

HIV Epidemiology Annual Report 2018

Each year, the HIV Epidemiology Section of the San Francisco Department of Public Health issues an annual report that includes HIV-associated care and prevention indicators using most recent available data. The report released September 10, 2019 shows encouraging trends on many fronts and identifies some continuing disparities and areas for targeting improvements.

Successes and Observed Improvements

- Historic milestone: fewer than 200 new diagnoses. New HIV diagnoses declined 13% from 227 diagnoses in 2017 to 197 in 2018.
- Overall, 94% of people living with HIV are aware of their HIV diagnosis.
- Now 67% of people living with HIV in San Francisco are over the age of 50; 30% are over 60 years.
- No children (age <13) were diagnosed with HIV since 2005.
- 91% of new diagnoses in 2018 were linked to care within one month of diagnosis.
- Drop in media time from diagnosis to first care visit 8 days in 2013 to 4 days in 2017.
- Drop in median time from first care visit to initiation of antiretroviral therapy 27 days in 2013 to 0 days in 2017.
- Drop in median time from diagnosis to viral suppression has 135 days in 2013 to 62 days in 2017.

Disparities and Health Inequities

Disparities by Race/Ethnicity

- New diagnoses increased among African American and Latinx persons. For the first time, the number and proportion of new diagnoses among Latinxs exceeded the number among whites.
- African American men have the highest HIV diagnosis rate, followed by Latino men, with rates per 100,000 population of 145 and 89, respectively, compared to a rate of 27 per 100,000 among white men in 2018.
- African American women have a much higher HIV diagnosis rate than women of all other races/ethnicities in 2018 (35 per 100,000 compared to 8 and 2 per 100,000 for Latina and white women, respectively).
- African Americans and Latinxs living with HIV in San Francisco have low levels of viral suppression; 68% and 70%, respectively, compared to 74% for the population as a whole.
- The mortality rate among African American men in 2017 was 148 deaths per 100,000, 1.6 times higher than white men (94 deaths per 100,000) and 2.3 times higher than Latino men (65 deaths per 100,000).
- The mortality rate among African American women was 43 deaths per 100,000 which was 4.3 times higher than Latina women and 7.2 times higher than white women.

- Asian/Pacific Islanders were most likely to be uninsured at time of diagnosis, 29% compared to 16% in African Americans and 26% in Latinxs.

Poorer Outcomes among the Homelessness

- In recent years, the numbers and proportions of new diagnoses among persons experiencing homelessness have increased. In 2018, 40 (20%) of new diagnoses were among the homeless compared to 29 (10%) in 2015.
- Homeless persons living with HIV in San Francisco were the least likely to be virally suppressed, 33% compared to 74% overall.

Disparities for people who inject drugs (PWID)

- The number and proportion of diagnoses among people who inject drugs (PWID) has continued to rise; there were 27 (14%) new diagnoses in 2018 compared to 21 (9%) in 2016.
- People who inject drugs including PWID, MSM-PWID and trans women who inject drugs had lower viral suppression rates; 65%, 68% and 64% respectively compared to 74% overall.
- PWID have the lowest three-year survival of all transmission categories, 79% compared to 91% among MSM and 89% overall.

Disparities by Gender

- Viral suppression among women and trans women living with HIV in San Francisco is 66% and 68%, respectively, compared to 74% among men.
- By gender, trans women were the most likely to be uninsured at diagnosis (27%).

Disparities by Age

- People between the ages of 30-39 are the largest proportion (31%) of those newly diagnosed with HIV.
- People under the age of 50 who are living with HIV have lower rates of viral suppression than other age groups (compared to 74% overall, viral suppression was 69% among ages 25-29, 67% among ages 30-39, and 67% among ages 40-49).

Summary

The overall decline in new HIV diagnoses and improvements in HIV care outcomes are encouraging and show a positive trend towards achieving the goal of zero HIV infections. However, disparities by race/ethnicity, age, gender, housing status, and risk group highlight the need to address and achieve the Getting to Zero goal of zero stigma and discrimination if we are to reach zero new HIV infections among everyone.