

HIV/AIDS in Men who have Sex with Men

San Diego County
2015

County of San Diego
Health and Human Services Agency



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



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HIV/AIDS in Men who have Sex with Men San Diego County, 2015

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Public Health Services



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This report presents information on the impact of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) on Men who have Sex with Men (MSM) who live in San Diego County. In 1981 the first case of AIDS in the county was diagnosed in a homosexual man. MSM have borne a disproportionate burden of disease throughout the HIV/AIDS epidemic. As of December 31, 2014, 17,531 cumulative adult or adolescent (over 12 years of age) HIV disease cases reported in the county were MSM or MSM who also used injected drugs (MSM+IDU). There were an additional 1,932 cases in men who did not report any history of sex with men (non-MSM). MSM and MSM+IDU (referred to hereafter as “All MSM”) constitute almost 90% of the male cases and 83% of all cases ever reported in the county. At the end of 2014, there were 9,710 MSM People Living With HIV or AIDS (PLWHA) (prevalent cases) and 1,030 MSM+IDU male PLWHA; 1,130 PLWHA were non-MSM.

Rates are not calculated in this report be-

cause the number of persons in the county who are MSM, use injected drugs (IDU), or belong to other risk groups is not known. HIV disease refers to all HIV diagnoses regardless of stage of disease, i.e., whether classified as HIV or AIDS. Recent cases refer to those with an HIV diagnosis made from 2010 through 2014 regardless of stage of disease. All cases used in the analysis are adult or adolescent males.

Men who have Sex with Men

Men who report that they have ever had a male sex partner are identified as MSM (with or without IDU). Self-identification as gay, straight, bisexual or transgender is not considered in defining this group. MSM was the most commonly reported transmission category for HIV in San Diego County, both cumulatively and recently (2010-2014), with 80.7% of the total in recently reported male cases (see Table 1). This is similar ($p=0.707$) to the Centers for Disease Control and Prevention (CDC) 2013 national estimate of 81.0%, the last

Table 1

Reported Modes of HIV Transmission in Adult/Adolescent Male HIV Diagnoses and PLWHA Over 5-year Time Periods, San Diego County

	Time period of HIV diagnosis*						PLWHA**
	1981-1989	1990-1994	1995-1999	2000-2004	2005-2009	2010-2014	
All MSM	94.0%	90.7%	89.6%	88.5%	88.0%	85.0%	90.5%
MSM only	81.4%	80.2%	76.2%	78.5%	81.4%	80.7%	81.8%
MSM+IDU	12.6%	10.5%	13.4%	10.0%	6.6%	4.3%	8.7%
Non-MSM	6.0%	9.3%	10.5%	11.5%	12.0%	15.0%	9.5%
IDU	3.7%	7.1%	7.3%	6.6%	5.4%	4.5%	4.7%
Heterosexual	0.4%	0.9%	2.4%	4.4%	5.0%	7.5%	3.5%
Other#	1.9%	1.3%	0.7%	0.5%	1.6%	3.0%	1.3%
Total cases	4,784	4,617	2,620	2,587	2,650	2,205	11,870

*HIV diagnosis when available; AIDS diagnosis year when HIV year is not available.

**Living as of December 31, 2014.

#Includes transfusion, transplantation, hemophilia, maternal transmission, and not specified.

year of data available for comparison. The CDC estimate for MSM+IDU, however, is significantly smaller (3.3%; $p < 0.001$) than the 4.3% noted in San Diego County. MSM was also the most common risk reported across all racial/ethnic and adult/adolescent age groups. Additional modes of transmission for men, including IDU (4.5% of recent cases), heterosexual contact (7.6% of recent cases), receiving blood, blood products or tissues from other persons, and other exposures (3.0% of recent cases) occurred less frequently.

The percentage of HIV disease cases that were MSM did not change significantly) over time ($p = 0.479$) while the percent of heterosexual cases rose more than ten-fold over the same time peri-

ods ($p < 0.001$) (see Table 1). The percentage who were MSM+IDU declined over time ($p < 0.001$); a decrease was also seen in those who were IDU-only ($p = 0.270$).

Race/Ethnicity

Significantly more (54%, $p < 0.001$) All MSM PLWHA in San Diego County were white compared to non-MSM cases (36%), as seen in Figure 1 and Table 2. The All MSM cases were also less likely than non-MSM cases to be black ($p < 0.001$) or Hispanic ($p < 0.001$). Similar results were seen in PLWHA, but in recent cases only blacks were more likely to be non-MSM ($p < 0.001$).

The proportion of whites in All MSM signifi-

Figure 1
Race/Ethnicity of Adult/Adolescent Male MSM and Non-MSM Recent (2010-2014) HIV Disease Cases and PLWHA (as of December 31, 2014), San Diego County

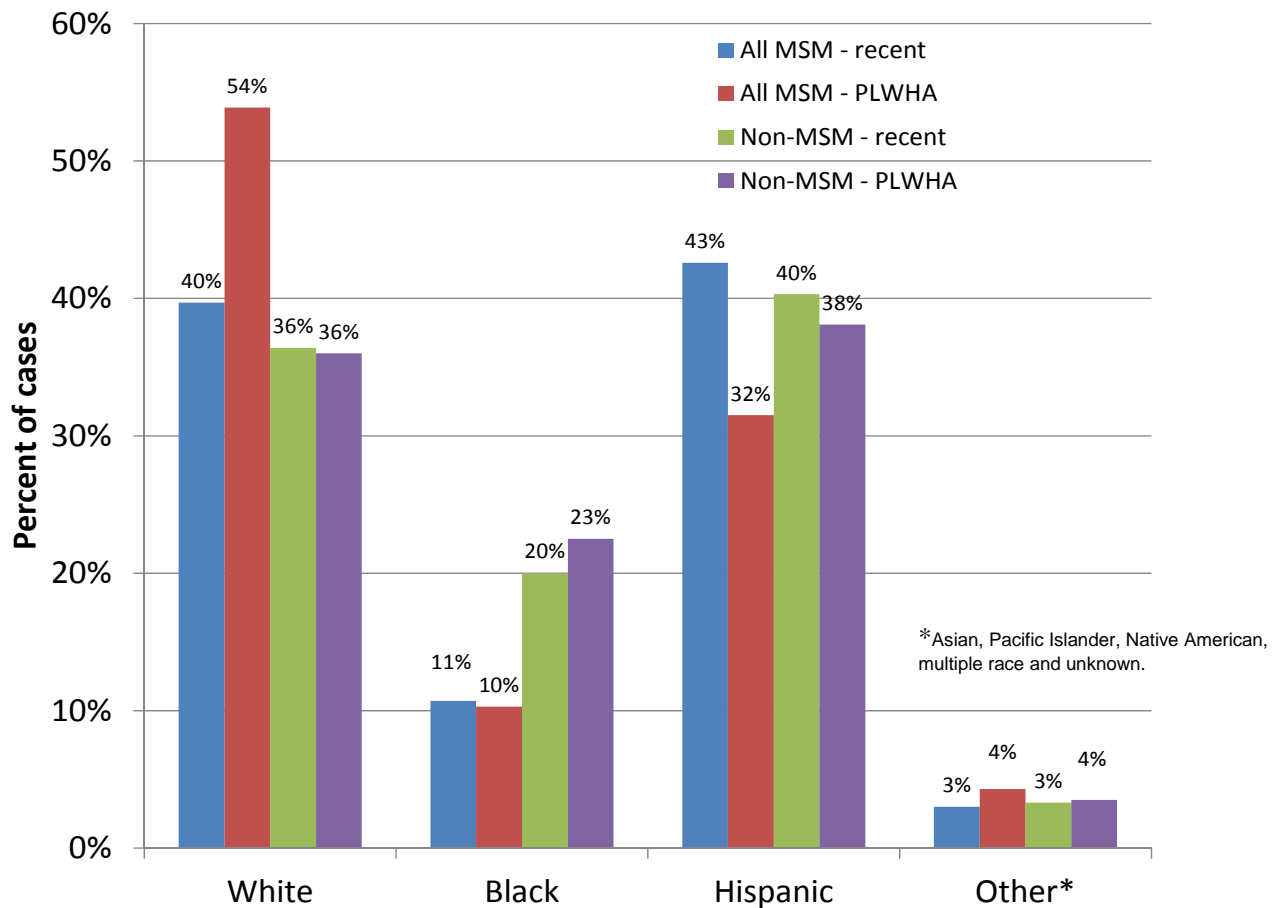


Table 2

Race/Ethnicity in A) Cumulative (1981-2014) and B) Recent and PLWA MSM and non-MSM Adult/Adolescent HIV Diagnoses, San Diego County

A. Race/ Ethnicity	All MSM		MSM only		MSM + IDU		Non-MSM	
	N	%	N	%	N	%	N	%
White	10,601	60.5%	9,373	60.2%	1,228	62.4%	766	39.6%
Black	1,776	10.1%	1,503	9.7%	273	13.9%	459	23.8%
Hispanic	4,505	25.7%	4,105	26.4%	400	20.3%	648	33.5%
Other*	649	3.7%	581	3.7%	68	3.5%	59	3.1%
Total cases	17,531		15,562		1,969		1,932	

B. Race/ Ethnicity	All MSM		MSM only		MSM + IDU		Non-MSM	
	Recent†	PLWHA‡	Recent†	PLWHA‡	Recent†	PLWHA‡	Recent†	PLWHA‡
White	39.7%	53.9%	38.9%	53.3%	55.8%	59.5%	36.4%	36.0%
Black	10.7%	10.3%	10.8%	10.1%	8.4%	12.9%	20.0%	22.5%
Hispanic	42.6%	31.5%	43.2%	32.3%	30.5%	23.7%	40.3%	38.1%
Other*	7.0%	4.3%	7.1%	4.4%	5.3%	3.9%	3.3%	3.5%
Total cases	1,875	10,740	1,780	9,710	95	1,030	330	1,130

*Includes Asian, Pacific Islander, Native American, multiple race, and unknown.

†HIV diagnosis 2010-2014. ‡Living as of December 31, 2014.

cantly decreased since 1990-1994 over five-year time periods ($p < 0.001$) while the percent of Hispanics significantly increased ($p < 0.001$) (see Table 3). The proportion of black cases did not change over time ($p = 0.842$).

Age at Diagnosis

Cases in All MSM were significantly younger than non-MSM cases, both recently (35.3 years vs. 41.9 years; $p < 0.001$) and PLWHA (33.8 years vs. 38.2 years; $p < 0.001$) as seen in Table 4. Although

Table 3

Race/Ethnicity in MSM Group (MSM and MSM+IDU) Adult/Adolescent HIV Disease Cases by Time Periods, San Diego County

	Time period of HIV diagnosis						PLWHA**
	1981- 1989	1990- 1994	1995- 1999	2000- 2004	2005- 2009	2010- 2014	
White	77.3%	67.0%	54.9%	52.2%	46.7%	39.7%	53.9%
Black	8.5%	10.4%	11.9%	10.3%	10.4%	10.7%	10.3%
Hispanic	12.4%	19.6%	29.9%	33.2%	37.1%	42.6%	31.5%
Other*	1.8%	3.0%	3.3%	4.3%	5.9%	7.0%	4.3%
Total in group	4,500	4,190	2,346	2,288	2,332	1,875	10,740

*Includes Asian, Pacific Islander, and Native American.

**Living as of December 31, 2014.

Note: Percent may not total 100 due to rounding.

Table 4

Age at Diagnosis in Recent (2010-2014) MSM and Non-MSM AIDS Adult/Adolescent HIV Disease Cases and PLWHA, San Diego County

Age (years)	All MSM		MSM+IDU		MSM only		Non-MSM	
	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**
Mean	35.3	33.8	35.8	32.7	35.2	33.9	41.9	38.2
Median	33	33	34	32	33	33	41	37
Range	15-84	13-79	19-58	13-60	15-84	13-79	18-88	13-88
Total cases	1,875	10,740	95	1,030	1,780	9,710	330	1,130

*HIV diagnosis 2010-2014. **Living as of December 31, 2014.

MSM were statistically significantly younger than non-MSM, this difference is unlikely to be clinically significant.

In PLWHA, the 30-39 year age group at diagnosis has been the most common in both All MSM (35.1%) and non-MSM cases (31.9%) (see Table 5). In recently diagnosed cases, there was a shift in age groups with All MSM having their greatest proportion of cases in the 20-29 year age group, while the non-MSM cases shifted to older age groups.

Age in 2014

The mean age of adult/adolescent male cases

in San Diego County who were alive in 2014 was approximately 49 years (see Table 6). Those in the non-MSM group were significantly younger than both All MSM (48.0 years vs. 49.5 years; $p < 0.001$), and MSM only (48.0 years vs. 49.8 years; $p < 0.001$) cases. These differences are not likely to be clinically significant. There was no difference between the non-MSM group and the MSM+IDU group (48.0 years vs 49.6 years; $p = 0.983$).

Time From HIV to AIDS

Current medical recommendations are for individuals with HIV disease to start medication as soon as possible after diagnosis to provide viral

Table 5

Age Group at Diagnosis in Recent (2010-2014) MSM and Non-MSM AIDS Adult/Adolescent HIV Disease Cases and PLWHA, San Diego County

Age (years)	All MSM		MSM+IDU		MSM only		Non-MSM	
	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**
13-19	2.2%	2.2%	3.2%	3.7%	2.2%	2.0%	0.9%	2.7%
20-29	36.2%	35.1%	25.3%	35.0%	36.8%	35.1%	19.4%	21.6%
30-39	27.8%	37.6%	34.7%	41.3%	27.5%	37.3%	24.8%	31.9%
40-49	20.6%	18.6%	27.4%	15.9%	20.3%	18.9%	26.1%	28.1%
50+	13.1%	6.4%	9.5%	4.1%	13.3%	6.7%	28.8%	15.7%
Total cases	1,875	10,740	95	1,030	1,780	9,710	330	1,130

*HIV diagnosis 2010-2014. **Living as of December 31, 2014.

Note: Percentages may not total 100 due to rounding.

Table 6

Age in 2014 of MSM and Non-MSM Adult/Adolescent Male PLWHA, San Diego County

Age in 2014	All MSM	MSM only	MSM+IDU	Non-MSM
Mean age (years)	49.5	49.8	49.6	48.0
Median age (years)	50	50	50	49
Range (years)	21-90	20-91	22-80	17-93
Total cases	10,740	5,239	700	1,130

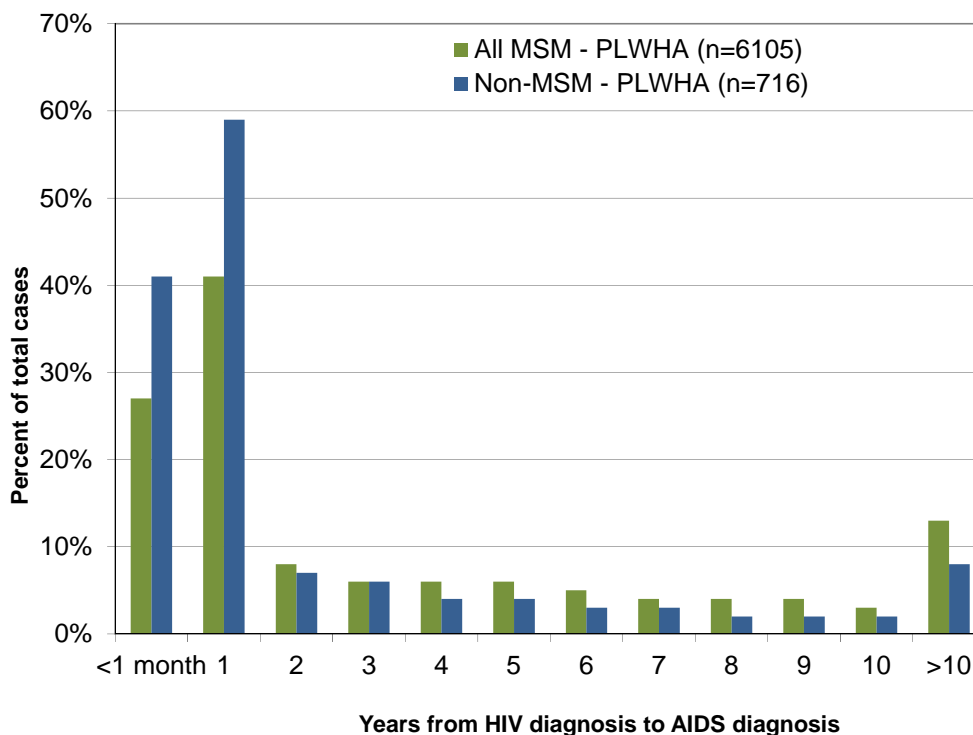
suppression, delay progression of disease, and reduce transmission. Therefore, it is desirable for people to be tested as early in their infection as possible. The time from HIV diagnosis to AIDS diagnosis can provide information on when a case is tested in the course of their disease. Those who are tested and diagnosed later are more likely to go from HIV to AIDS in a shorter time period. Cases with less than 12 months between diagnoses are termed “late testers” by the CDC. Knowing

the proportion of late testers can inform prevention and planning efforts.

The distribution of time from HIV to AIDS diagnosis in PLWHA is highly skewed (see Figure 2). Among living AIDS cases, All MSM are less likely to have less than a year between HIV and AIDS diagnoses than those in the non-MSM group (41% vs. 56%; $p < 0.001$). Correspondingly, All MSM had a greater percent with more than 10 years between HIV and AIDS diagnoses than the non-MSM group

Figure 2

Time from HIV Diagnosis to AIDS Diagnosis in Adult/Adolescent All MSM and Non-MSM PLWA (AIDS Cases Only), 2015, San Diego County



(13% vs. 8%; $p < 0.001$).

There was a decrease in cases with less than one year between diagnoses before the 1993 case definition change, but the number of cases with less than one year between HIV and AIDS diagnoses remains significant. This proportion has been increasing over five-year time periods for both All MSM ($p < 0.001$) and non-MSM ($p < 0.001$) cases since the case definition change (see Figure 3). Non-MSM cases consistently had a significantly greater proportion than All MSM cases with less than one year between diagnoses across all time periods ($p < 0.001$). The non-MSM cases may be less likely to seek healthcare and have fewer testing opportunities. They may not see themselves at risk for HIV and therefore get tested only when presenting with an AIDS-defining condition. Or, a healthcare provider may be less likely to order an

HIV test for a heterosexual regardless of IDU status, perceiving the patient's risk of HIV acquisition to be low. There also may be some healthcare providers who use the date of HIV positive testing in their facility as the date of first HIV positive if the results of previous tests are not known or reported to the provider. It is probable that some cases had earlier, but unreported HIV positive results. This artificially shortens the length of time from HIV diagnosis to AIDS diagnosis as reported.

When looking at percent of simultaneous diagnosis, diagnosis of AIDS within 30 days of HIV diagnosis, no significant change in All MSM cases was seen over time ($p = 0.171$). Non-MSM cases did increase significantly over time, from 35% to 49% ($p = 0.003$) (see Figure 4). Simultaneous diagnoses occur when subsequent AIDS-defining testing, such as CD4 counts, is drawn at the same time or

Figure 3

Percent of Adult/Adolescent All MSM and Non-MSM AIDS Cases with Less Than One Year Between HIV Diagnosis and AIDS Diagnosis Over 5-Year Time Periods, San Diego County

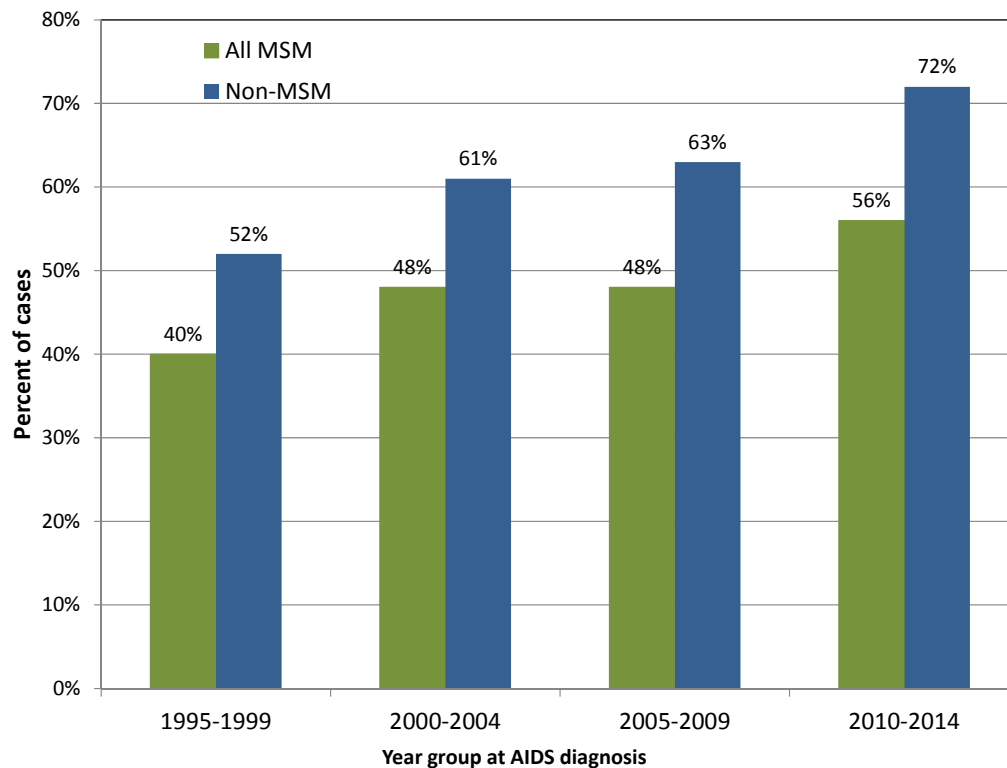
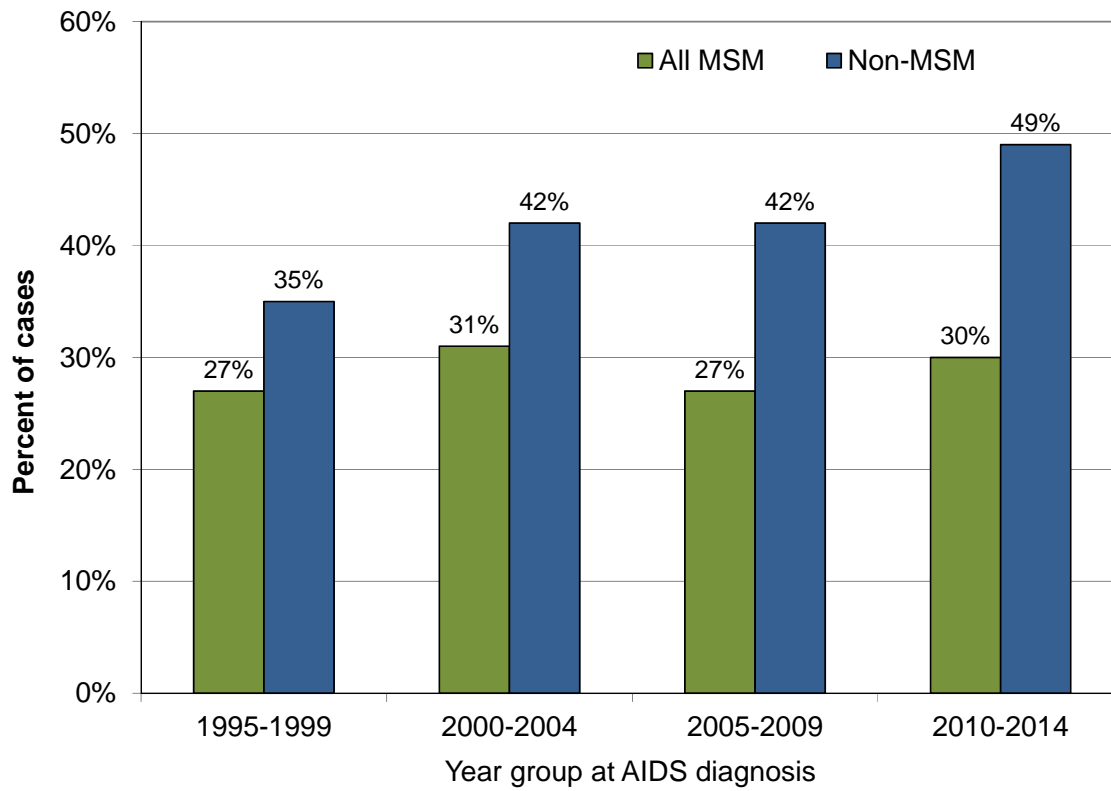


Figure 4

Percent of Adult/Adolescent All MSM and Non-MSM AIDS Cases with Simultaneous (<30 days) HIV and AIDS Diagnosis Over 5-Year Time Periods, San Diego County



close to the time of the initial HIV test, but reported after the initial HIV positive test has been reported.

Survival

Cases diagnosed in 2004-2009 were analyzed to determine the proportion of cases surviving more than 12, 24, and 36 months after AIDS diagnosis (see Table 7). The Centers for Disease Control and Prevention (CDC) provides comparable national statistics for proportions of persons surviving for the same time periods. All MSM in San Diego County have higher proportions surviving at greater than 12, 24, and 36 months than in the United States. When MSM only and MSM+IDU are looked at separately, greater survival was seen in the MSM only cases; no differences were seen

in the MSM+IDU cases.

In the county, non-MSM cases had significantly ($p<0.001$) lower survival than All MSM, MSM only, and MSM+IDU case at greater than 12 and 24 months. No difference in survival proportion was seen between non-MSM and MSM+IDU at greater than 36 months; survival proportion remained lower for non-MSM than All MSM.

Country of Origin

Regardless of mode of transmission, the majority of HIV disease cases diagnosed in San Diego County were born in the United States (see Table 8). A significantly higher proportion of the recent cases (78%; $p=0.025$) and PLWHA (79%; $p<0.001$) All MSM were born in the United States than the non-MSM recent cases (72%) and PLWHA (70%).

Table 7:

Proportion of Adult/Adolescent MSM and Non-MSM AIDS Cases Diagnosed in 2004-2009 in San Diego County Surviving More Than 12, 24, and 36 Months, Compared to National Survival Data CDC)

		Survival from AIDS Diagnosis		
		>12 months	>24 months	>36 months
All MSM	SD County	0.93*	0.92*	0.90**
	CDC	0.92	0.90	0.88
MSM only	SD County	0.93#	0.92*	0.91#
	CDC	0.92	0.90	0.88
MSM+IDU	SD County	0.93	0.90	0.86
	CDC	0.92	0.88	0.84
Non-MSM	SD County	0.90	0.86*	0.85**
	CDC	0.87	0.81	0.79

CDC=Centers for Disease Control and Prevention

SD County=San Diego County

*Significantly different from CDC at $p<0.05$.

**Significantly different from CDC at $p<0.01$.

#Significantly different from CDC at $p<0.001$.

Table 8

Country of Origin of Recent (2010-2014) Adult/Adolescent Male HIV Diagnoses and PLWHA, San Diego County

Origin.	All MSM		MSM+IDU		MSM only		Non-MSM	
	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**
USA	77.8%	79.4%	87.4%	85.8%	77.3%	78.7%	72.1%	70.1%
Mexico	16.0%	15.7%	8.4%	9.5%	16.5%	16.4%	16.7%	18.8%
Other	6.2%	4.9%	4.2%	4.7%	6.3%	4.9%	11.2%	11.0%
Total in group	1,876	10,789	95	1,035	1,781	9,754	330	1,141

*HIV diagnosis 2010-2014.

**Living as of December 31, 2014.

Those in the recent (16.7%; $p=0.049$) and PLWHA (19%; $p=0.006$) non-MSM are more likely to have been born in Mexico. Recent (11%; $p<0.001$) and PLWHA (11%; $p<0.001$) non-MSM were more likely to be born in a country other than the United States or Mexico than All MSM recent cases (6%) or PLWHA (5%). These significant differences remain when controlling for race/ethnicity.

Residence at Diagnosis

The County of San Diego Health and Human

Services Agency (HHSA) divides the county geographically into six regions for planning and program purposes. HIV disease cases diagnosed in San Diego County were most commonly residing in the HHSA Central Region at the time of diagnosis (see Table 9). A significantly greater ($p<0.001$) proportion of All MSM recent cases and PLWHA than non-MSM cases were living in this region at the time of diagnosis while a significantly greater ($p<0.001$) proportion of non-MSM recent cases and PLWHAs were living in the South, East, and

Table 9**Adult/ Adolescent Male Recent HIV Diagnoses and PLWHA by Region, San Diego County**

Region	All MSM		MSM+IDU		MSM only		Non-MSM	
	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**	Recent*	PLWHA**
Central	49.2%	57.9%	48.4%	61.1%	49.3%	57.5%	34.5%	39.0%
East	7.3%	6.1%	8.4%	6.2%	7.2%	6.1%	11.5%	8.1%
South	18.5%	13.2%	14.7%	13.1%	18.7%	13.2%	26.4%	23.8%
North Coastal	8.6%	6.9%	11.6%	6.9%	8.4%	7.0%	6.4%	9.6%
North Inland	3.4%	3.5%	4.2%	3.9%	3.3%	3.5%	7.0%	6.5%
North Central	12.7%	12.0%	11.6%	8.3%	12.8%	12.4%	13.6%	12.3%
Unknown	0.3%	0.4%	1.1%	0.5%	0.3%	0.4%	0.6%	0.7%
Total cases	1,875	10,740	95	1,030	1,780	9,710	330	1,130

*HIV diagnosis 2010-2014.

**Living as of December 31, 2014.

Note: Percentages may not total 100 due to rounding.

North Inland regions.

The location of diagnosis does not necessarily represent the location of current residence or the area in which health or social services are obtained. It is not unusual for a case to move to a different zip code, city, or region after diagnosis. A case who does not move may seek medical care elsewhere within the county or in another county.

MSM and Injection Drug Use

In All MSM, 5.1% of recent cases and 9.6% of PLWHA reported injection drug use. The term “injection drug use” does not refer only to illicit drug use, nor does the injection have to be intravenous. Any injected material, including illicit drugs, vitamins, hormones, silicone, or other substances, is included in this category. The risk of transmission is not derived from the material injected, but from the sharing of needles and syringes. Needles that are shared may contain blood from those who have used it previously. Syringes may also be contaminated with the fluids of previous users if the practice involves drawing up blood into the barrel before injection.

Both All MSM recent cases (5.1%; $p < 0.001$) and PLWHA (9.6%; $p < 0.001$) were less likely to be IDU than recent (30.0%) non-MSM cases and PLWHA (49.3%), even when controlling for race/ethnicity and age group (data not shown). Like injection drug using non-MSM recent cases and PLWHA, those in All MSM who are also injecting drug users are more likely to be African American ($p < 0.001$) than other race/ethnicities (data not shown).

Engagement in Care—The Continuum of Care

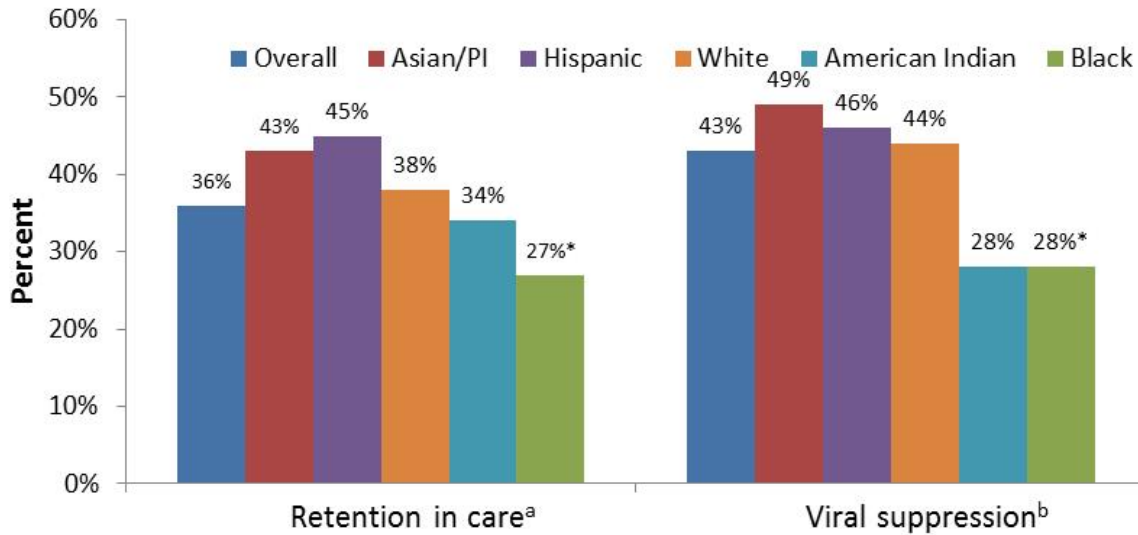
In recent years, the level of engagement in HIV care for HIV cases has been measured by determining the percent of cases who are regularly seeing a health care provider (i.e., retained in care) and who are virally suppressed (viral load less than 200 copies/mL). These measures are used to develop a Continuum of Care for a given population which provides a visual representation of the level of engagement in HIV care for that population (see Figure 5) which is useful for planning and prevention purposes. Knowing the percent of cases with viral suppression provides infor-

Figure 5

Percent of MSM Retained in Care and Virally Suppressed by A) Race/Ethnicity and by B) Age Group, Fiscal Year 2012/2013, San Diego County

A.

MSM Continuum of HIV Care by Race/Ethnicity

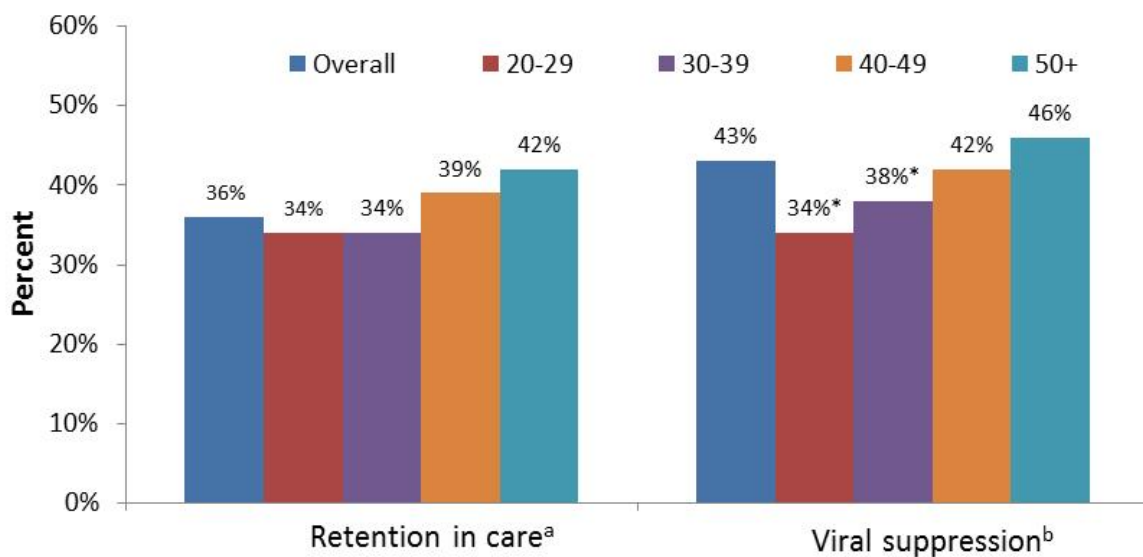


*Statistically lower than the overall percent; p<.05.

^aSan Diego data source: FY 12/13 unmet need file. Of those diagnosed with HIV disease, persons who had >=2 CD4 or viral load tests at least 3 months apart during FY 12/13.

B.

MSM Continuum of HIV Care by Age Group



Based on current age (not age at diagnosis). Analysis was limited to those age 20 or above due to small numbers.

*Statistically lower than the overall percent; p<.05.

^aSan Diego data source: FY 12/13 unmet need file. Of those diagnosed with HIV disease, persons who had >=2 CD4 or viral load tests at least 3 months apart during FY 12/13.

mation on the likelihood of transmission in a given area because individuals who are virally suppressed are less likely to transmit infection to others.

The Continuum of Care for MSM only, for fiscal year 2012/2013 (last year available), is shown in Figure 5. In MSM only cases living in fiscal year 2012/2013, 36% were retained in care and 43% were virally suppressed. Black cases were significantly less likely to be retained in care and virally suppressed compared to the overall percentages. The smaller percentage of patients retained in care than virally suppressed may result from patients having a prescription for anti-retroviral drugs, leaving them virally suppressed, but not counted as retained in care.

Limitations

The data contained in this report depend on accurate reporting from healthcare providers, laboratories and patients. Patients, for many reasons, may not provide accurate information to healthcare providers for reporting. Healthcare providers in turn may not report complete or accurate information. These inaccuracies may im-

pact analysis.

Caution should be exercised in the analysis of the most recent time period because additional cases are likely to continue to be reported. Retrospective case finding is an ongoing process. It is expected that cases diagnosed in 2014 will be reported through 2015. Case reports are also updated as new information becomes available. When, for example, more information on risks is obtained, the database is updated. This may impact proportions and rates used in analysis.

Some of the variables under study may not have sufficient numbers of occurrences to make statistical inferences. It is HHS policy not to provide information when there are fewer than five individuals for any given variable; when small numbers are presented, caution should be exercised in data interpretation.

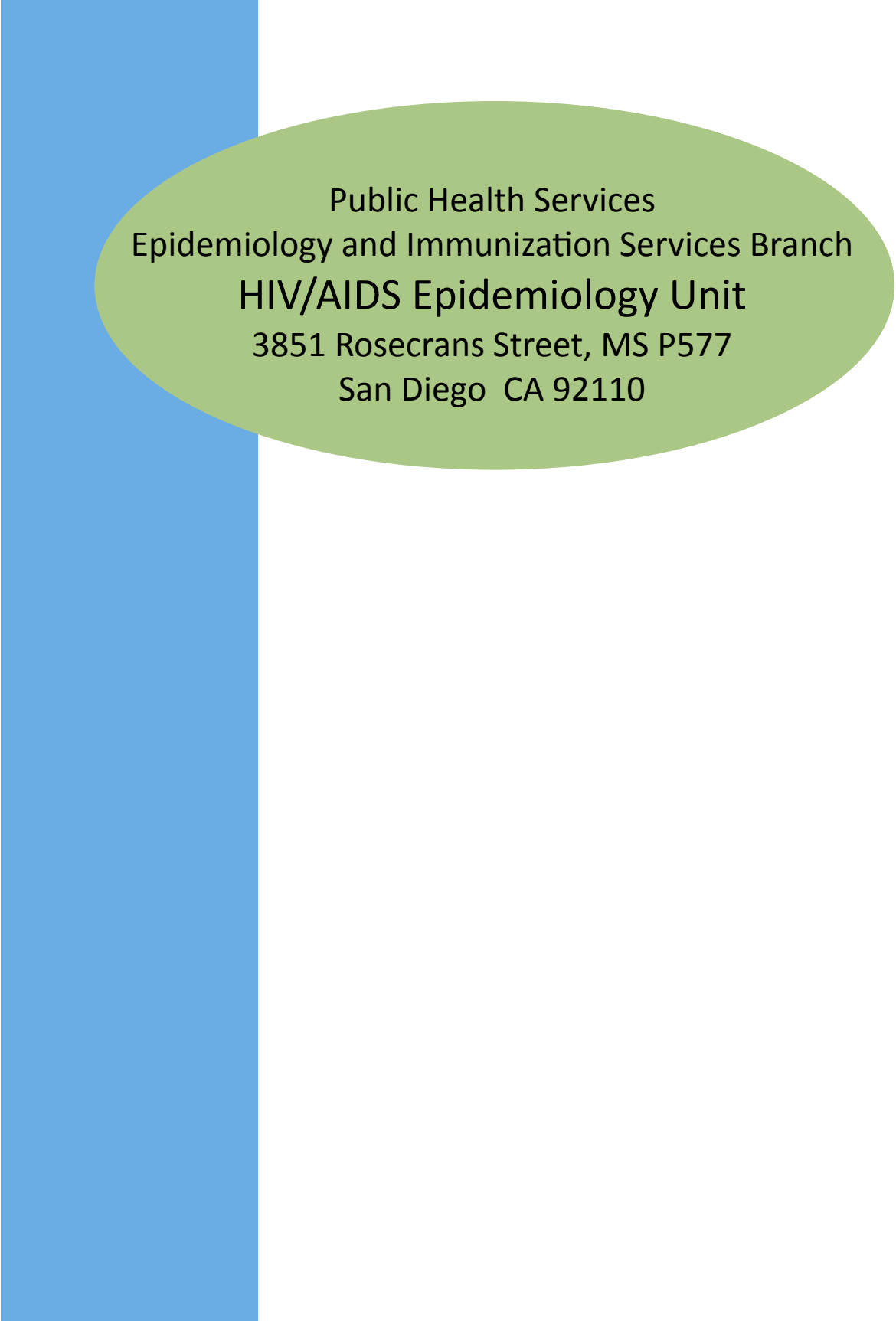
Whenever possible, case information is updated for vital status. However, it is possible that some cases may have died, but were not reported to HHS. Other cases may have left the area, or state, and died. This may result in inaccurate assumptions and survival calculations.

Data Sources

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eHARS—enhanced HIV/AIDS Reporting System—data set; San Diego County data provided by CDPH Office of AIDS, 2015.



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