

## San Diego HIV Planning Group Priority Setting and Resource Allocation Committee

# Key Data Findings 2023 Co-Occurring Conditions/Poverty/Insurance Draft June 8, 2023



Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV/AIDS (PLWH/A) for all the following reasons:

- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH/A.
- PLWH/A who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness and mental illness can **interfere with HIV care**, treatment, and medication adherence.
- When a PLWH/A has tuberculosis (TB), a sexually transmitted disease (STD) or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH/A to transmit HIV to someone else.
- Support services keep PLWH/A in care and improve medical outcomes, especially those of women, African Americans, and persons with lower incomes.

### 2021 findings are self-report by HIV positive respondents to the 2021 Survey of HIV Impact: (2)

Total sample: 182

People living with HIV: 158

#### 2017 findings are self-report by HIV positive respondents to the 2017 Survey of HIV Impact: (3)

Total sample: 1,038

People living with HIV: 781

Condition	Estimated prevalence within the general population* (Population = 3,343,349; Males = 1,685,822 Female = (1,661,702 (1)		Estimated prevalence based on self- report by people living with HIV from the 2021 Survey of HIV Impact (2)	
	Number	Percentage	Number	Percentage
Tuberculosis	201	Less than 0.01% (4)	17	11.0% <sup>(2)</sup>
Syphilis*	2,177 female: 411	0.066% female: 0.025%	309, est. female:1,	2.2% female: 0.07
	male: 1,765 <sup>(5,6)</sup>	male: 0.11%	male: 308 <sup>(3)</sup>	male: 2.4
Gonorrhea	7,884 female: 2,652 male: 5,229 <sup>(5,6)</sup>	0.24% female: 0.16 male: 0.31	93 est. female: 0 male:93 <sup>(3)</sup>	10.7% female: 0% male: 10.7%
Chlamydia	18,075 female: 10,632 male: 7,430 <sup>(5,6)</sup>	0.55% female: 0.65% male: 0.45%	98 est. female: 2 male: 96 <sup>(3)</sup>	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	638	0.03% (5)	30	20% (3)
Hepatitis C (HCV)	3,845	1.1% <sup>(6)</sup>	18	12% (2)
Mental Illness	688,730 <sup>(7)</sup> (method of estimating combines serious and chronic)	20.6%	312	40% <sup>(2)</sup> (ever diagnosed or treated)
Substance Use: Injection Drug Use	50,150 est. ages 12+ <sup>(8)</sup>	1.5% est. ages 12+ <sup>(11)</sup>	36	Ever Injected: 23.9 (3) Injected last 12 months: 7.8% (11)

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Condition	Estimated prevalence within the general population* (Population = 3,343,349; Males = 1,685,822 Female = (1,661,702 (1)		Estimated prevalence based on self- report by people living with HIV from the 2021 Survey of HIV Impact (2)	
	Number	Percentage	Number	Percentage
Substance Use: Illegal	110,331 est. illicit drug	3.3% estimated	11	7.8% est. (11)
Drug Use (non-inj. use)	use, ages 12) <sup>(9)</sup>			
Fentanyl Use	424 deaths in SDC in 2022 (21)		-	-
Homelessness	10,264 (12)	0.31%	619 est. <sup>(3)</sup>	Unstably housed: 22.4%) Homeless: 4.4% <sup>(3)</sup>
Poverty Level	518,219 <sup>(10)</sup>	15.5% below poverty	273 below pov. level	
(Threshold = \$1,215		level	562 below 500% pov.	72% below 500% poverty
/month)			level	level (3)
Lack of Insurance (Non-elderly population <65 years old)	314,715	9.5% (13)	104	13% <sup>(3)</sup>
Formerly incarcerated	10,030 est. prison pop	0.3% (14)	35	23%
Hypertension (High	10,030	30% <sup>(15)</sup>	54	35% (Among ART-
Blood Pressure)				experienced individuals
				>50 years, >50%) <sup>(15)</sup>
Diabetes	227,347	6.8% (16)	18	10.3% (16)
Coronavirus (COVID	983,031 (17)	29.4% (17)	187 est.	Increased risk of
19)				(hospitalization, increased
				risk of death (18)
				RR = 1.24 <sup>(24)</sup>
Monkeypox (MPOX)	471 <sup>(19)</sup>	0.00014%	Of pts with MPOX,	Increased risk for
			40% are PLWH	advanced MPOX (20)

<sup>\*</sup>Detailed data for sexually transmitted infections, including data by race/ethnicity and gender /can be found at <a href="https://www.sandiegocounty.gov/hhsa/programs/phs/hiv">https://www.sandiegocounty.gov/hhsa/programs/phs/hiv</a> std hepatitis branch/reports and statistics.html

#### Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH/A that include gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (includes diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women experience an increased incidence of some HIV-related including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease; hepatitis C; cancer, mental Illness, and substance abuse.
- PLWH greater than 50 years of age, experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus and non-AIDS-defining cancers. Many of the age-related diseases are seen in the population of greater than 50 years of age PLWHA approximately 10 years earlier than seen in the general population. <sup>22, 23, 24</sup>

#### **Data Sources:**

- 1. San Diego Association of Governments (SANDAG). 2020 population estimates, data from July 2021.
- County of San Diego HIV, STD, and Hepatitis Branch: San Diego 2021 Survey of HIV Impact (N=182, 160 of which
  identify at living with HIV in San Diego County; although the sample size is small, the results are consistent with the
  2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated
  PLWH/A population.
- 3. County of San Diego HIV, STD, and Hepatitis Branch and Hepatitis 2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated PLWH/A population.
- 4. County of San Diego Tuberculosis Program, 2021 Fact Sheet, prepared 03/15/2022.
- 5. County of San Diego, Health and Human Services Agency, Division of Public Health Services, HIV, STD, and Hepatitis Branch. April 2021. Sexually Transmitted Diseases in San Diego County, 2021 Data Slides. Accessed 01/27/2023 from www.STDSanDiego.org.
- County of San Diego 2020 Reportable Diseases and Conditions, from <a href="https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/Reportable%20Diseases%20and%20Conditions">https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/Reportable%20Diseases%20and%20Conditions</a> SDC 2016-2020.pdf
- 7. National Alliance on Mental Illness. Mental Health by the Numbers. (2019). https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
- 8. California Health Care Foundation. California Health Care Almanac. Substance Use in California: A Look at Addiction and Treatment. Website accessed 08/25/2021. https://www.chcf.org/wp-content/uploads/2018/09/SubstanceUseDisorderAlmanac2018.pdf
- SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health <a href="https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf">https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf</a>
- Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE9(5): e97596. https://doi.org/10.1371/journal.pone.0097596.
- 11. County of San Diego Epidemiology and Immunizations Branch, enhanced HIV/AIDS Reporting System (eHARS) data, percent of IDU among all living with HIV, data through year end 2018.
- 12. Regional Task Force on the Homeless; San Diego Continuum of Care 2023 We All Count Regional Totals https://www.rtfhsd.org/wp-content/uploads/2023-San-Diego-Region.pdf
- 13. California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, December 2018
- 14. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Adults on parole in the United States; 1975 2012, 12/19/2013; County AIDS Case Management Program, HSHB, 2013.
- 15. American Heart Association Journal; Vol. 72, Issue 1, July 2018, Pages 44-55, Hypertension, <a href="https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.118.10893">https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.118.10893</a>
- 16. BMJ Open Diabetes Res Care 2017; 5(1): e000304, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293823/
- 17. County of San Diego Coronavirus (COVID-19( Dashboard, February 2023, <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\_epidemiology/dc/2019-nCoV/status.htmlA">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\_epidemiology/dc/2019-nCoV/status.htmlA</a>
- 18. Danwang et al, Outcomes of patients with HIV and COVID-19 coinfection (2022), AIDS Research and Therapy,
- County of San Diego Monkeypox Dashboard, February 2023; <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\_epidemiology/dc/human-monkeypox/localcases.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\_epidemiology/dc/human-monkeypox/localcases.html</a>
- 20. Center for Disease Control and Prevention: Monkeypox and HIV https://www.cdc.gov/poxvirus/monkeypox/prevention/hiv.html
- 21. Medical Examiner, Fentanyl Caused Accidental Drug-Medication Deaths (Quarterly Comparison) https://data.sandiegocounty.gov/Safety/Medical-Examiner-Fentanyl-Caused-Accidental-Drug-M/nbbh-6m92
- 22. Gooden TE, Wang, Zemedikun DT, et al, A matched cohort study investigating premature, accentuated, and accelerated aging in people living with HIV. HIV Med. 2023;24(5):640-647. doi:10.1111/hiv.13375
- 23. Baribeau V., Kim, CJ, Lorgeoux, RP, et al; Healthcare resource utilization and costs associated with renal, bone and cardiovascular comorbidities among persons living with HIV compared to the general population in Quebec, Canada; PLOS ONE | https://doi.org/10.1371/journal.pone.0262645 July 11, 2022
- 24. Ssentongo, P.S., Heilbrunn, E., Ssentongo, A.E., et al, Epidemiology and outcomes of COVID-19 in HIV-infected individuals: a systematic review and meta-analysis, Scientific Reports (2021) <a href="https://www.nature.com/scientificreports">www.nature.com/scientificreports</a> 11 (6283) 2021