100 Years of Public Health Excellence

HONORING OUR PAST
SHAPING OUR FUTURE

Riverside University HEALTH SYSTEM
Public Health



HEALTH MATTERS BRIEF

HIV Survivors Pre-HAART in Riverside County, CA – Part I

Epidemiology & Program Evaluation • September 2026

INTRODUCTION

Ending the HIV epidemic requires an understanding of both its origins and its evolution over time. This report is the first of two reports that provide essential context on the impact of HIV among Riverside County residents. Part 1 focuses on individuals currently residing in Riverside County who were diagnosed before 1996 and have been living with HIV for 30 or more years (Figure 1). Part two will focus on HIV among Riverside County residents who were diagnosed with HIV after effective antiviral therapies became widely available in 1996.

This report examines demographic characteristics and transmission risk factors, including gender identity, age, race/ethnicity, and mode of transmission, to better understand the experiences and evolving needs of long-term HIV survivors. It highlights how the HIV epidemic has changed over time, shifting from a focus on survival and treatment of acute infection to the management of aging, long-term treatment effects, and chronic comorbid conditions.

By documenting the characteristics of this population, the report underscores the importance of adapting services, programs, and healthcare systems to support a growing population of individuals living longer with HIV than ever before.

This report is intended to assist stakeholders, healthcare providers, policymakers, and community partners in identifying service gaps, understanding the unique challenges associated with aging with HIV, and developing targeted strategies to improve the health and well-being of individuals living with HIV and their families.

RIVERSIDE COUNTY KEY FINDINGS – 2024

There are over **260 Riverside residents** living with HIV for **40+ years**.

Residents aged **60-69** years made up more than **50%** of people living with HIV for 30+ years.

More than 75% of people living with HIV for 30+ years identify as **White**.

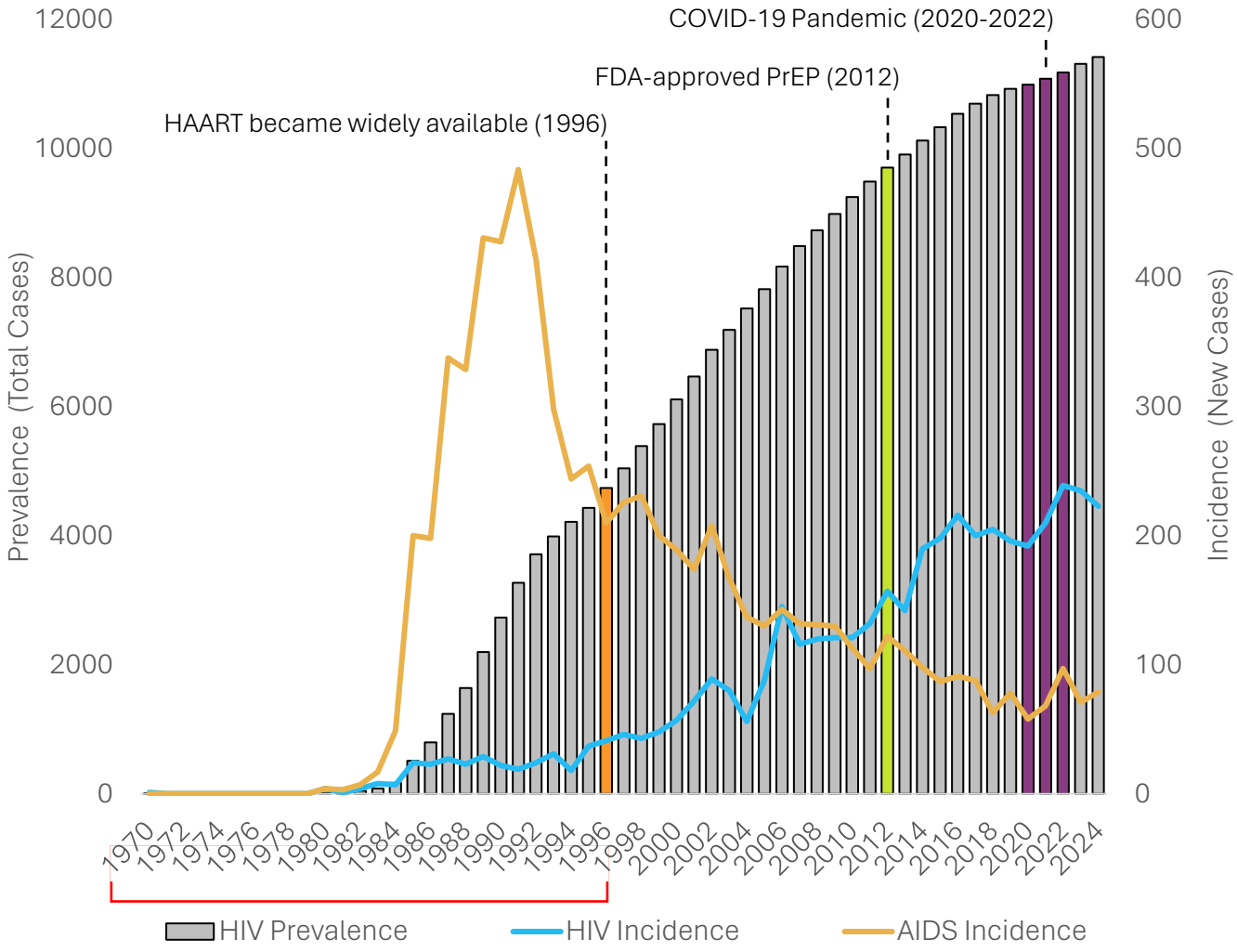
Incidence & Prevalence - History

In 2024, 11,423 people were living with HIV (PLWHA) in Riverside County, with 302 newly diagnosed cases. Since the beginning of the HIV epidemic, the number of people living with HIV in Riverside County has increased over time.

HIV incidence gradually increased over time with peaks occurring in 2002, 2006, and 2012. Notably, 2021 HIV incidence matched 1996 AIDS incidence with 210 new cases.

AIDS incidence peaked in 1991 with 484 new cases. Following the widespread availability of highly active antiretroviral therapy (HAART) in 1996, the number of AIDS cases generally declined, with temporary increases observed in the same years as HIV (2002, 2006, and 2012). AIDS diagnoses continued to decline through 2019 before increasing during and after the 2020 COVID-19 pandemic through 2024.

Figure 1. HIV Prevalence, Incidence, and All-Cause Death Counts, 1970-2024



Note: Some cases are double-counted where individuals were diagnosed with both HIV and AIDS in the same year.

Overview

There are 2,609 pre-HAART individuals living with the virus, making up 22.8% of the 11,423 Riverside County residents LWHA (Figure 2 and Table 3). Of this cohort who have lived with HIV for more than 30 years, 2,580 (98.9%) acquired the virus as adults. In contrast, only 29 individuals are classified as lifetime survivors, representing 1.1% of the county's post-HAART HIV population. (Figure 2). Only five Riverside County residents have been living with the virus for 40 years or more (Table 1).

Figure 2. HIV (All Stages) Prevalence Counts and Percentages, by Pre-HAART Total, Post-HAART Total, Life-time Survivors, and Pre-HAART LTS, Riverside County, 2024

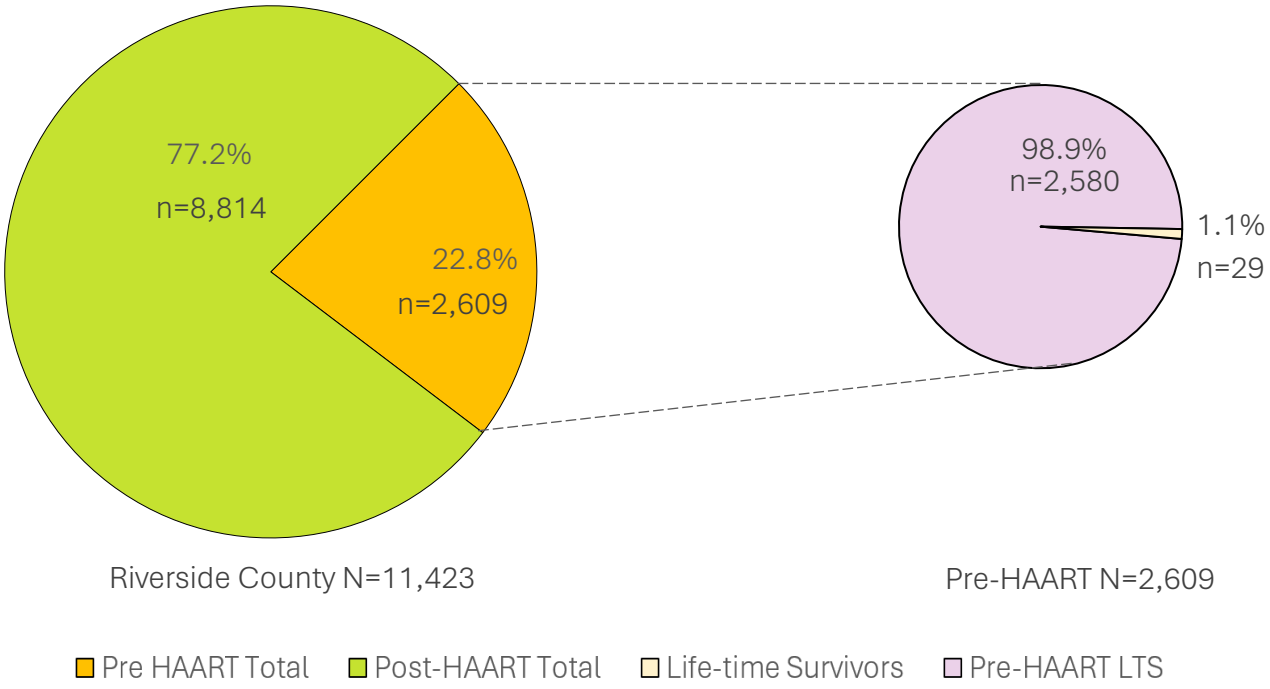


Table 1. HIV (All Stages) Prevalence Counts and Percentages, Life-time Survivors, Riverside County, 2024

Age Groups (Current Age)	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH Survivors
Year Diagnosed	1986-1995	1985 and prior	1995 and prior
Current Age 30-39	8 (0.3%)	N/A	8 (0.3%)
Current Age 40-49	11 (0.5%)	1 (0.4%)	12 (0.5%)
Current Age 50-59	5 (0.2%)	3 (1.1%)	8 (0.3%)
Current Age 60-69	N/A	1 (0.4%)	1 (0.04%)
Pre-HAART Life-time Prevalence	24	5	29
Total Pre-HAART Prevalence	2,346	263	2,609
Total County Prevalence (All)		11,423	

County Overview

People are living longer with HIV, which represents a significant public health achievement; at the same time, it presents new challenges for the local continuum of care [Kiplagat, J., 2022]. Almost a quarter, 23.0% (n=2,609) of Riverside County PLWHA residents have lived three or more decades with HIV. As Riverside County's HIV population increases, long-term survivorship demands a shift toward fully integrated, lifelong support. Healthcare systems within the county must evolve to meet the needs of a rising number of long-term survivors, particularly those who have lived with HIV for 30 years or more.

This cohort, Pre-HAART and Pre-HAART Life-time Survivors (diagnosed as children), are individuals diagnosed from the beginning of the HIV epidemic up until right before highly active antiretroviral therapy (HAART) first became widely available in 1996; HAART serves as an intervention that significantly enhances the health of individuals by arresting disease progression and reducing the risk of developing AIDS.

Figure 3 shows that nearly 99 out of every 100,000 Riverside County residents have been living with HIV for 30 or more years. There are 263 residents living with HIV for 40 or more years (Table 3).

Figure 3. HIV (All Stages) Prevalence Rates by Number of Years Living with HIV, Riverside County, 2024

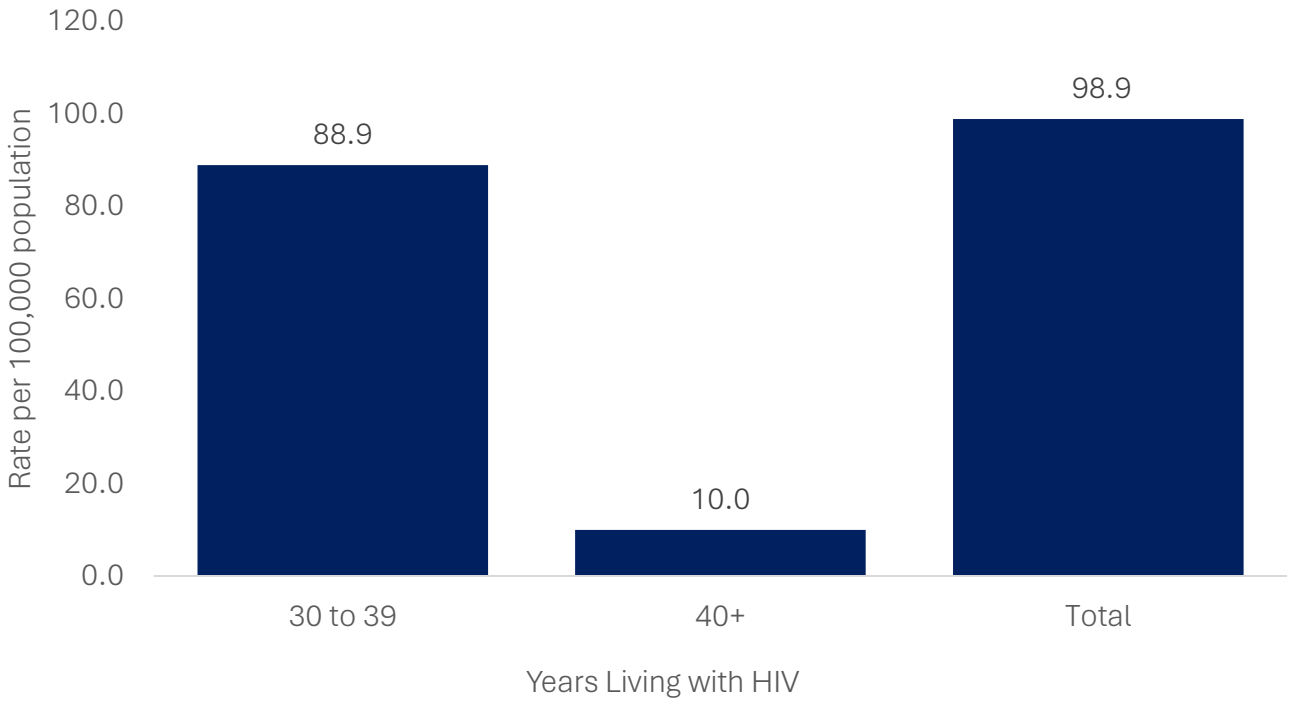


Table 3. HIV (All Stages) Counts Pre-HAART Survivor Status, Riverside County, 2024

Prevalence	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH
Year Diagnosed	1986-1995	1985 & prior	1995 and prior
Total Pre-HAART Prevalence	2,346 (20.5%)	263 (0.8%)	2,609 (22.8%)
Total County Prevalence (All)		11,423	

Overview

Table 4 highlights key demographic categories that account for a disproportionate share of persons who have lived with HIV for over 30 years.

- Cisgender men make up 95.5% (n=2,492) of all cases for 30+ years.
- Individuals aged 60-69 years accounted for over half (54.1%, n =1,411) of all cases, and those aged 70 years and older comprised an additional 32.0% (n=834).
- Persons identifying as White had the highest counts and accounted for 75.3% of cases (n=1965). The Hispanic population has the second-highest case counts, accounting for 14.9% of all cases (n=388).
- Those aged 70+ make up 32.0% of PLWHA (n=834).
- Male-to-male sexual contact (MMSC) accounted for the highest counts, making up 84.2% (n=2,198) of all PLWHA aged 30+ years (Table 4).

Table 4. HIV (All Stages) Prevalence Counts and Percentages by All Characteristics and Number of Years Living with HIV, Riverside County and California, 2024

Characteristics	30-39 YLWH	40+ YLWH	Total YLWH
Year Diagnosed	1986-1995	1985 and prior	1970-1995
Cisgender women	108 (4.6%)	2 (0.8%)	110 (4.2%)
Cisgender men	2,231 (95.1%)	261 (99.2%)	2,492 (95.5%)
Transgender women	5 (0.2%)	N/A	5 (0.2%)
Transgender men	2 (0.0%)	N/A	2 (0.1%)
Unknown	N/A	N/A	N/A
Current Age <20	N/A	N/A	N/A
Current Age 20-29	N/A	N/A	N/A
Current Age 30-39	9 (0.4%)	N/A	9 (0.3%)
Current Age 40-49	12 (0.5%)	1 (0.4%)	13 (0.5%)
Current Age 50-59	332 (14.2%)	10 (3.8%)	342 (13.1%)
Current Age 60-69	1,264 (53.9%)	147 (55.9%)	1,411 (54.1%)
Current Age 70+	729 (31.1%)	105 (39.9%)	834 (32.0%)
American Indian/ Alaskan Native	3 (0.1%)	N/A	3 (0.1%)
Asian	28 (1.2%)	1 (0.4%)	29 (1.1%)
Black/ African American	125 (5.3%)	13 (4.9%)	138 (5.3%)
Hispanic	365 (15.6%)	23 (8.7%)	388 (14.9%)
Native Hawaiian/ Pacific Islander	1 (0.0%)	N/A	1 (0.04%)
Multi-Race	73 (3.1%)	12 (4.6%)	85 (3.3%)
White	1,751 (74.6%)	214 (81.4%)	1,965 (75.3%)
Unknown	N/A	N/A	3 (0.1%)
Male-to-male sexual contact (MMSC)	1,966 (83.8%)	232 (88.2%)	2,198 (84.2%)
Heterosexual Contact	92 (3.9%)	1 (0.4%)	93 (3.6%)
Sexual Contact Other	4 (0.2%)	N/A	4 (0.2%)
Injection drug use (IDU)	74 (3.2%)	4 (1.5%)	78 (2.8%)
MMSC/IDU	158 (6.7%)	22 (8.4%)	180 (6.9%)
Perinatal/Unknown/Other	52 (2.2%)	4 (1.5%)	56 (2.1%)
Total Pre-HAART (LTS) Prevalence	2,346	263	2,609
Total County Prevalence (All)	11,423		

Gender Identity

There are 110 cisgender women currently living with HIV in Riverside County who were diagnosed before 1996, making up 4.2% of the county's pre-HAART population. Cisgender women living with HIV for 30 to 39 years have an HIV prevalence rate of 8.1 per 100,000 population. They contributed an average of 4 new cases every year from the beginning of the epidemic to 1995 (Table 5).

Cisgender men consistently represent the highest HIV prevalence counts, accounting for 95.5% (n=2,492) of this pre-HAART population (Table 5). They had a rate of 170.1 per 100,000 population for individuals living with the virus between 30 and 39 years (Figure 4). This cohort had an average of 100 new cases every year from the beginning of the epidemic to 1995 (Table 5).

Both cisgender women and cisgender men benefit from specialized outreach that respects their unique lived experiences. This ensures that social support, mental health resources, and all other needs are tailored to the specific historical and systemic barriers faced by the two different populations.

Figure 4. HIV (All Stages) Prevalence Rates by Gender Identity and Number of Years, Riverside County, 2024

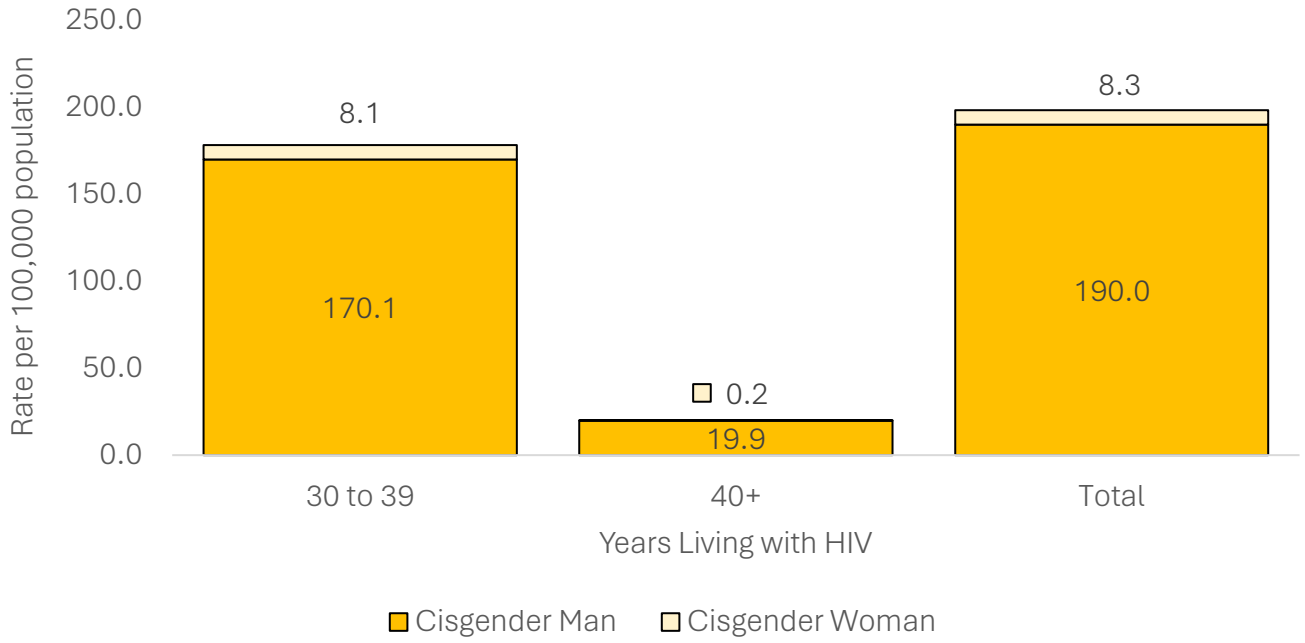


Table 5. HIV (All Stages) Prevalence Counts and Percentages, by Gender Identity and Number of Years Living with HIV, Riverside County, 2024

Gender Identity	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH
Year Diagnosed	1986-1995	1985 and prior	1995 and prior
Cisgender women	108 (4.6%)	2 (0.8%)	110 (4.2%)
Cisgender men	2,231 (95.1%)	261 (99.2%)	2,492 (95.5%)
Transgender women	5 (0.2%)	N/A	5 (0.2%)
Transgender men	2 (0.1%)	N/A	2 (0.1%)
Unknown	N/A	N/A	N/A
Total Pre-HAART Prevalence	2,346	263	2,609
Total County Prevalence (All)		11,423	

Age Group

Just over 20 Riverside County residents are classified as lifetime survivors who acquired HIV before HAART became widely available and have lived with the virus since childhood. These individuals are currently in their 30's and 40's, and unlike people who acquired HIV in adulthood, they have never known a life without the virus (Table 5). This brings its own challenges, such as contending with a lifetime of viral suppression medication and the side effects that go along with treatment and care, such as an increase in cardiovascular disease [Currier, J.S., 2018].

- 30+: The age group 60 to 69 has the highest counts and rates for the pre-HAART cohort, making up 54.1% (n=1,411) (6).
- 40+: A total of 263 in Riverside County who have lived with the virus for four-plus decades (Table 6).

Figure 5. HIV (All Stages) Prevalence Rates, by Age Group and Number of Years Living with HIV, Riverside County, 2024

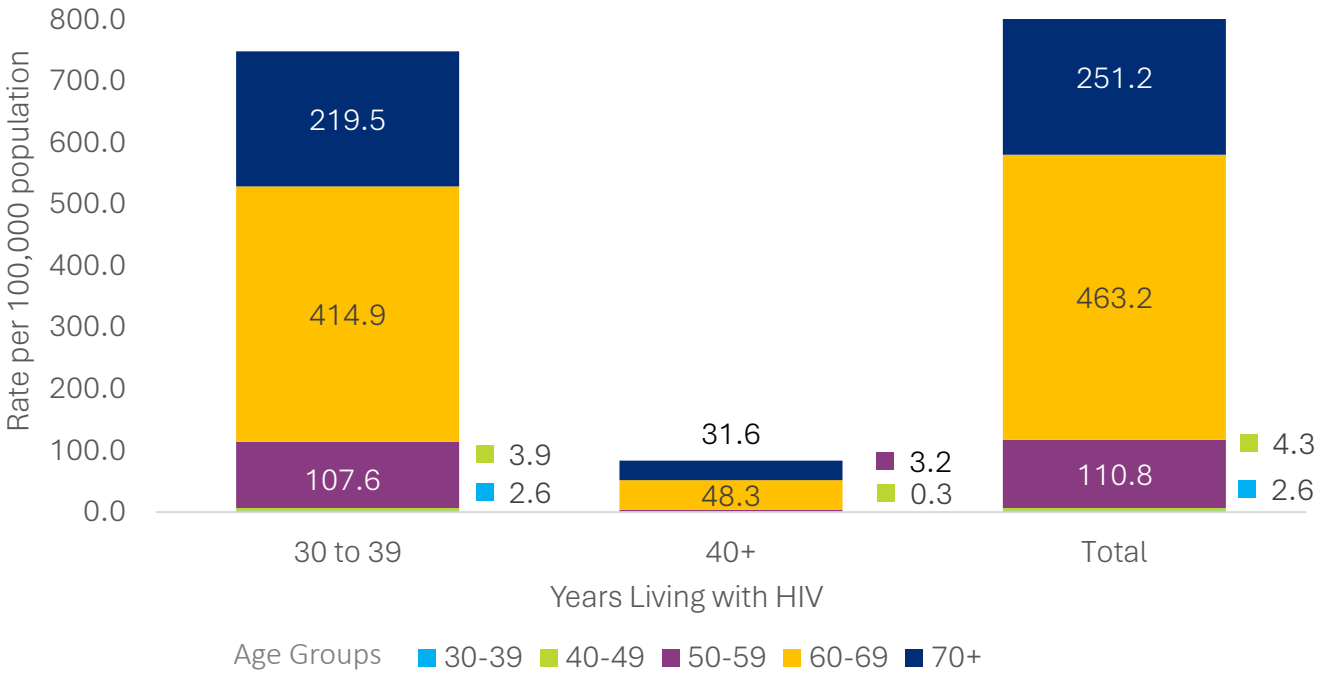


Table 6. HIV (All Stages) Prevalence Counts and Percentages, by Age Group and Number of Years Living with HIV, Riverside County, 2024

Age Groups (Current Age)	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH
Year Diagnosed	1986-1995	1985 and prior	1995 and prior
Current Age 30-39	9 (0.4%)	N/A	9 (0.3%)
Current Age 40-49	12 (0.5%)	1 (0.4%)	13 (0.5%)
Current Age 50-59	332 (14.2%)	10 (3.8%)	342 (13.1%)
Current Age 60-69	1,264 (53.9%)	147 (55.9%)	1,411 (54.1%)
Current Age 70+	729 (31.1%)	105 (39.9%)	834 (32.0%)
Total Pre-HAART Prevalence	2,346	263	2,609
Total County Prevalence (All)		11,423	

Race & Ethnicity

For this three-plus decade cohort, individuals who identify as White by far make up the largest counts and percentages for years living with the virus. Within the 30-39 group, White residents represented nearly 75% (n=1,751) of the population (Table 7) at a rate of 170.5 per 100,000 (Figure 6).

In the most senior cohort (40+ years), this concentration intensifies, with White individuals accounting for 81.4% (n=1,965) of survivors; however, a critical disparity emerges when adjusting for population size (Figure 6). Although they account for only 12 cases, the relative burden of disease is highest among the Multi-race population, which had a prevalence of 8.1 per 100,000 in this cohort, just surpassing the 7.9 per 100,000 observed in the White population (Figure 6 and Table 7).

The overall counts and percents show that the majority of cases are among Whites accounts for over 75% of cases, followed by the Hispanic population, which made up 14.9% of all cases in this cohort.

Figure 6. HIV (All Stages) Prevalence Rates by Race/Ethnicity and Number of Years Living with HIV, Riverside County, 2024

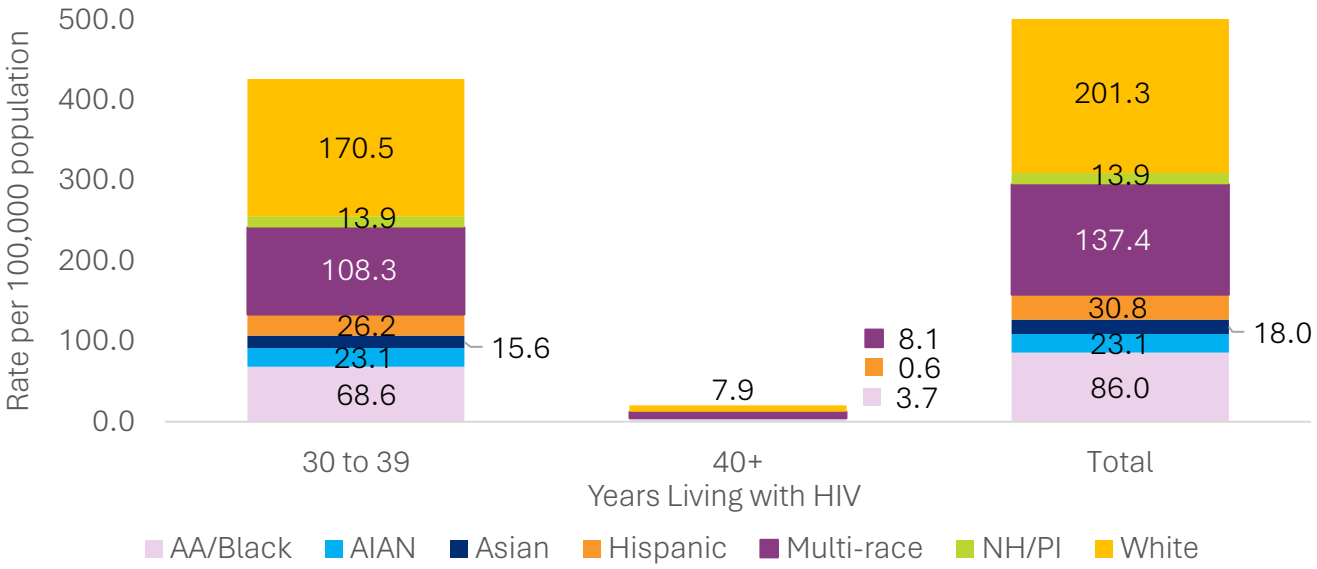


Table 7. HIV (All Stages) Prevalence Counts and Percentages, by Race/Ethnicity and Number of Years Living with HIV, Riverside County, 2024

Characteristics	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH
Year Diagnosed	1986-1995	1985 and prior	1995 and Prior
American Indian/ Alaskan Native	3 (0.1%)	N/A	3 (0.1%)
Asian	28 (1.2%)	1 (0.4%)	29 (1.1%)
Black/ African American	125 (5.3%)	13 (4.9%)	138 (5.3%)
Hispanic	365 (15.6%)	23 (8.7%)	388 (14.9%)
Native Hawaiian/ Pacific Islander	1 (0.0%)	N/A	1 (0.04%)
Multi-Race	73 (3.1%)	12 (4.6%)	85 (3.3%)
White	1,751 (74.6%)	214 (81.4%)	1,965 (75.3%)
Total Pre-HAART Prevalence	2,346	263	2,609
Total County Prevalence (All)		11,423	

Transmission Type

Transmission data was collapsed into two groups to provide a more granular view of how HIV spreads within the county. The first focused exclusively on sexual contact (Figure 7 and Table 8), and the second encompassed injection drug use (IDU), perinatal transmission, and other risk factors (Figure 8 and Table 9).

Sexual contact alone remains the predominant driver of the HIV epidemic for those diagnosed before 1996 in Riverside County, making up 82.7% of all transmissions (Table 7).

- Male-to-male sexual contact (MMSC) is the leading sexual contact transmission category, accounting for 84.2% (n= 2,198) of all residents pre-HAART currently living with HIV in the county (Table 7). The highest proportion of this cohort consists of individuals who have been living with the virus for 40 or more years, making up 88.2% (n=232) (Figure 7 and Table 8).
- Heterosexual contact represents the second most frequent mode of sexual transmission, accounting for between 0.4% and 3.9% of cases depending on the longitudinal cohort (Figure 7 and Table 8). While heterosexual transmission occurs at a significantly lower frequency than MMSC, it remains a consistent factor in the county's epidemiological profile.
- Sexual Contact (Other) represents the smallest fraction of sexual transmission, consistently accounting for less than 1% across every decade and representing approximately 0.2% of the total pre-HAART population living with HIV (Table 8).

Figure 7. HIV (All Stages) Prevalence Counts, Percentages by Transmission- Sexual Contact Only and Number of Years Living with HIV, Riverside County, 2024

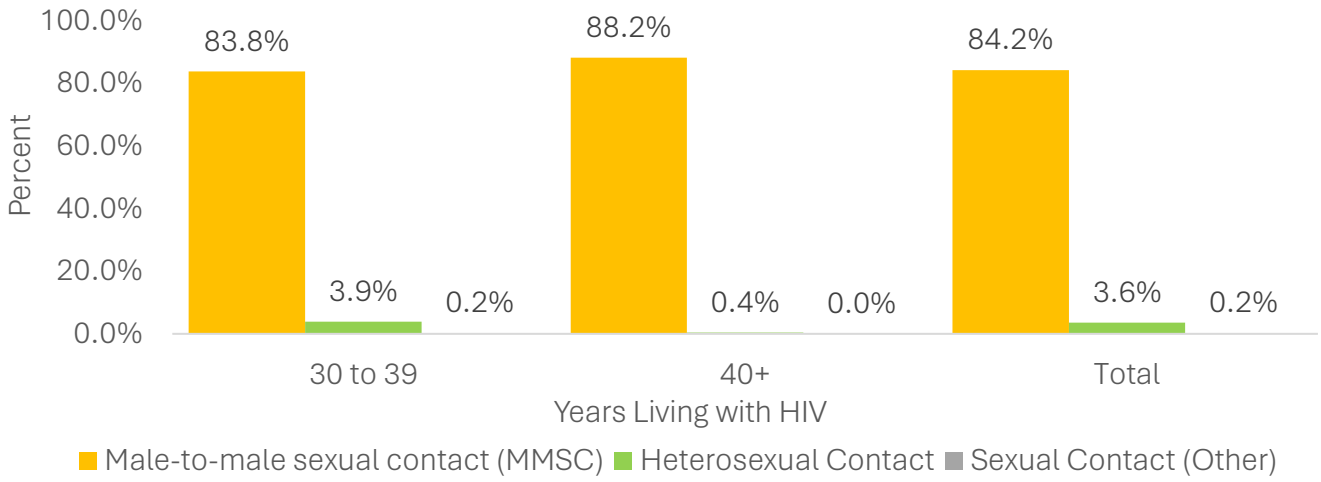


Table 8. HIV/ (All Stages) Prevalence Counts, Percentages by Transmission- Sexual Contact Only and Number of Years Living with HIV, Riverside County, 2024

Characteristics	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH
Year Diagnosed	1986-1995	1985 and prior	1995 and Prior
Male-to-male sexual contact (MMSC)	1966 (83.8%)	232 (88.2%)	2,198 (84.2%)
Heterosexual Contact	92 (3.9%)	1 (0.4%)	93 (3.6%)
Sexual Contact (Other)	4 (0.2%)	N/A	4 (0.2%)
Transmission by Sexual Contact Total	2,060	233	2,295
Total Pre-HAART Prevalence	2,346	263	2,609
Total County Prevalence (All)		11,423	

Transmission Type

HIV transmission in Riverside County involves multiple complex pathways beyond sexual contact alone. These include Injection Drug Use (IDU) vertical transmission (perinatal or breastfeeding), transplants or transfusions, and the combination of both MMSC and IDU. To ensure data integrity and maintain strict patient confidentiality, perinatal, medical procedures, and unknown risk factors were aggregated into a single category.

- Injection Drug Use transmission remains a relatively low but persistent factor in the county's epidemic profile. Historically, percentages have fluctuated between 3.3% and 8.4% across the different cohorts. IDU accounts for 2.9% (n=331) of all residents currently living with HIV (Figure 8 and Table 9).
- Individuals reporting both MMSC and IDU represent a slightly higher proportion of the population than those with IDU risk alone. This group accounts for 5.2% (n=599) of all residents living with HIV (Figure 8 and Table 9). The county has seen a reduction in this mode of transmission since the beginning of the epidemic (Table 9).
- Perinatal/Unknown/Other category ranges from 1.5% in older cohorts (40+ Year Survivors) to 2.2% in the 30-39 Year Survivors (Figure 8 and Table 9).

Figure 8. HIV (All Stages) Prevalence Counts, Percentages by Transmission- Injection Drug Use, Perinatal and Other and Number of Years Living with HIV, Riverside County, 2024

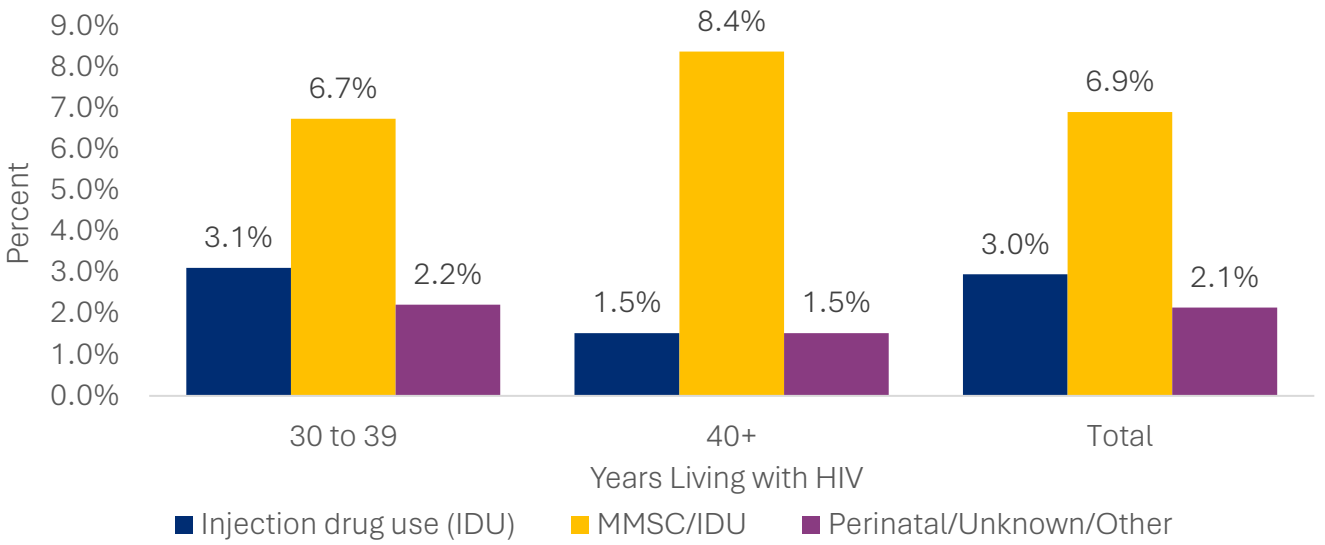


Table 9. HIV (All Stages) Prevalence Counts, Percentages by Transmission- Injection Drug Use, Male-to-male sexual contact and IDU, Other, By Number of Years Living with HIV, Riverside County, 2024

Characteristics	30-39 YLWH Survivors	40+ YLWH Survivors	Total YLWH
Year Diagnosed	1986-1995	1985 and prior	1995 and Prior
Injection drug use (IDU)	74 (3.2%)	4 (1.5%)	78 (2.8%)
MMSC/IDU	158 (6.7%)	22 (8.4%)	180 (6.9%)
Perinatal/Unknown/Other	52 (2.2%)	4 (1.5%)	56 (2.1%)
Transmission Non-sexual contact only	184	30	314 (12.0%)
Total Pre-HAART Prevalence	2,346	263	2,609
Total County Prevalence (All)		11.423	

Conclusion

It has been more than 40 years since the onset of the HIV epidemic began in the United States. With advances in anti-retroviral therapy, support services, Ryan White funding, and policy changes, a diagnosis is no longer a death sentence, and people living with HIV can live long, resilient, and healthy lives. Riverside County is committed to adapting policies and services to meet the evolving needs of its community residents. This means listening to people living with HIV and their families, collaborating with partners, advocating for policy change, and providing essential resources. These resources include social support networks, access to care, transportation, mental health services, and more.

Despite improvements in life expectancy, disparities remain based on gender identity, age, race/ethnicity, and transmission route. Closing these gaps requires targeted efforts and a focus on the social determinants of health, such as access to care, poverty, social support, and education.

As the HIV population ages and many individuals have been living with the virus for 20, 30, or even 40+ years, Riverside County must shift its approach to long-term survivorship and care. These individuals face not only the challenges of managing HIV and ongoing treatment, but also co-morbidities and chronic diseases associated with aging.

Mental health and emotional well-being are equally important. Lifetime survivors and pre-HAART LTS populations are unique, having been diagnosed before anti-viral medications were available and during a time of intense stigma. Many carry survivor's guilt, anxiety, and trauma from losing friends, family, and partners to the virus. Compassionate care and understanding are essential for supporting their health and wellbeing.

From the Desk of Andrea Gallegos – HIV/STD Branch Chief

The HIV epidemic has fundamentally changed. What was once considered a fatal diagnosis has become a chronic, manageable condition for thousands of individuals because of scientific advances, public health investment, and the resilience of people living with HIV. As this report demonstrates, nearly one in four people living with HIV in Riverside County have been living with the virus for more than 30 years, reflecting one of public health's greatest successes while also highlighting the need to evolve our approach to care.

Within Public Health's HIV/STD Branch, our work extends far beyond preventing new HIV infections. We are committed to supporting individuals across the entire HIV care continuum, from prevention and early diagnosis to lifelong treatment and healthy aging. As our HIV population ages, our priorities must continue to evolve. Many long-term survivors face complex health challenges associated with aging, including cardiovascular disease, diabetes, cancer, cognitive decline, mental health conditions, and the long-term effects of decades of HIV treatment. Many also carry the emotional burden of surviving the earliest years of the epidemic, having lost partners, friends, family members, and entire communities. Addressing these realities requires a healthcare system that recognizes aging with HIV as a unique public health priority rather than simply treating HIV as an isolated medical condition.

The future of HIV public health depends on balancing two equally important responsibilities: (1) preventing the next generation of HIV infections; 2) honoring and supporting those who have lived through the epidemic for decades. Riverside County remains committed to both. Through collaboration with healthcare providers, community-based organizations, policymakers, and people living with HIV, we will continue building a system of care that promotes health equity, improves quality of life, and moves us closer to a future where HIV transmission is rare and every individual has the opportunity to age with dignity, health, and hope.

Definitions

DoxyPEP: Doxycycline Post-Exposure Prophylaxis. Antibiotic taken after sex to reduce the risk of acquiring bacterial STI such as syphilis and chlamydia.

Gender Identity:

- **Cisgender** refers to individuals whose gender identity aligns with the sex assigned at birth or where sex at birth is stated, and gender identity is missing.
- **Transgender** refers to individuals whose gender identity differs from sex assigned at birth, and gender identity is present in HIV surveillance data.
- **Unknown** indicates sex assigned at birth is missing. Unknown gender indicates that either sex was assigned at birth and/or gender identity is missing.

HAART: Highly Active Antiretroviral Therapy is a treatment that was widely introduced in the United States in 1996. It is a combination of three or more antiretroviral drugs to suppress the HIV virus.

Heterosexual Contact: A person only having sex with someone who is the opposite of their sex assigned at birth.

HIV/HIV (All Stages): Refers to persons living with an HIV or AIDS infection.

Incidence: Newly diagnosed cases of HIV or AIDS in a population during a specific time period.

MMSC: Male-to-male sexual contact.

PEP: Post-Exposure Prophylaxis. Antiretroviral medication taken after a potential exposure to HIV to prevent infection.

PLWHA: People Living with HIV or AIDS.

Post-HAART Total: All persons diagnosed after highly active antiretroviral therapy became widely available in 1996.

Post-HAART Adult: All persons diagnosed after highly active antiretroviral therapy became widely available in 1996 and were 18 or older when diagnosed with HIV.

Post Life-time Survivor: All persons diagnosed after highly active antiretroviral therapy became widely available in 1996 and were under18 when diagnosed with HIV.

Pre-HAART Total: All persons diagnosed before highly active antiretroviral therapy became widely available in 1996.

PrEP: Pre-Exposure Prophylaxis is a prescription medication that reduces the risk of getting HIV by as much as 99%.

Prevalence: Total burden of disease.

Rates: The number of cases divided by the population at risk, a common method used to compare the burden of a disease across populations of different sizes.

Definitions

Transmission: Transmission refers to classifying HIV cases based on an individual's reported risk factors. Using the CDC algorithm, cases are assigned the single risk factor most likely responsible for transmission, even when multiple risks are reported.

The CDC hierarchy, from highest to lowest likelihood of transmission, is: male-to-male sexual contact (MMSC) combined with injection drug use (IDU); MMSC alone; IDU alone; receipt of clotting factor products for hemophilia or other coagulation disorders; and heterosexual contact.

- Gay, bisexual, and other men who have sex with men fall under the MMSC category.
- Sexual Contact - Other is classified as a person who reports sexual contact and identifies as transgender regardless of IDU status.
- Persons who inject drugs are categorized as IDU.
- Individuals classified as heterosexual contact reported heterosexual intercourse.
- Perinatal transmission includes exposure immediately before or during birth, or through breastfeeding.
- Cases without a risk factor in the hierarchy are labeled "unknown risk" or "other," which includes exposures such as blood transfusion, blood products, transplants, or other unspecified risks.

YLWH: Years living with HIV or AIDS

Data Sources

HIV Surveillance

Riverside: Data extracted from the Enhanced HIV Reporting System (eHARS) 2nd quarter (September), 2025. Dataset reported as of December 31st, 2024.

Population data for rate calculation

- **Demographic**: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 (Sacramento, California, September 2021.)
- **Region**: U.S. Census Bureau. 2017-2021 American Community Survey 5-year data. Retrieved from Esri Community Analyst (2024).

References

Kiplagat, J., Tran, D. N., Barber, T., Njuguna, B., Vedanthan, R., Triant, V. A., & Pastakia, S. D. (2022). How health systems can adapt to a population ageing with HIV and comorbid disease. *The Lancet HIV*, *9*(4), e281–e292. https://doi.org/10.1016/S2352-3018(22)00009-1

Currier J. S. (2018). Management of Long-Term Complications of HIV Disease: Focus on Cardiovascular Disease. *Topics in antiviral medicine*, *25*(4), 133–137.

SUGGESTED CITATION

Curlee, E. (2026). HIV Survivors Pre-HAART in Riverside County, CA – Part 1 (1970-2024). Riverside University Health System-Public Health, Epidemiology Program Evaluation.

ACKNOWLEDGEMENTS

Andrea Gallegos, Kevin Meconis, Aaron Gardner, Wendy Hetherington, and Marshare Penny contributed to this brief. Their assistance is greatly appreciated.