflower has reported two new stillbirth diagnoses since 2013.

New gonorrhea diagnosis rates¹ by gender



New gonorrhea diagnosis rates in Bellflower have increased for men and women since 2013. In 2022, the rate for men is more than double the rate for women.

New chlamydia diagnosis rates¹ by gender



New chlamydia diagnosis rates in Bellflower have remained relatively stable among women and increased among men since 2013. The rates among women have remained higher than the rates among men.

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

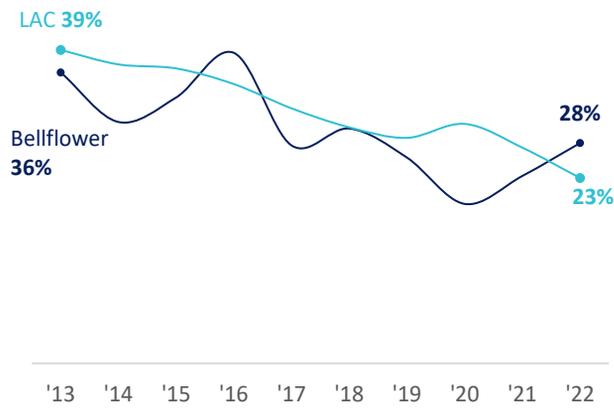
HIV and other STDs are syndemic in LAC. Persons with syphilis, gonorrhea, and/or chlamydia are at an increased risk of acquiring HIV due to biological and behavioral factors. STDs among PLWH can also increase HIV viral load and the risk of HIV transmission.

Percent of new HIV diagnoses coinfectd with one or more STDs



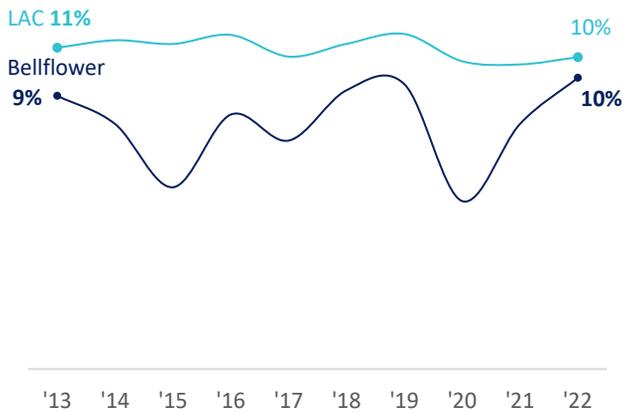
The percentage of new HIV diagnoses in Bellflower with syphilis, gonorrhea, and/or chlamydia coinfection has increased from 27% in 2013 to 46% in 2022. This has tracked the trend in LAC overall, but Bellflower has surpassed LAC in most years.

Percent of new syphilis diagnoses coinfectd with HIV



In 2022, 28% of all new syphilis diagnoses in Bellflower were coinfectd with HIV. This proportion has declined from 36% in 2013 and is currently higher than the LAC rate of 23%.

Percent of new gonorrhea diagnoses coinfectd with HIV



The percentage of new gonorrhea diagnoses coinfectd with HIV in Bellflower has been stable since 2013 and has remained consistently lower than LAC overall.

Percent of new chlamydia diagnoses coinfectd with HIV



The percentage of new chlamydia diagnoses coinfectd with HIV in Bellflower has increased from 1% in 2013 to 3% in 2022 but has remained consistently lower than LAC overall.