



Sexually Transmitted Infections & HIV/AIDS Prevention Program Update

Department of Health Services

June 10, 2025

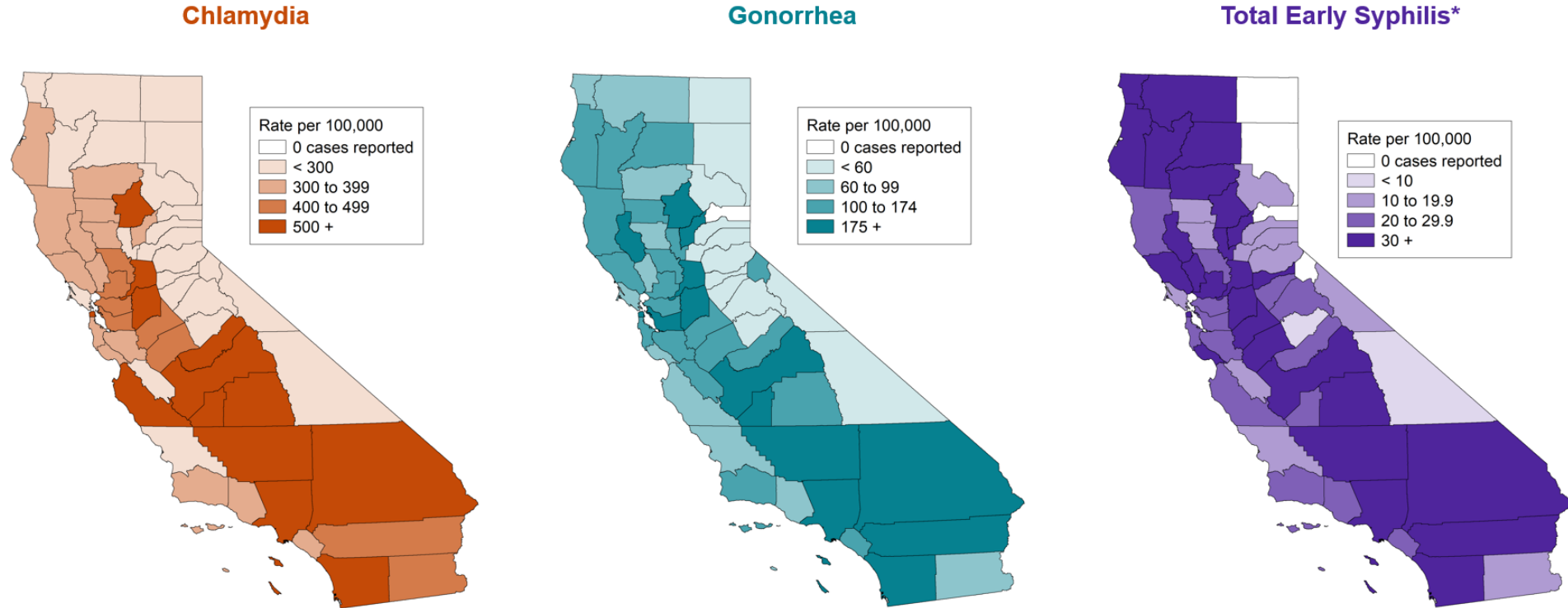
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Some Important Facts About STIs & HIV

- May be caused by bacteria, viruses, or parasites
- Includes chlamydia (CT), gonorrhea (GC), syphilis (SY), HIV
- Highest volume of reportable diseases
- Often have no symptoms, so screening is crucial
- Diagnosis often missed
- Can affect unborn child leading to pregnancy complications
- If untreated can lead to severe complications
- No vaccine available for bacterial STIs or HIV
- No immunity after infection, can get reinfected
- Increased risk of multiple STIs
- *Others (not included in this report)– hepatitis B, hepatitis C, herpes, HPV, Mpox*

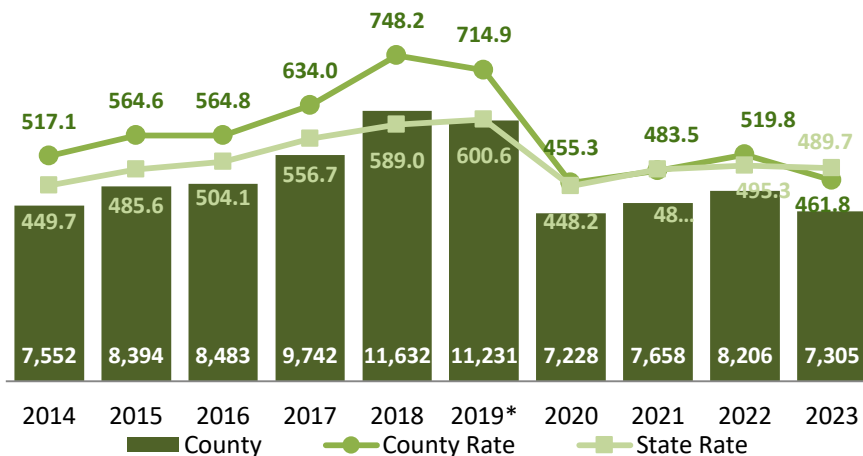
CT, GC, Early Syphilis Incidence Rates by County, 2022



Different scales are displayed for chlamydia, gonorrhea, and total early syphilis rate ranges.
* Total early syphilis includes primary, secondary, and early non-primary non-secondary syphilis.

STI/HIV Trends in Sacramento County

Figure 1. Chlamydia Cases and Rates, Sacramento County,



*Oct 1, 2019: Chlamydia is no longer provider-reportable, making it only lab-reportable

Figure 2. Gonorrhea Cases and Rates, Sacramento County, 2014-2023

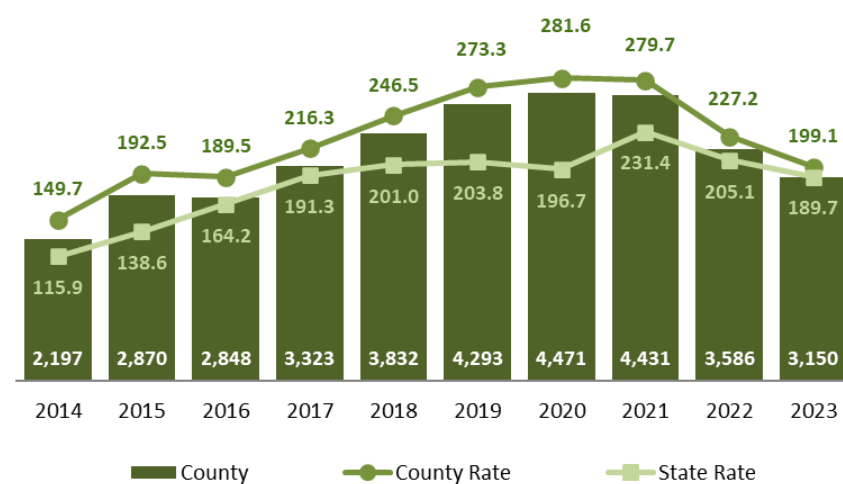


Figure 3. Syphilis Cases and Rates, Sacramento County, 2014-2023

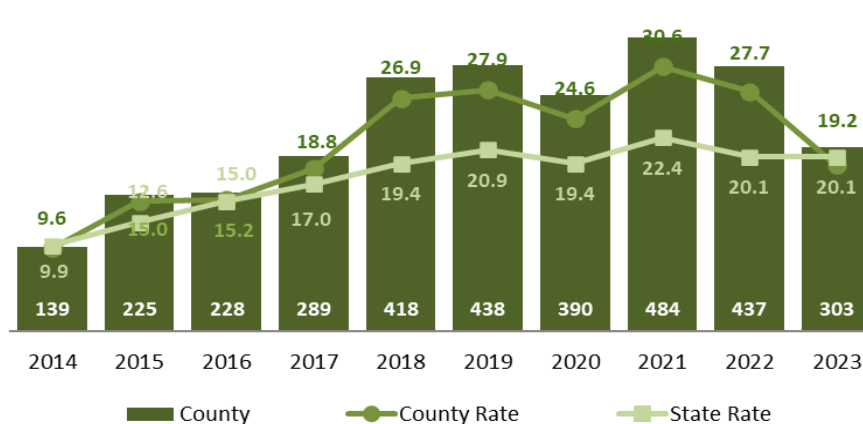


Figure 4. Newly Diagnosed HIV Infection, Sacramento County 2013-2022



SCPH STI/HIV Program Descriptions

- HIV/STD Prevention Unit
 - Provides health education, risk assessment and counselling, screening tests, training and workshops for partners
 - Works with CBOs to provide funding, training
- HIV/STD Surveillance Unit
 - Investigates reported cases, contact tracing, outbreak investigation
 - Works with healthcare providers to provide technical assistance
- HIV Care Services/ Ryan White Services
 - Receives federal funding and coordinates system of care for HIV/AIDS
 - Provides funding to healthcare clinics and CBOs
- Sexual Health Clinic
 - Provides low barrier, culturally sensitive clinical services including testing, treatment, prophylaxis, linkage to care for vulnerable communities at risk

STI/HIV Program Budget and Staffing

Revenue

General Fund	\$1,882,012	25% used in clinic
Grants (Federal/State)	\$11,298,000	15 different grants; 60% HIV Care/RW
Reimbursement/Realignment	\$578,287	

Expenditure

SH Clinic	\$3,050,000	70% HIV Care/RW
Program staff	\$3,589,751	45 FTE (includes registry and oncall)
CBO/healthcare contracts	\$5,041,722	90% HIV Care/RW; 38 contracts
Other expenses	\$2,076,826	Medications, labs, supplies, facilities, infectious disease specialists etc.

FUNDING	SOURCE	ANNUAL AMOUNT	FTE SUPPORTED	SERVICES AND CONTRACTS
ETE (HRSA)	Federal	\$2M	11.43 FTE	Sexual Health Clinic; WellSpace Health
ETE (CDC) Sexual Health Clinic	Federal	\$600K	1.9 FTE	Sexual Health Clinic; WellSpace Health; Sunburst
ETE (CDC)	Federal	\$690K	2.07 FTE	Wellness Without Walls mobile clinic; Sunburst
ETE (SAMHSA)	Federal	\$200K	1.07 FTE	Screening testing & education services to homeless, run-away & foster youth (150 served). Ending August 30 th
HIV Prevention Allocation (CDPH)	Federal	\$640K	3.16 FTE	HIV/STI screening and education; Golden Rules, Harm Reduction Services, Sunburst
Ryan White Parts A & B and MOE (Maintenance of Effort)	Federal, State	\$5.3M	4.49 FTE	HIV care, treatment, and social support services; One Community Health, Golden Rule Services, Sunburst, Harm Reduction Services, UCDMC Pediatrics, Sierra Foothills, Communicare, and Sexual Health Clinic.
CA PREP (California Personal Responsibility and Education Program)	State	\$228 K	1.5 FTE	Provides evidence-based comprehensive sex ed to youth a risk of pregnancy and/or HIV/STI including youth in detention and those attending alternative schools.
PrEP/n-PEP Initiation and Retention (PPIR)	State	\$353 K	1.20 FTE	Provides support to increase the use of PrEP (Pre-Exposure Prophylaxis) to prevent HIV infections and navigate individuals who have had an accidental exposure to HIV to n-PEP (non-occupational Post Exposure Prophylaxis) in order to prevent seroconversion.
HIV Surveillance Allocation (CDPH)	Federal	\$231K	1.44 FTE	Supports mandatory reporting, case investigations, partner services, HIV Early Action Response Team.
STD Prevention (CDPH)	State	\$655K	2.19 FTE	STI prevention and surveillance, education, testing. 50% of funds are required to go to CBOs (Golden Rule Services, Harm Reduction Services, Sunburst, LGBT Community Center)
HCV Prevention (CDPH)	State	\$207K	0.7 FTE	Hepatitis C testing and linkage to care. 50% of funds are required to go to CBOs (Golden Rule Services, Harm Reduction Services)
DIS Workforce (CDPH)	State	\$314K	1.0 FTE	Communicable Disease Investigators conduct contact tracing.
Congenital Syphilis (CDPH)	Federal	\$80K	0.37 FTE	Enhanced case management to link pregnant persons with syphilis to treatment and prenatal care.
TOTAL		\$11.298 M	32.52 FTE	*Approximately 87% of these funds are federal in origin

STI/HIV CBO Funding

Organization	One Community Health	Golden Rules Svs	Harm Reduction Svs.	Pucci's Pharmacy	LGBT Center	Sunburst	UC Davis Peds	WellSpace Health	Communicare	SFAF (Eldorado and Placer)
Amount	\$1.7M	\$209K	\$718K	\$50K	\$60K	\$1.5M	\$100K	\$300K	\$126K	\$417K
Source	Ryan White	Various state, federal	Various state, federal	PrEP/PEP state	STD Prevention state	Various federal	Ryan White	EHE	Ryan White	Ryan White

STI/HIV Program Highlights

- **Sexual Health Clinic**: For 2024, the clinic served 1,678 unduplicated patients; 112 active patients enrolled in PrEP program; servicing approx. 219-269 patient visits a month for HIV, PrEP, STI including some women's health
- **Wellness Without Walls (W3)**: Mobile clinic for unhoused and transitional aged youth. Conducted 1,595 tests in FY 2023-2024; identifying 91 positive/reactive results (positivity rate of 5.7%)
- **HIV/STI Testing Partners Collaborative**: Between 11/2023 to 11/2024, county staff and community partners conducted 8,965 sexual health screenings for GC, CT, HIV, HCV, and syphilis.
- **SacWISH Collaborative**: Sacramento Workgroup to Improve Sexual Health is comprised of a roster of 155 community partners across numerous sectors (ie. HIV/STI service organizations, social service providers, schools, health care providers, etc.) that meet quarterly to plan, coordinate, and leverage resources to address local HIV/STI morbidity.

STI/HIV Program Accomplishments

- 2,729 syphilis case investigations (91 congenital) in 2024
- Developed HIV Early Action Response Team (HEART) to address HIV reporting and linkage to care efforts. In 2024 preliminary data shows:
 - 195 new HIV diagnosis
 - 174 of those individuals are in care (89.2%)
 - "HIV Out-of-Care" list reduced by 24%
- 2,652 total cases investigated in 2024; average 221 per month
- Digital solutions for case follow-up of cases.
 - Narcan distribution (with Behavioral Health): 30% response rate
 - Developing a new solution for HIV Out-of-care contacts

Outreach Efforts

- Multi-media campaign (digital, print, bus) to promote concept of U=U (Undetectable = Untransmittable). Funded through HRSA Ending the HIV Epidemic grant.
- PrEP campaign on dating apps and digital sites focused on connecting MSM of color to Sexual Health Clinic for prevention services.
- Radio outreach campaign focused on Spanish-speaking audiences to increase testing and knowledge of HIV status.
- Subcontractors conduct one-to-one counseling and testing within communities at risk to increase testing and prevention services.

The Team



Stories of Personal Impact

- Last year, while providing services at Wind Youth Center, the HIV/STD Prevention staff identified a young pregnant homeless female who had no prenatal care. The program staff was able to link this young lady to prenatal care with the provider and community partner Capital Ob/GYN.
- A client came in for STI testing and received a positive HIV test during the visit. The client reported they being in an unwell mental state and experiencing suicidal thoughts and became emotionally distraught at this news. Our case management nurse spent over an hour talking with the client, allowing them to process this new diagnosis, explaining the treatments and resources available, and that our team would help guide and support them through this.. The BHS Mental Health urgent care line was called to support the client, and their information was provided to the client before leaving the SHC. The patient returned to the clinic the following day to be enrolled in clinic's HIV services and has remained actively engaged in care. After two months of receiving services at the clinic, the client reported they was doing "100% better" . The client has also been able to achieve the goal of having an undetectable viral load.

Stories of Personal Impact

- Surveillance staff on the HEART team received a call from a Kaiser Nurse Practitioner requesting assistance in linking a newly diagnosed Black/African American HIV-positive pregnant non-Kaiser member to care. The patient presented to Kaiser's ER for cramps, where initial labs resulted positive for HIV. The patient was roughly 35 weeks pregnant, and they had lost contact with the patient. Surveillance staff conducted a field visit, and learned the patient was visiting California due to her mother's passing and planned to return to Texas. Surveillance staff were able to convince the patient of urgency, and the patient agreed to go to UC Davis Emergency for immediate medication and referral for care. The patient needed transportation, so the staff member arranged transportation and accompanied her to the emergency department. Staff also assisted in linking the patient to care in Texas, where she moved prior to delivering her child.
 - Subrecipient, GRS has an excellent record of not only finding housing, but of also identifying other wrap around resources for clients. For example, some clients need assistance with paying rental deposits and others are starting over without furnishing. The GRS Case Managers have developed strong professional relationships with other agencies/organizations in Sacramento that pay not only the deposit and first month's rent but will completely furnish our clients' new apartment. Finding housing is only the first steps to stability that will hopefully translate into better health outcomes for HIV+ clients. The GRS NMCM's has accomplished this with two clients in the last two months and it has made a huge difference in their overall wellbeing.
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