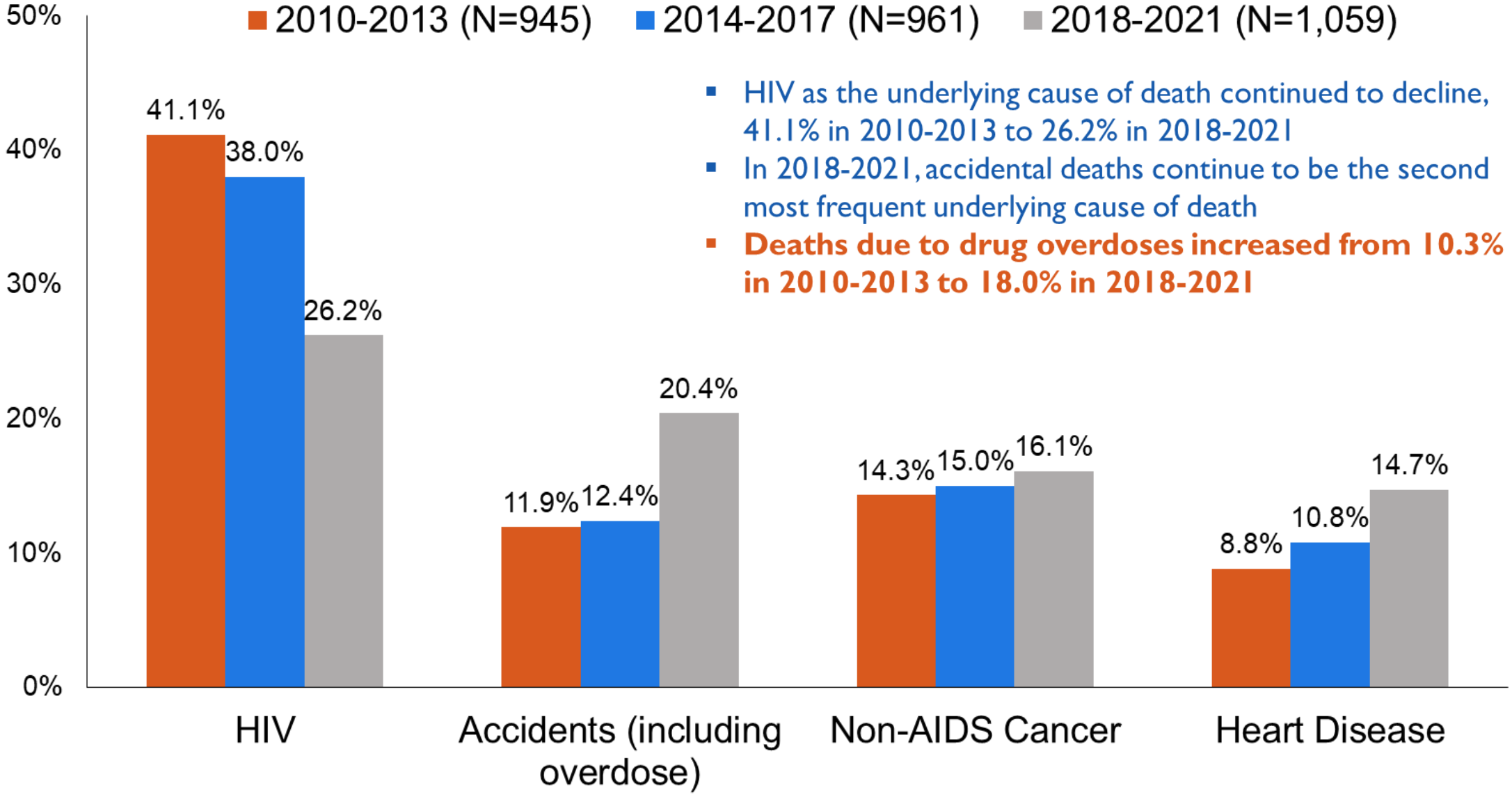
# Supplemental Slides – Current HIV Trends and Epidemiology

# Trends in Underlying Causes of Death among Persons with HIV

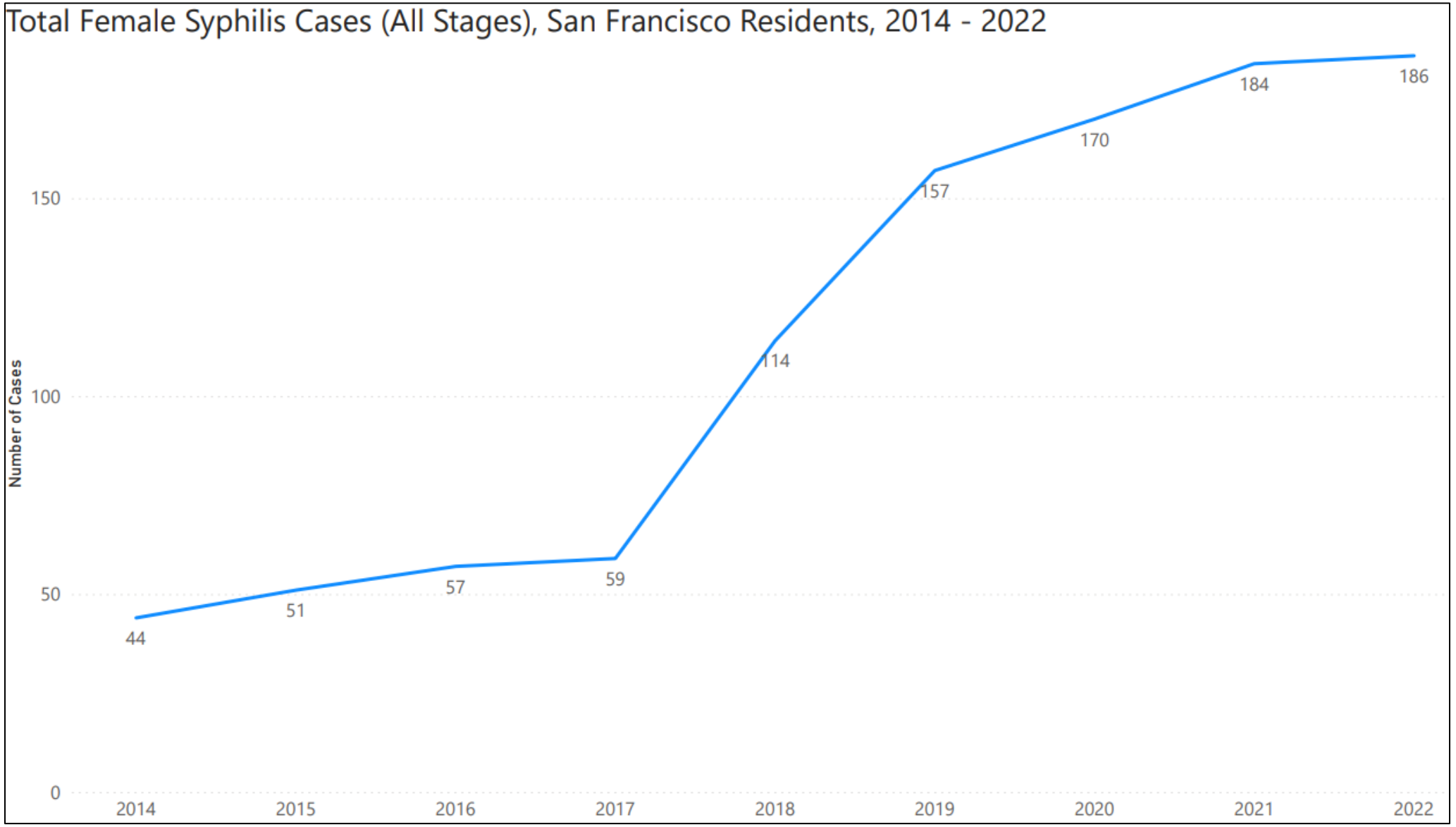



- HIV as the underlying cause of death continued to decline, 41.1% in 2010-2013 to 26.2% in 2018-2021
- In 2018-2021, accidental deaths continue to be the second most frequent underlying cause of death
- **Deaths due to drug overdoses increased from 10.3% in 2010-2013 to 18.0% in 2018-2021**

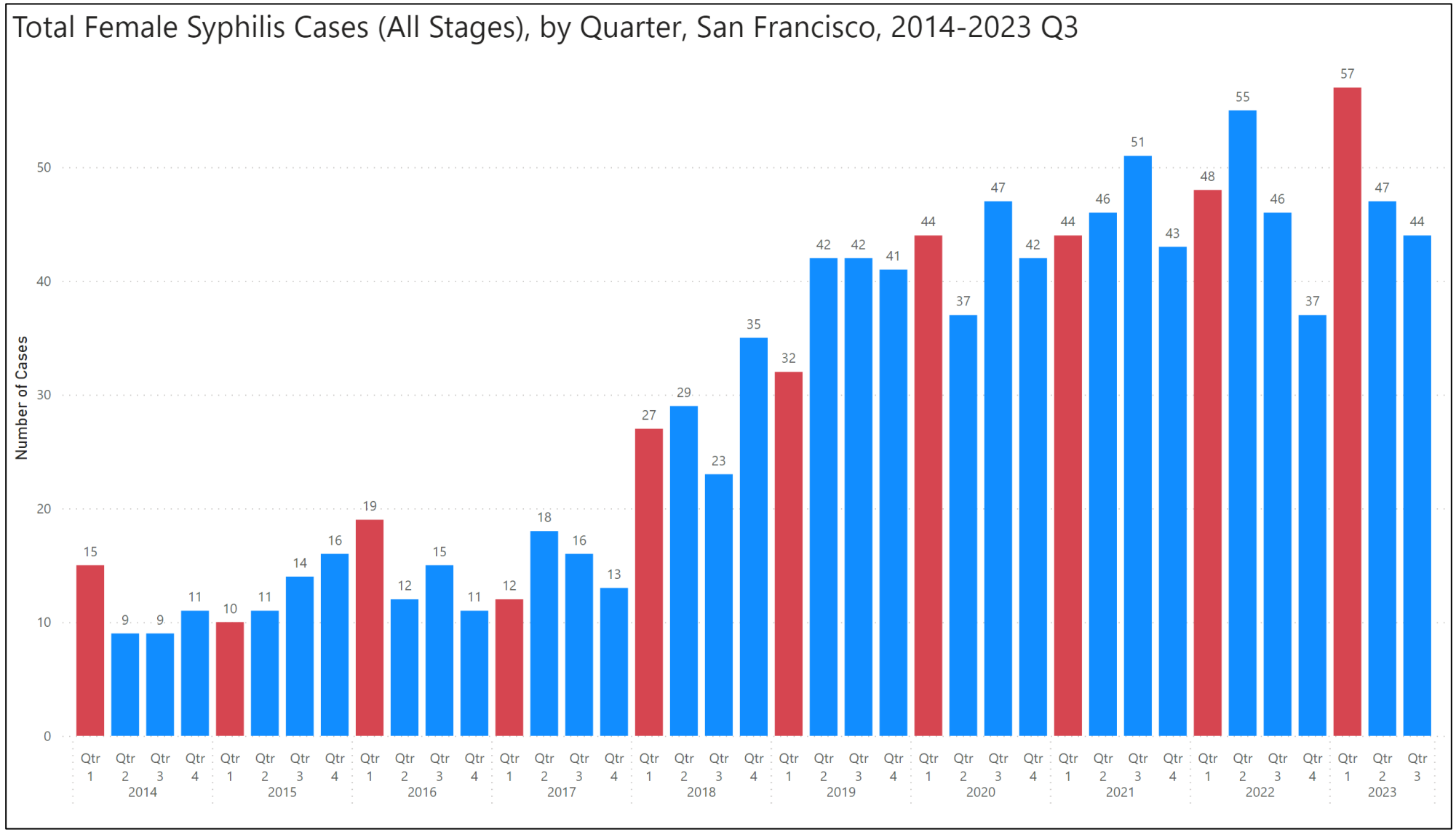
# Supplemental Slides – Current STI Trends and Epidemiology

# Syphilis among females
# Congenital syphilis

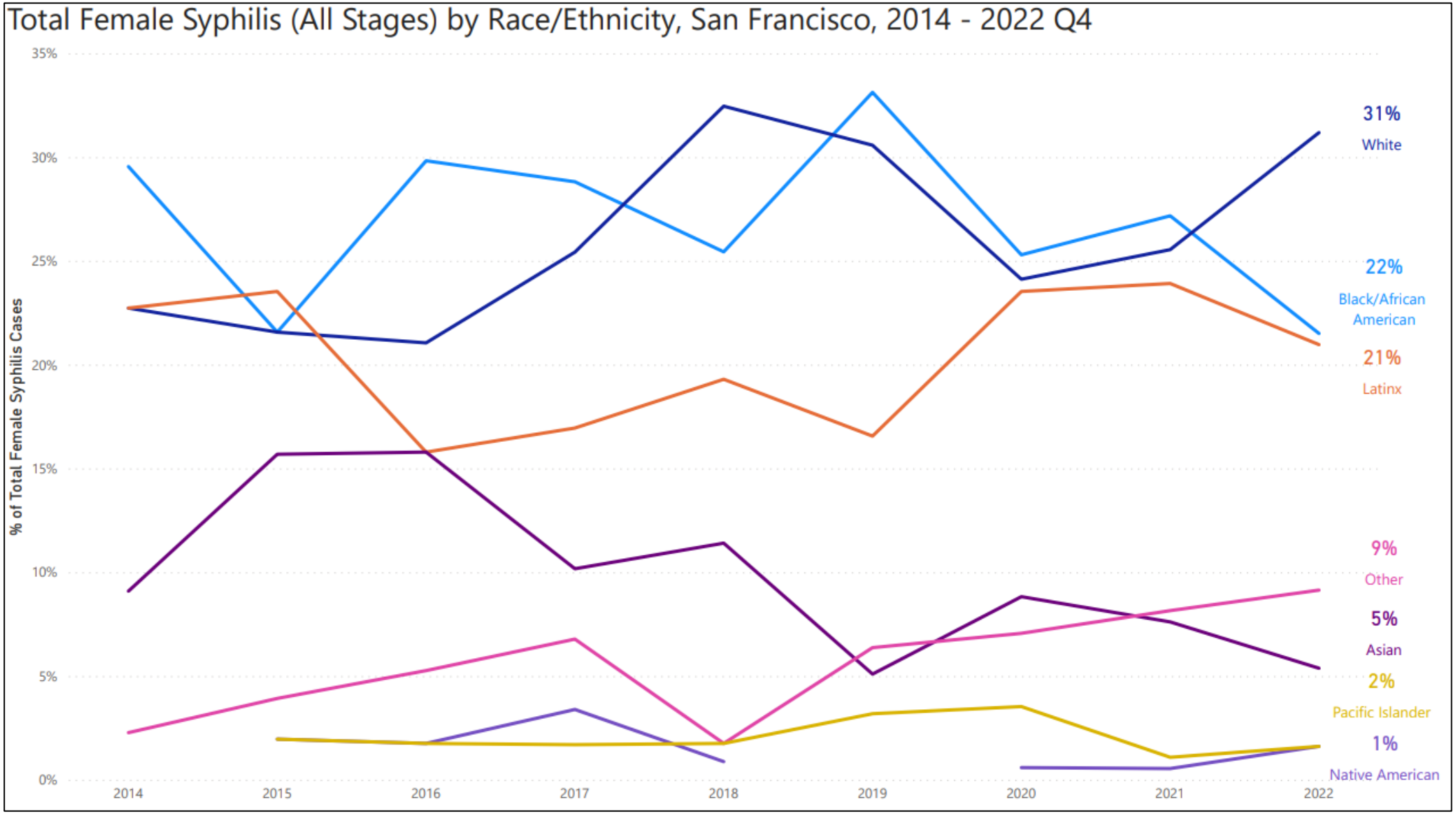
From 2017 to 2022, syphilis among females increased by 215%, from 59 to 186 reported cases.



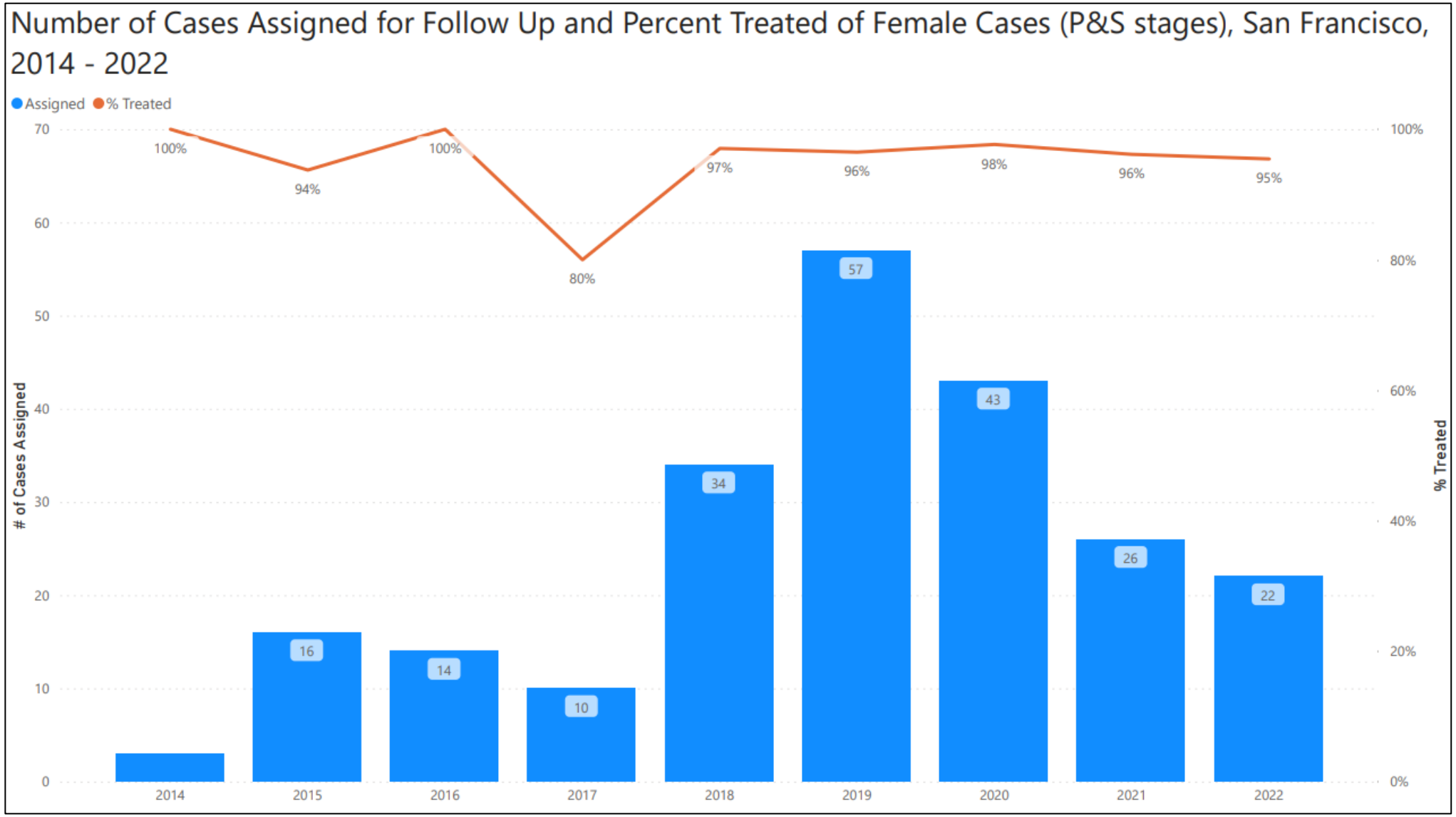
Syphilis among females began increasing in Q1 2018, totaling 184 cases in 2021 and 186 cases in 2022. We estimate a similar total by year-end 2023.



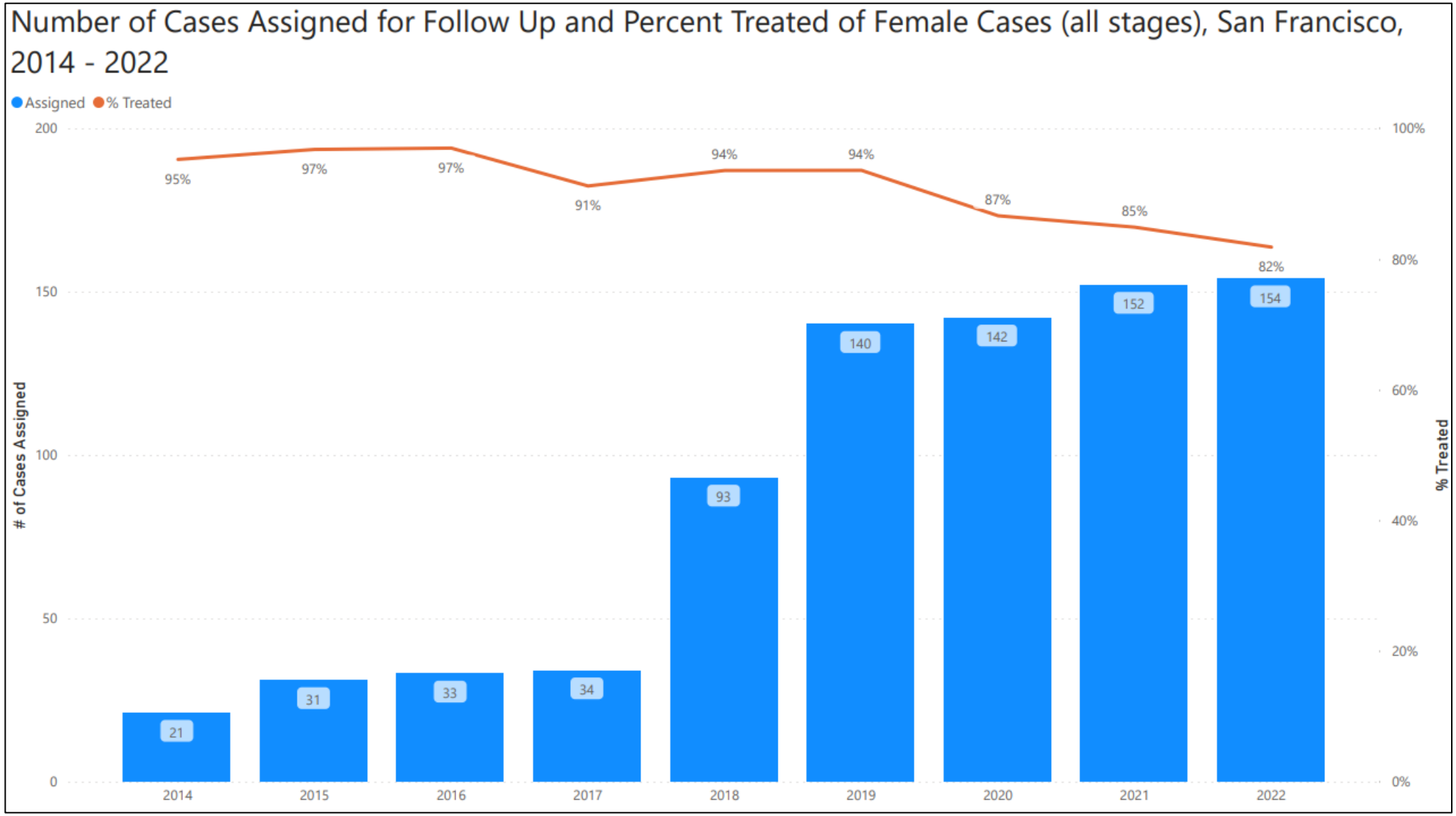
# The highest proportions of female syphilis cases are among White and Black/African-American females, followed in most years by Latinx females.



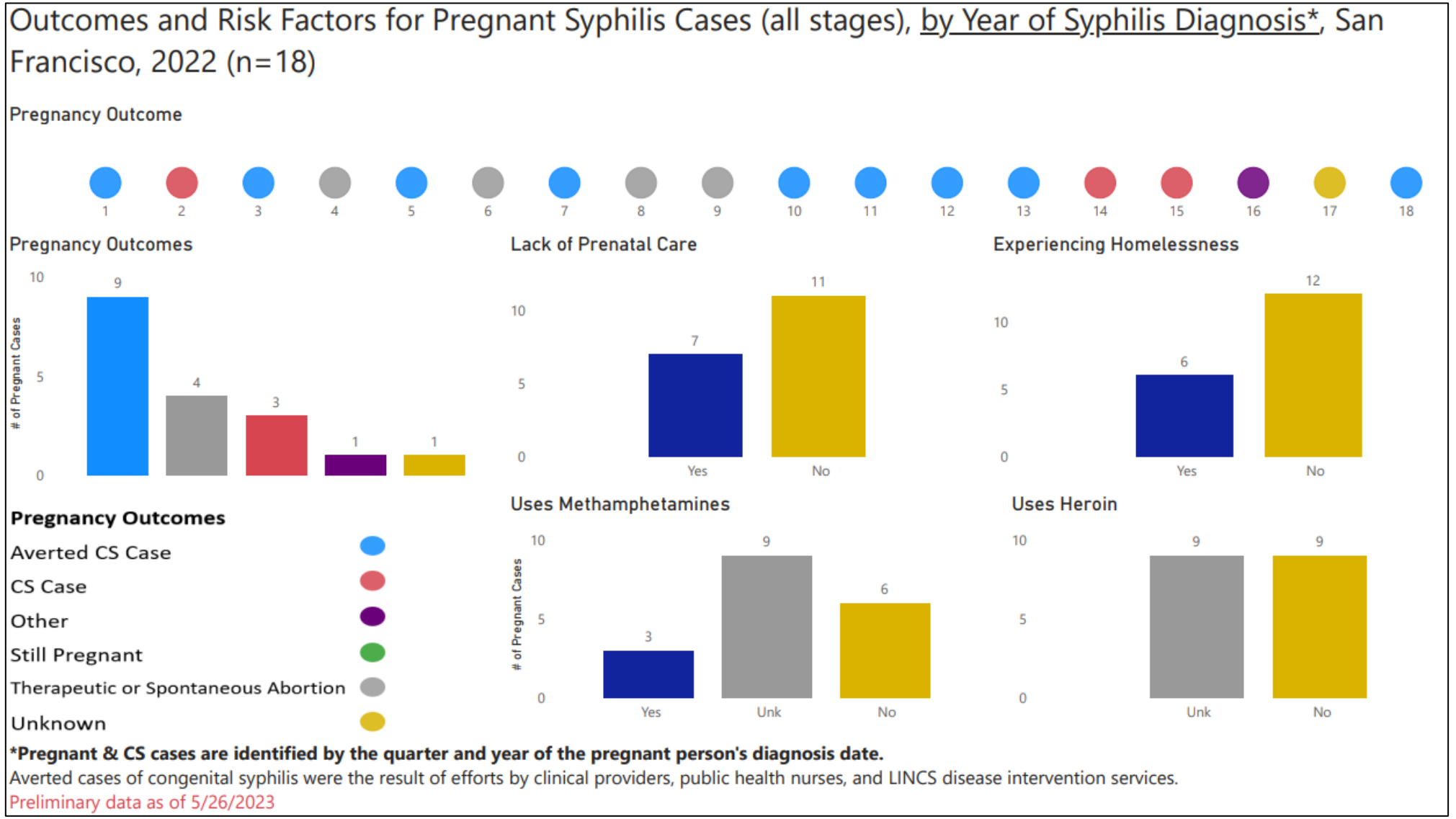
Treatment for females with primary or secondary (P&S) syphilis was assured or verified for 95-98% of cases during the last 5 years (see below). Treatment was assured/verified for a lower proportion of total female syphilis cases (82% in 2022, next slide), in part due to late-stage diagnoses requiring longer duration of therapy.



Treatment for females with primary or secondary (P&S) syphilis was assured or verified for 95-98% of cases during the last 5 years (previous slide). Treatment was assured/verified for a lower proportion of total female syphilis cases (82% in 2022, see below), in part due to late-stage diagnoses requiring longer duration of therapy.



Of 12 known deliveries among 18 pregnant syphilis cases in 2022, 9 possible cases of congenital syphilis (CS) cases were averted. There were 3 total CS cases.

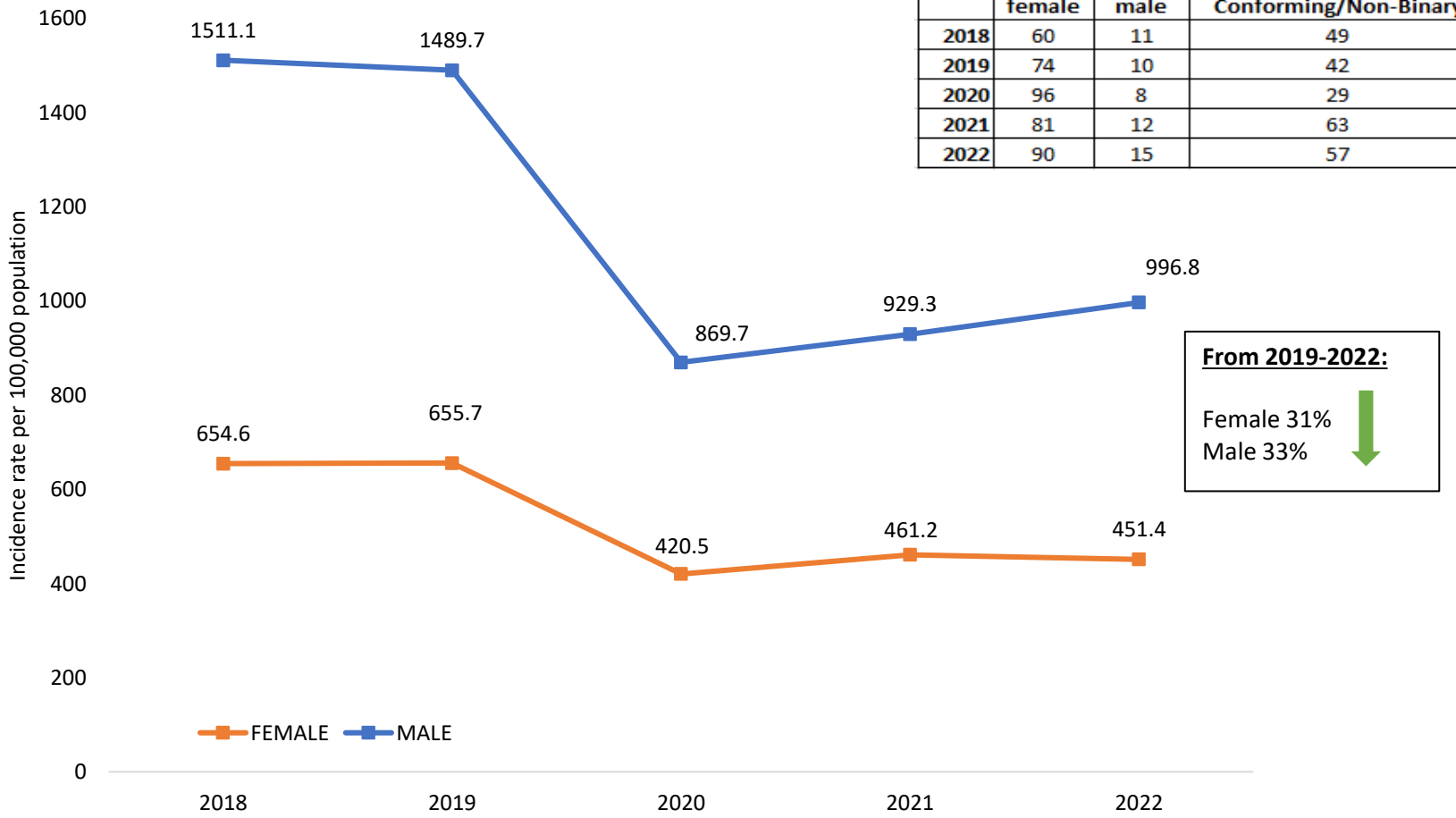


# Additional trends in Chlamydia, Gonorrhea, Syphilis

Without population estimates, STI case rates cannot be calculated for gender identities other than females and males. While chlamydia rates have declined among females and males since 2018, reported cases have increased for SF residents who identify as trans female, trans male, trans unknown, and gender non-conforming/non-binary groups.

Chlamydia incidence rates (graph) and case counts (table) by gender identity
San Francisco, 2018-2022

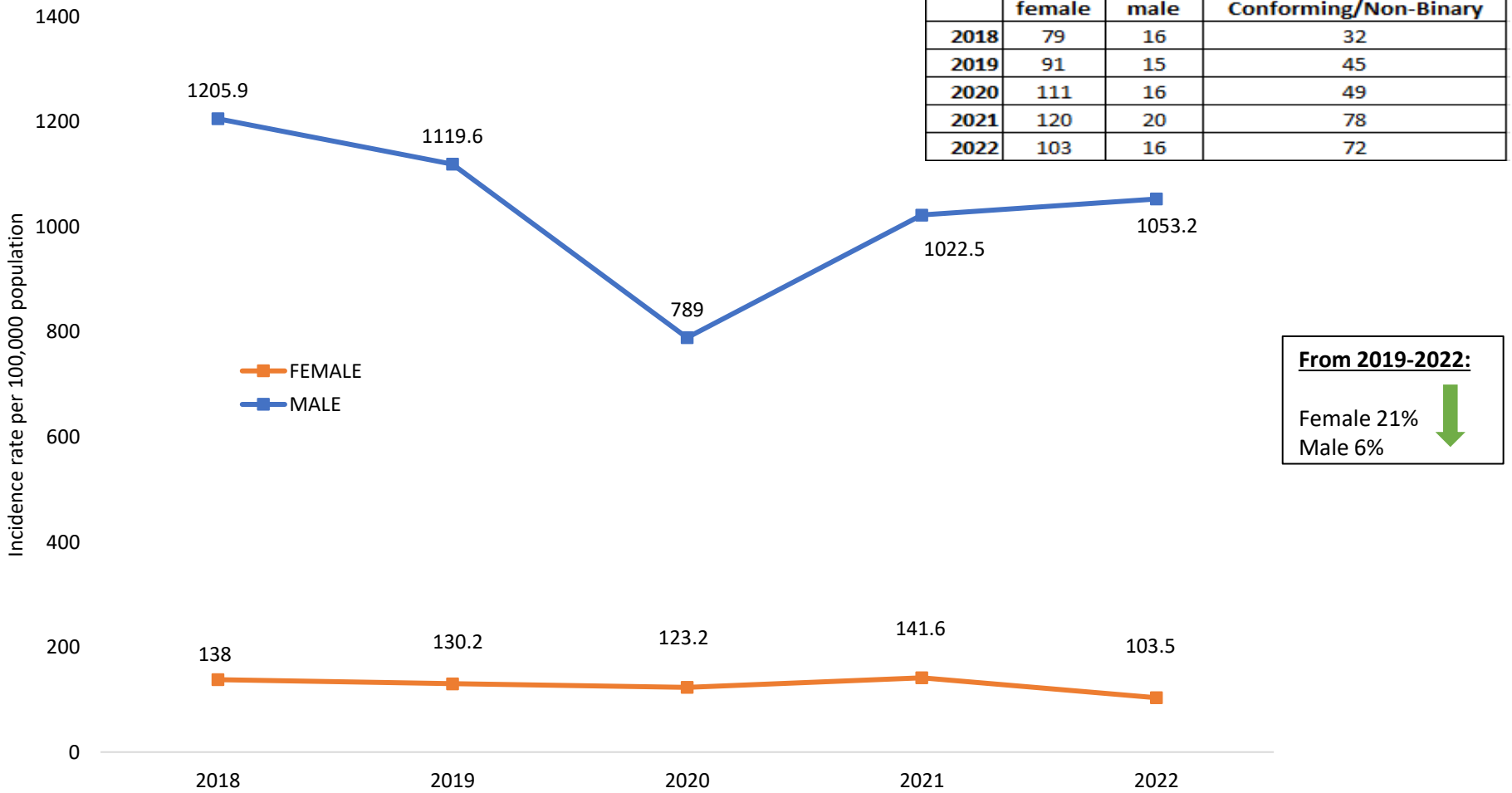
| | Trans female | Trans male | Other TG & Gender Non-Conforming/Non-Binary |
|---|---|---|---|
| 2018 | 60 | 11 | 49 |
| 2019 | 74 | 10 | 42 |
| 2020 | 96 | 8 | 29 |
| 2021 | 81 | 12 | 63 |
| 2022 | 90 | 15 | 57 |



Without population estimates, STI case rates cannot be calculated for gender identities other than females and males. Gonorrhea rates have declined since 2018 among females and males (less than chlamydia rates did). Reported cases have increased for SF residents who identify as trans female, trans unknown, and gender non-conforming/non-binary, but not for trans males.

Gonorrhea incidence rates (graph) and case counts (table) by gender identity
San Francisco, 2018-2022

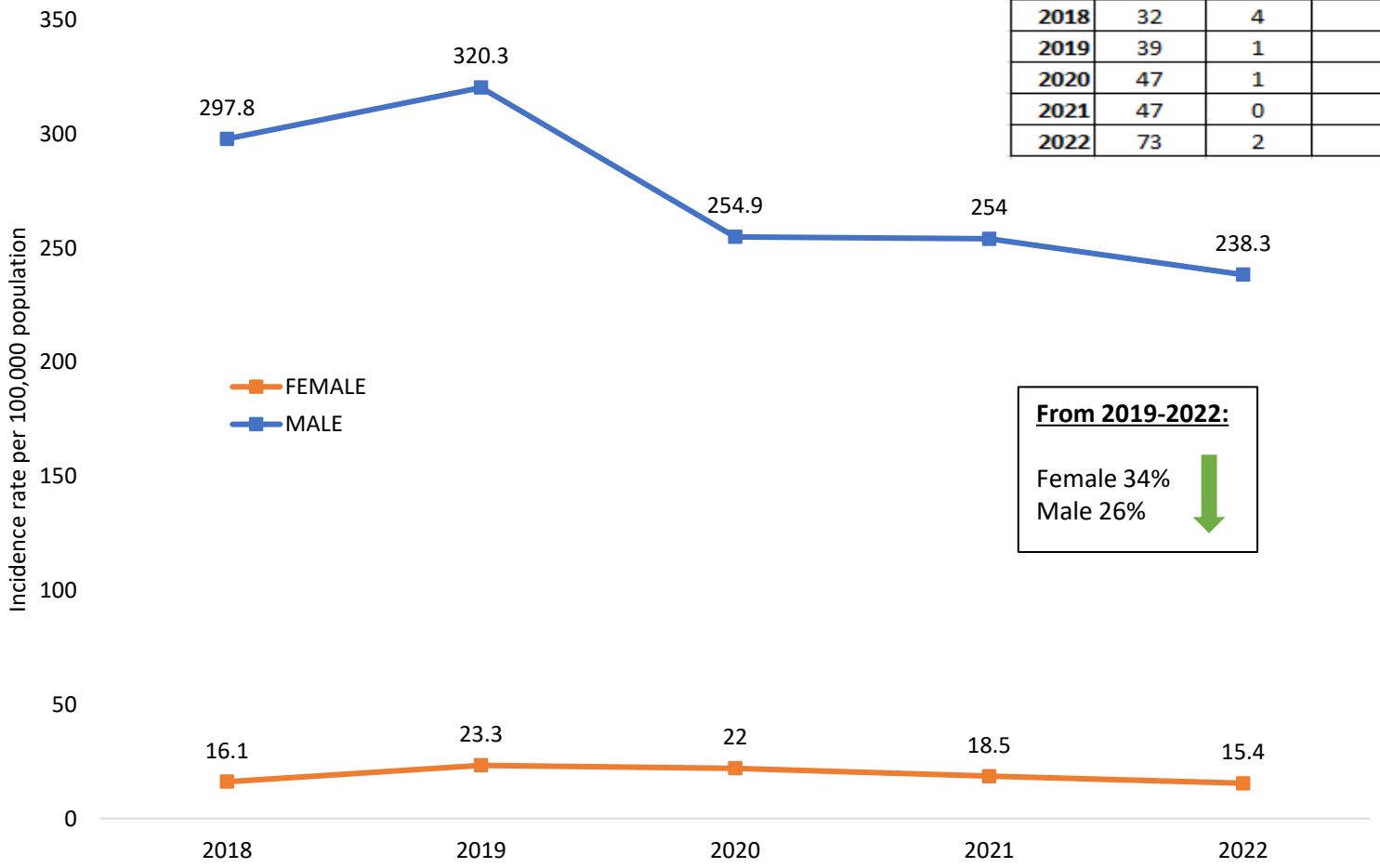
| | Trans female | Trans male | Other TG & Gender Non-Conforming/Non-Binary |
|---|---|---|---|
| **2018** | 79 | 16 | 32 |
| **2019** | 91 | 15 | 45 |
| **2020** | 111 | 16 | 49 |
| **2021** | 120 | 20 | 78 |
| **2022** | 103 | 16 | 72 |



Without population estimates, STI case rates cannot be calculated for gender identities other than females and males. Early syphilis rates declined among males. Reported cases increased for SF residents who identify as trans female but fluctuated for residents who identify as trans unknown or gender non-conforming/non-binary.

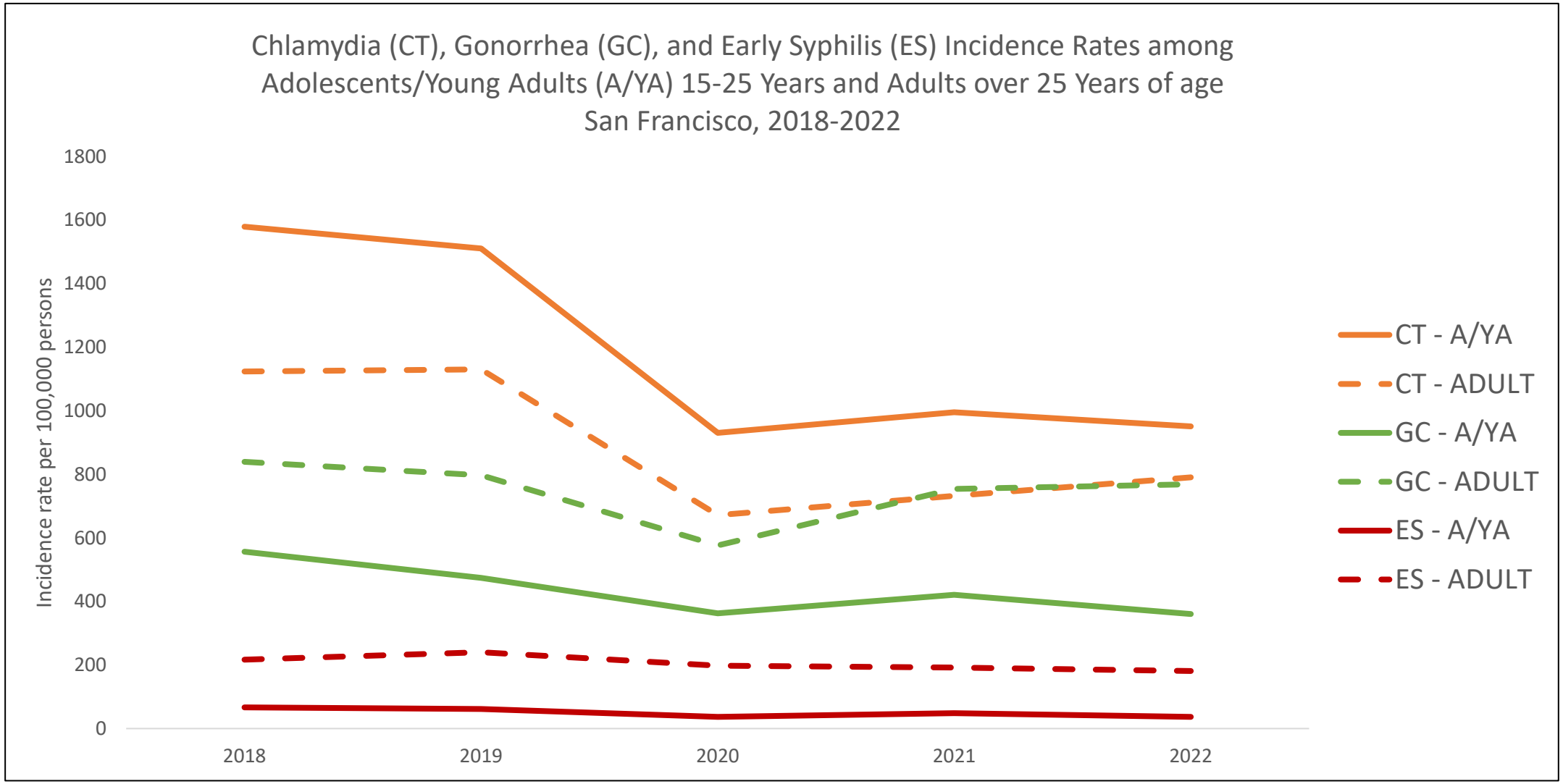
Early syphilis incidence rates (graph) and case counts (table) by gender identity
San Francisco, 2018-2022

| | Trans female | Trans male | Other TG & Gender Non-Conforming/Non-Binary |
|---|---|---|---|
| 2018 | 32 | 4 | 7 |
| 2019 | 39 | 1 | 12 |
| 2020 | 47 | 1 | 10 |
| 2021 | 47 | 0 | 17 |
| 2022 | 73 | 2 | 13 |

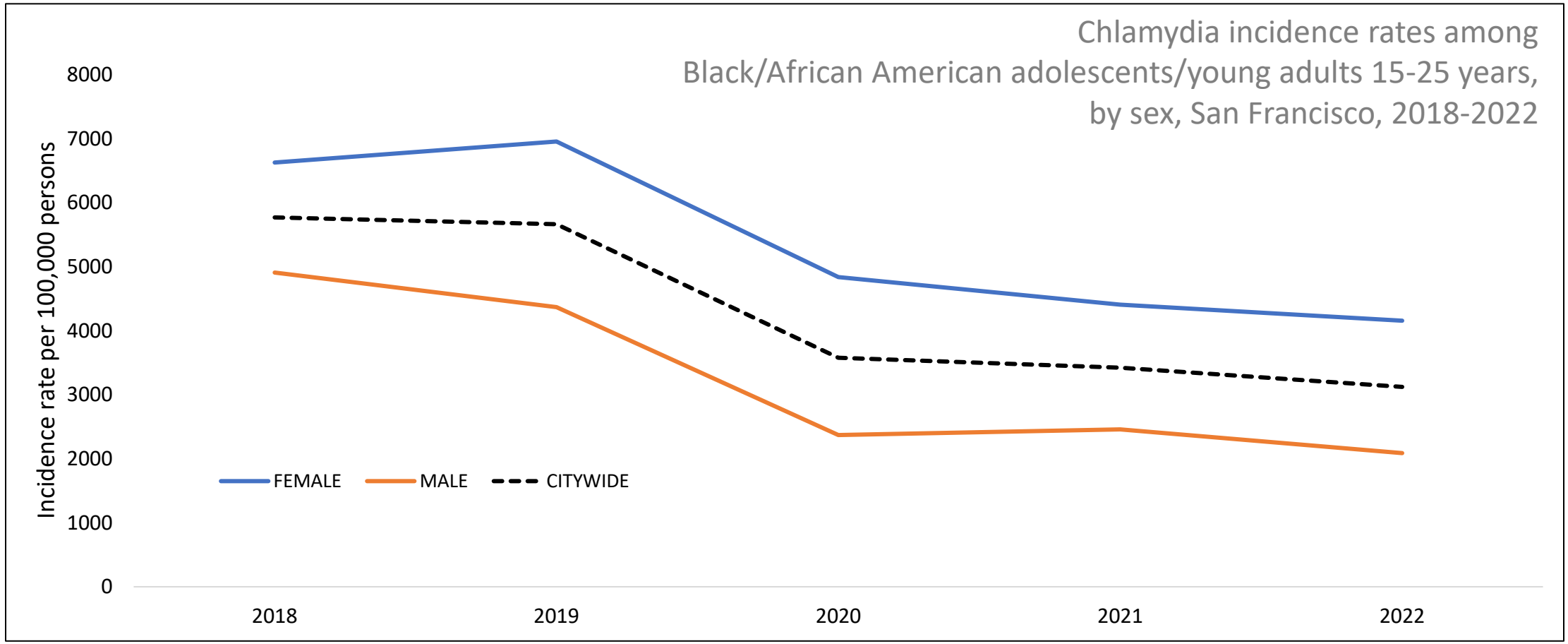


# STIs among Adolescents and Young Adults (AYA)

# Chlamydia rates remain higher among adolescents/young adults compared to adults, whereas adults experience higher rates of gonorrhea and early syphilis in San Francisco.

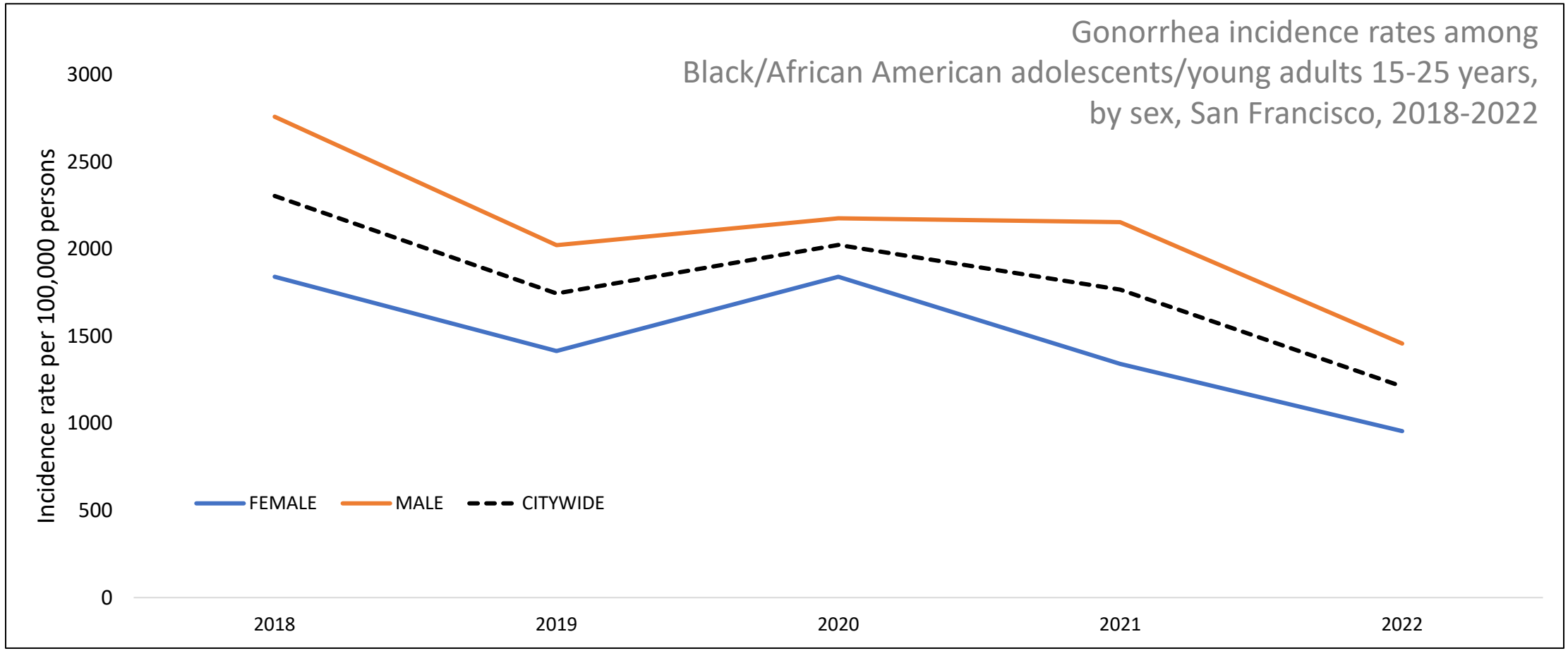


# Female Black/African-American (BAA) adolescents/young adults (AYA) consistently experience higher rates of chlamydia compared to male BAA AYA. Both groups experienced recent declines in rates.



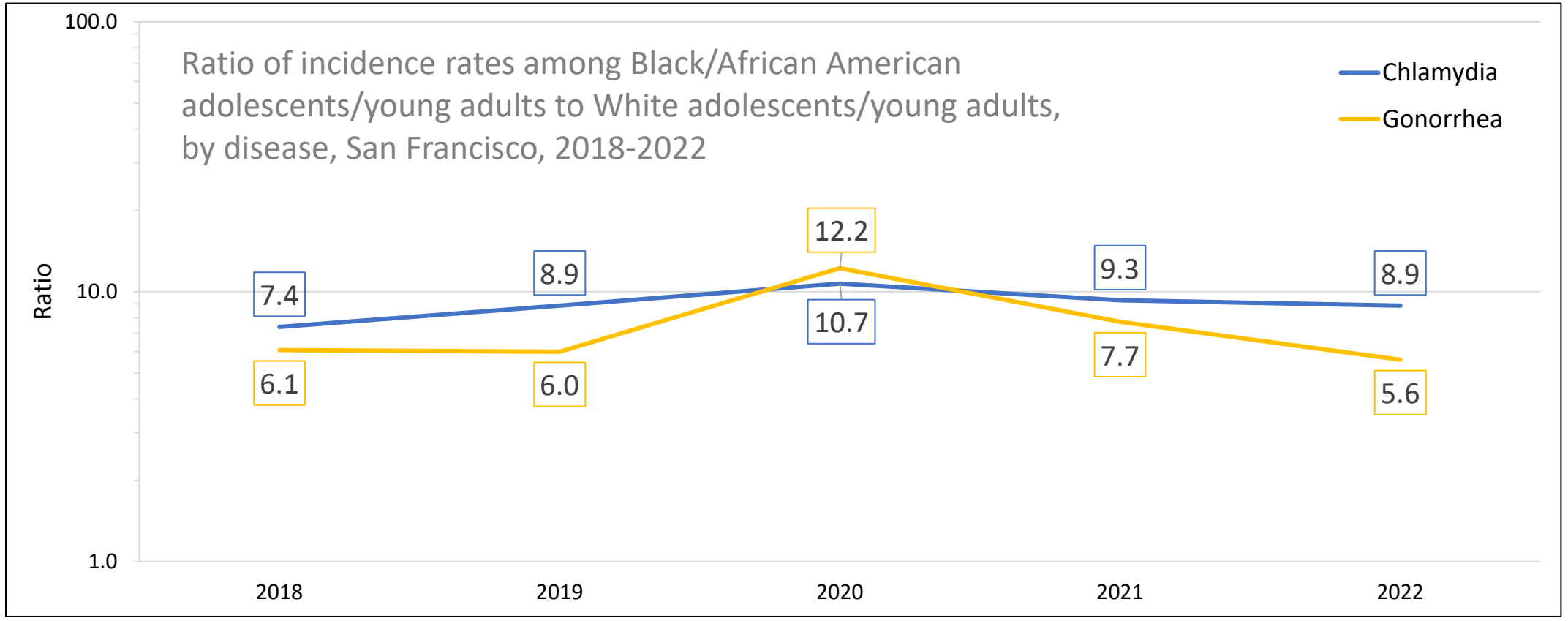

Note: Data for trans residents not shown due to low counts.

# Male Black/African-American (BAA) adolescents/young adults (AYA) consistently experience higher rates of gonorrhea compared to female BAA AYA. Both groups experienced recent declines in rates.



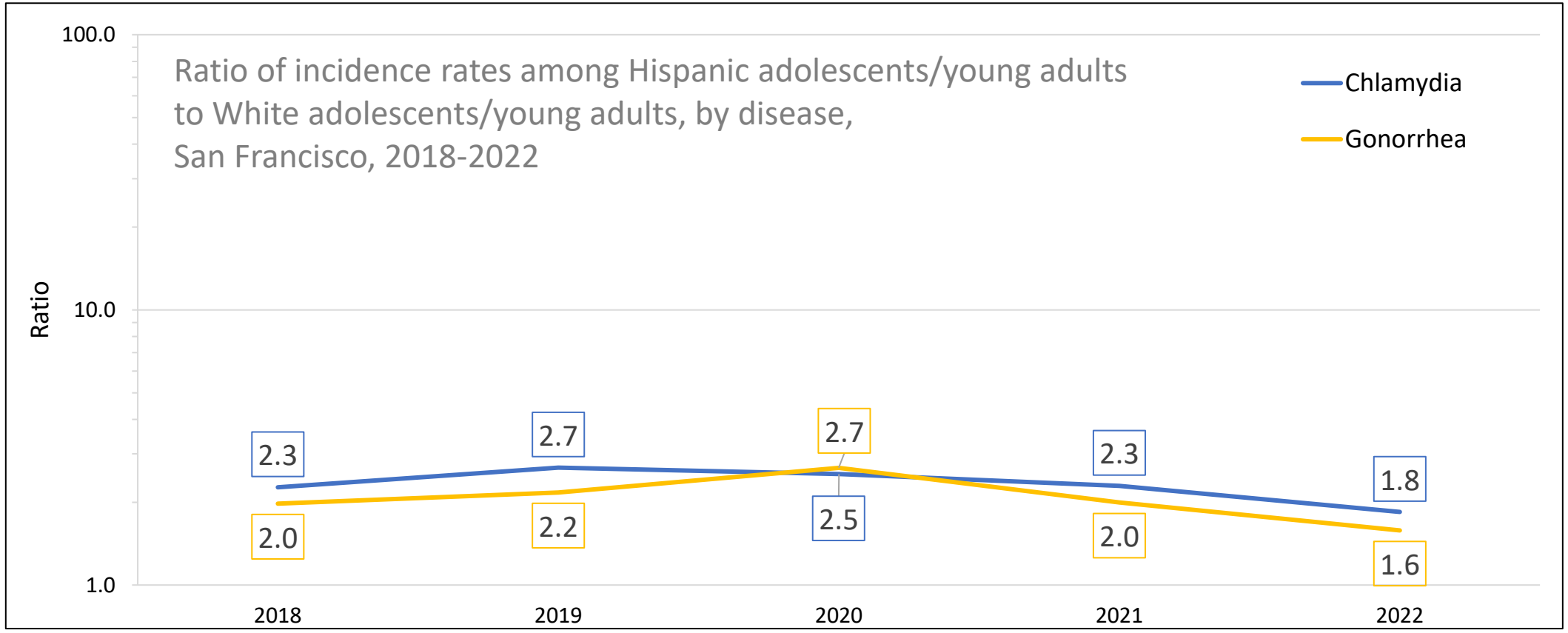

Note: Data for trans residents not shown due to low counts.

# Disparities persist among adolescents/young adults by race/ethnicity, with Black/African-American youth in 2022 experiencing rates 8.9 times higher for chlamydia and 5.6 times higher for gonorrhea compared to White youth.



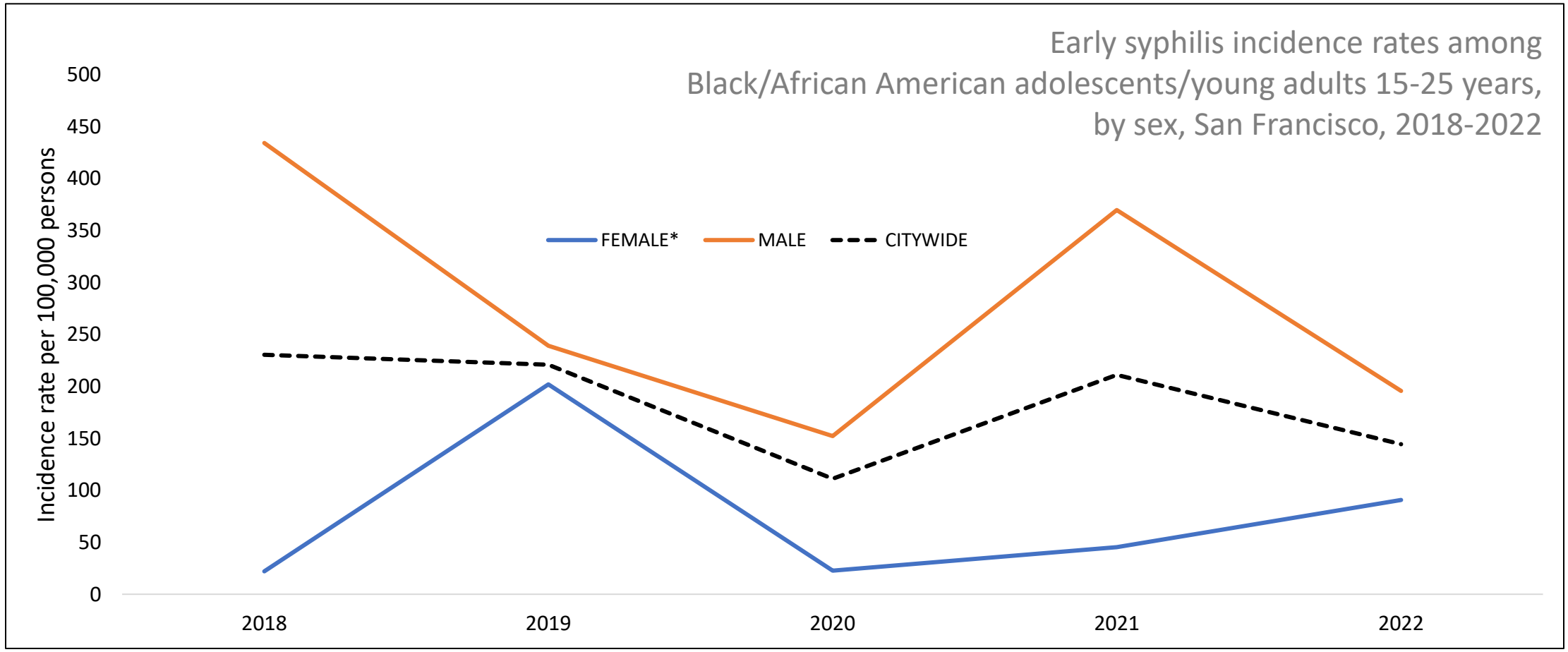

Note: Rate ratio comparison with Asian/Pacific Islander and Native American youth not calculated due to unstable rates in those groups. See previous slide for comparison with Black/African-American youth.

# Hispanic/Latino adolescents/young adults also experience higher chlamydia and gonorrhea rates compared to White youth, but the disparity is not as high as for Black/African-American youth.



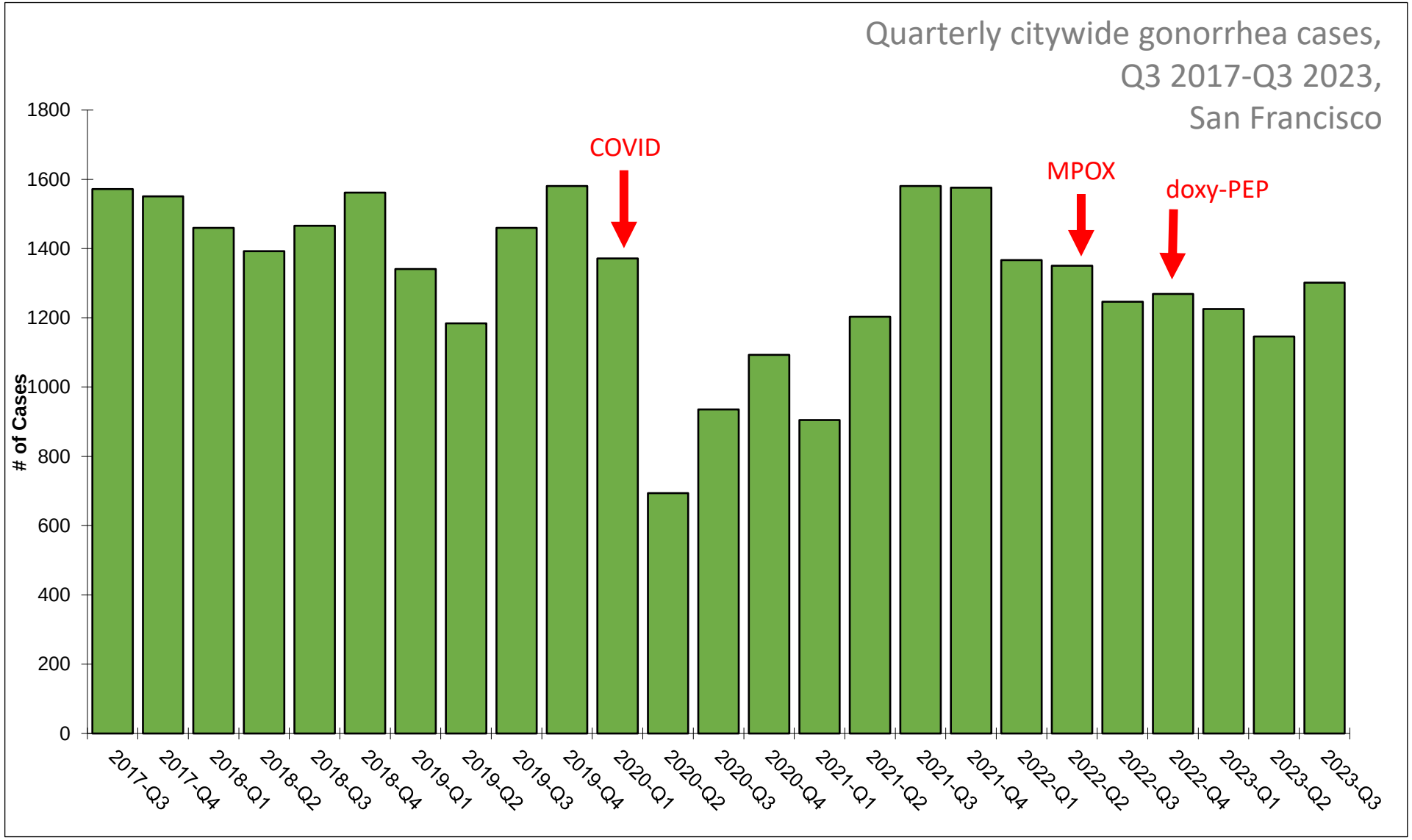

Note: Rate ratio comparison with Asian/Pacific Islander and Native American youth not calculated due to unstable rates in those groups. See next slide for comparison with Hispanic/Latino youth.

# Male Black/African-American (BAA) adolescents/young adults (AYA) experience higher rates of early syphilis compared to female BAA AYA, but rates among females are unstable due to smaller reported cases.

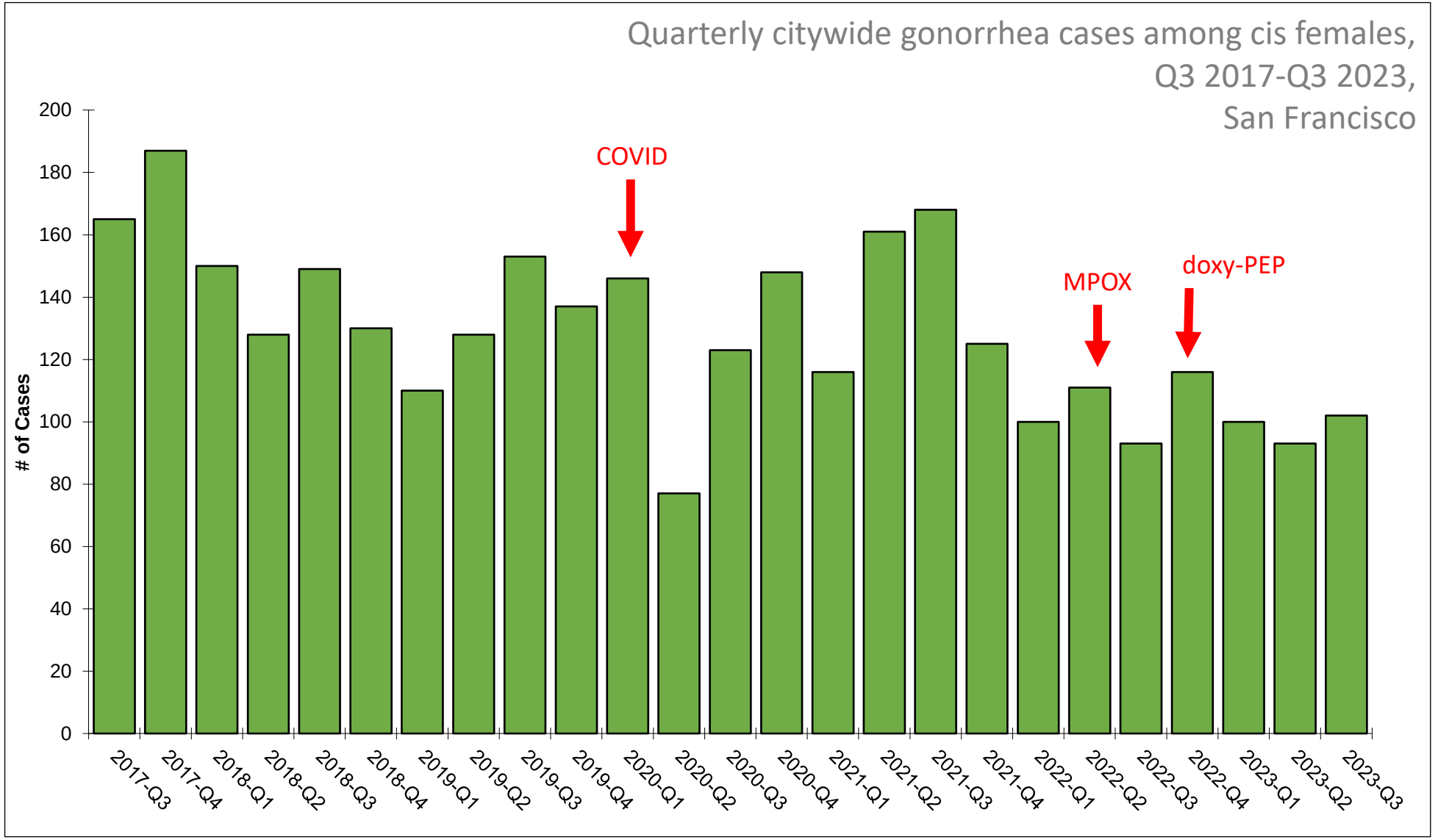



* Rates unstable due to low case counts
Note: Data for trans residents not shown due to low counts.

Citywide gonorrhea cases, by quarter, also fluctuate; cases rebounded after the introduction of COVID and have not decreased as chlamydia cases did since the introduction of mpox and doxy-PEP for STI prevention.

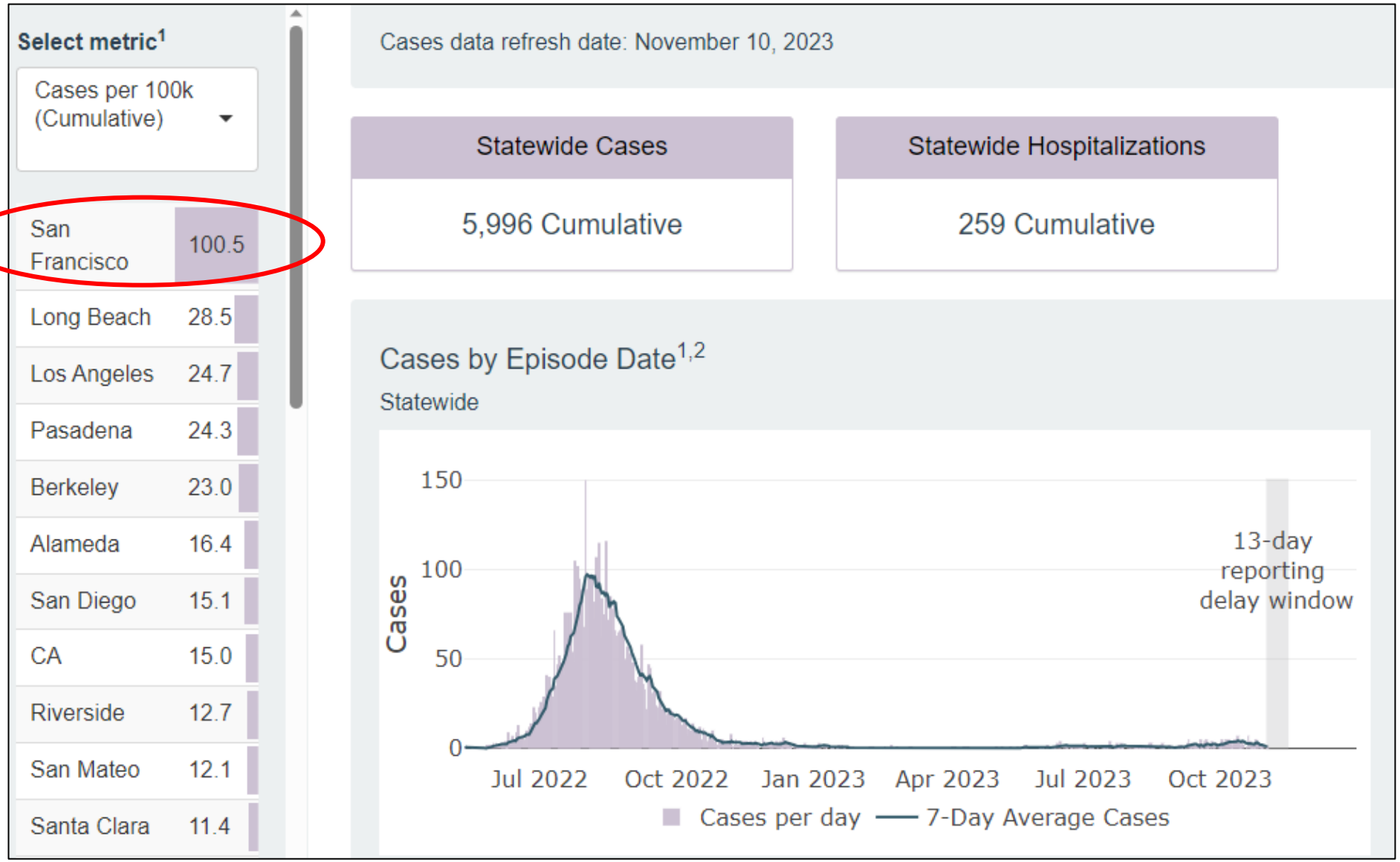


Gonorrhea cases among cis females, by quarter, also fluctuate; they followed recent trends across all cases, rebounding after the introduction of COVID but not consistently affected by the introduction of mpox and doxy-PEP for STI prevention.



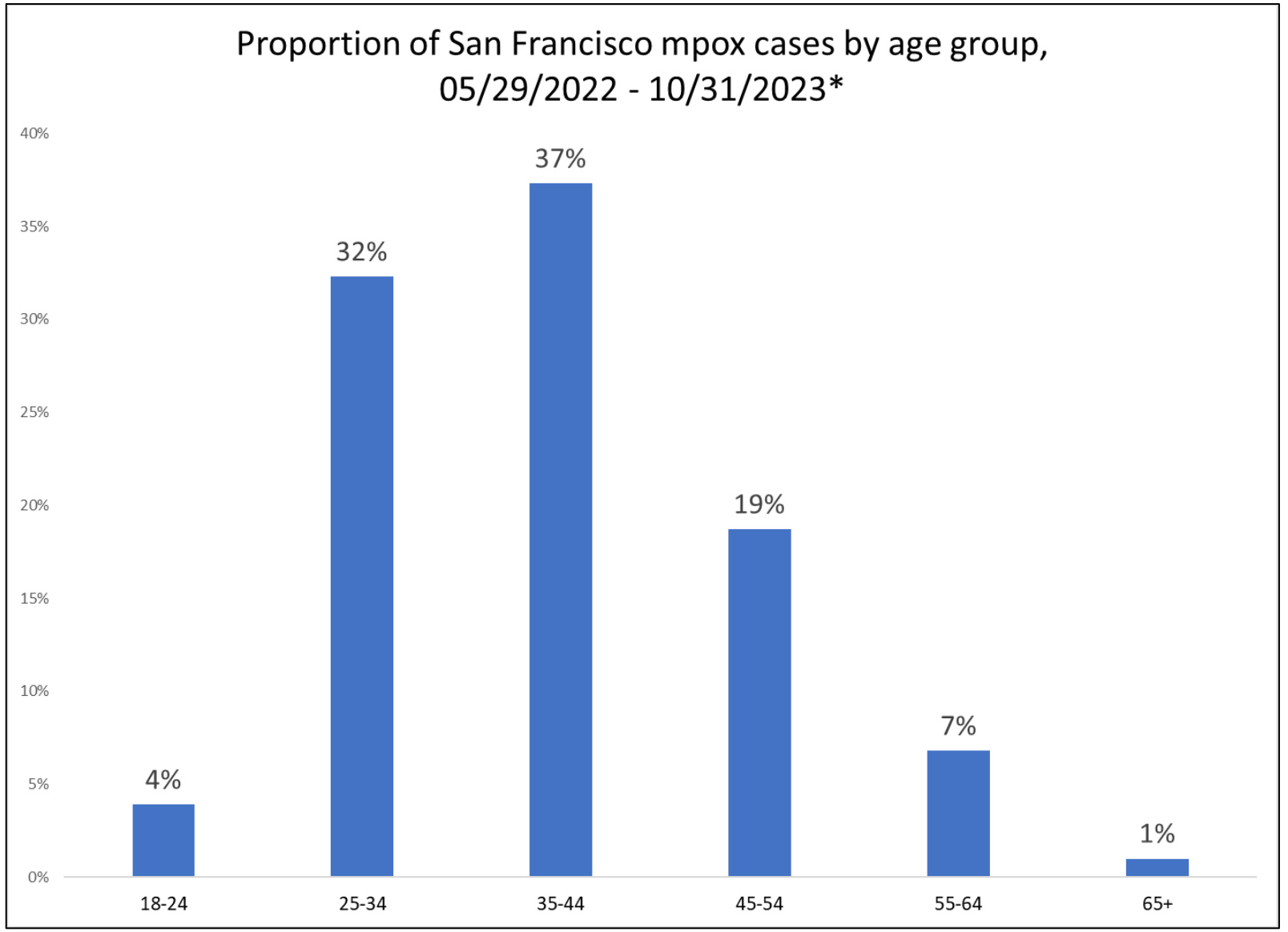
# Mpox

# Highest CA Case Rates of Mpox in San Francisco



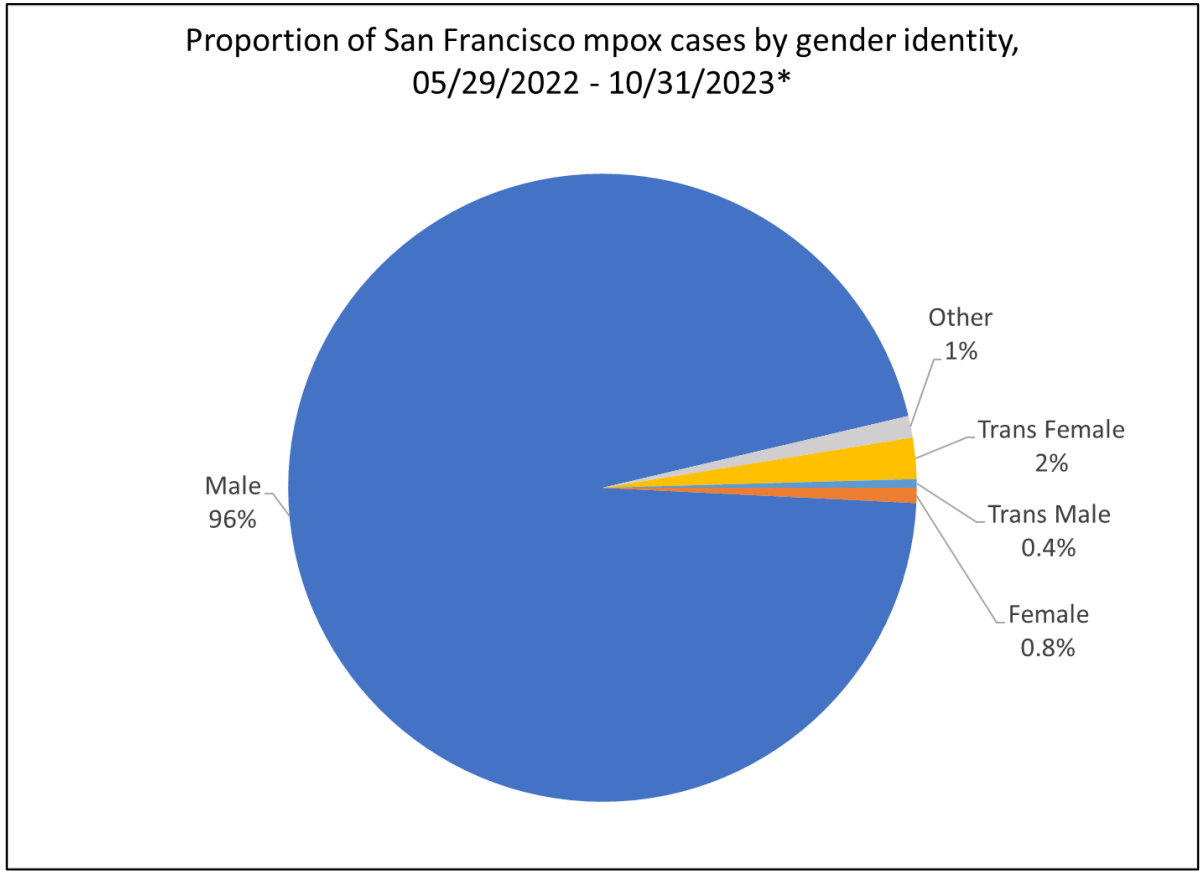

Source: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Mpox-Data.aspx

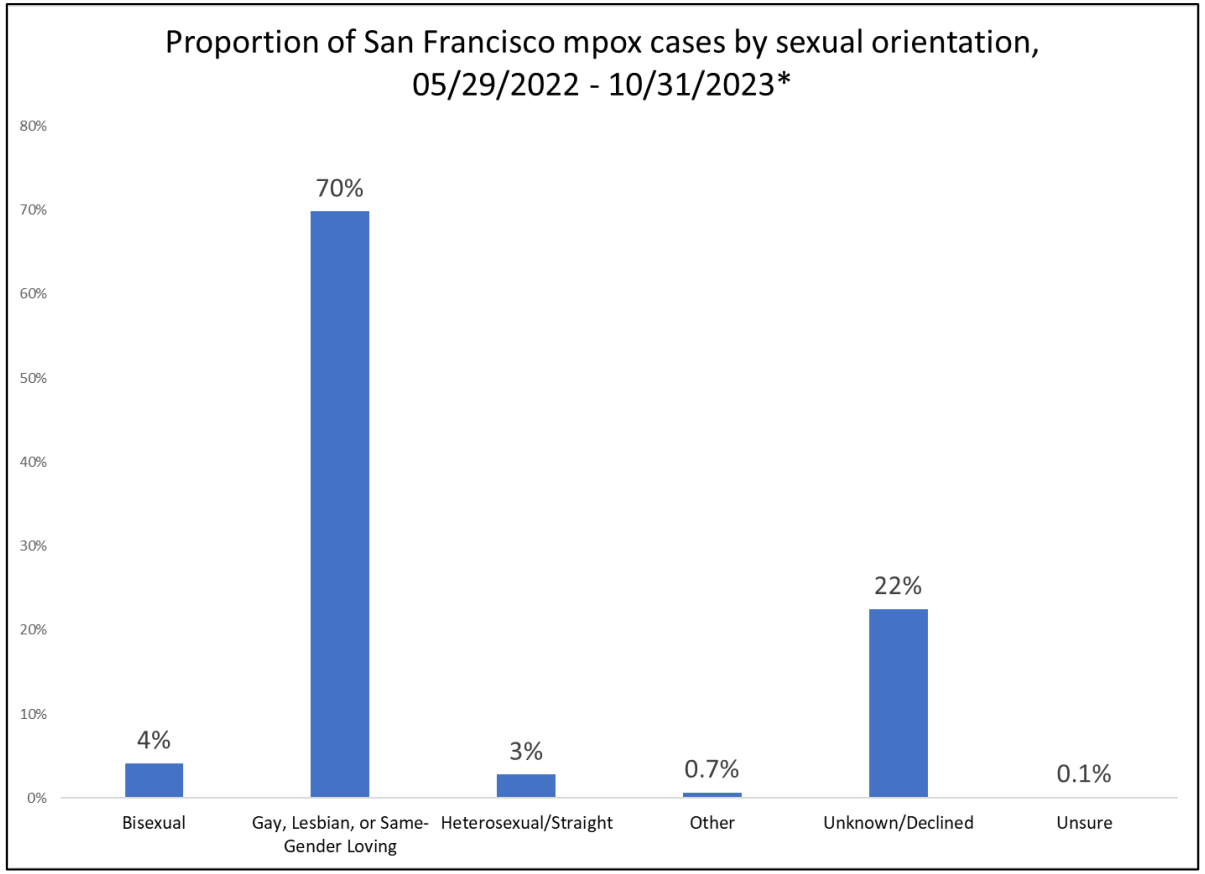
# Nearly 70% of mpox cases have been ages 25-44.




* Last updated 11/15/2023

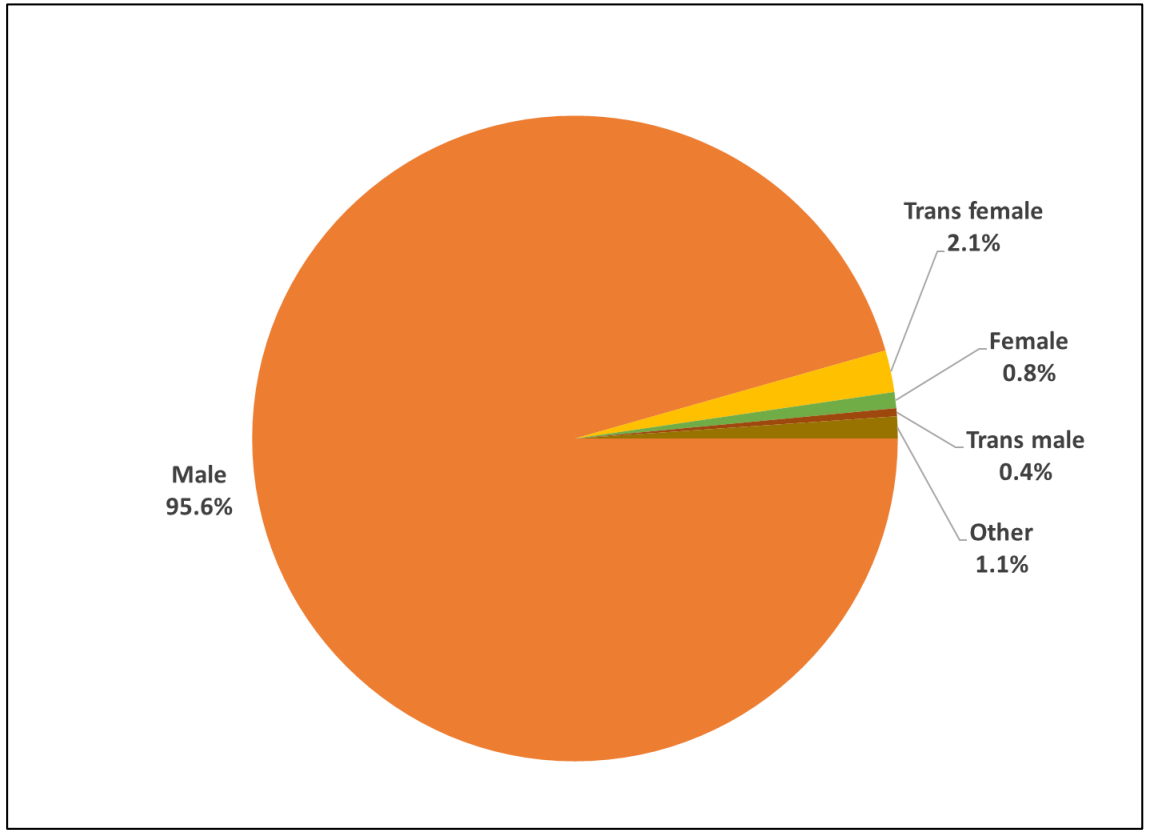
# The majority of mpox cases have been among males and those who identify as gay, lesbian, or same-gender loving.



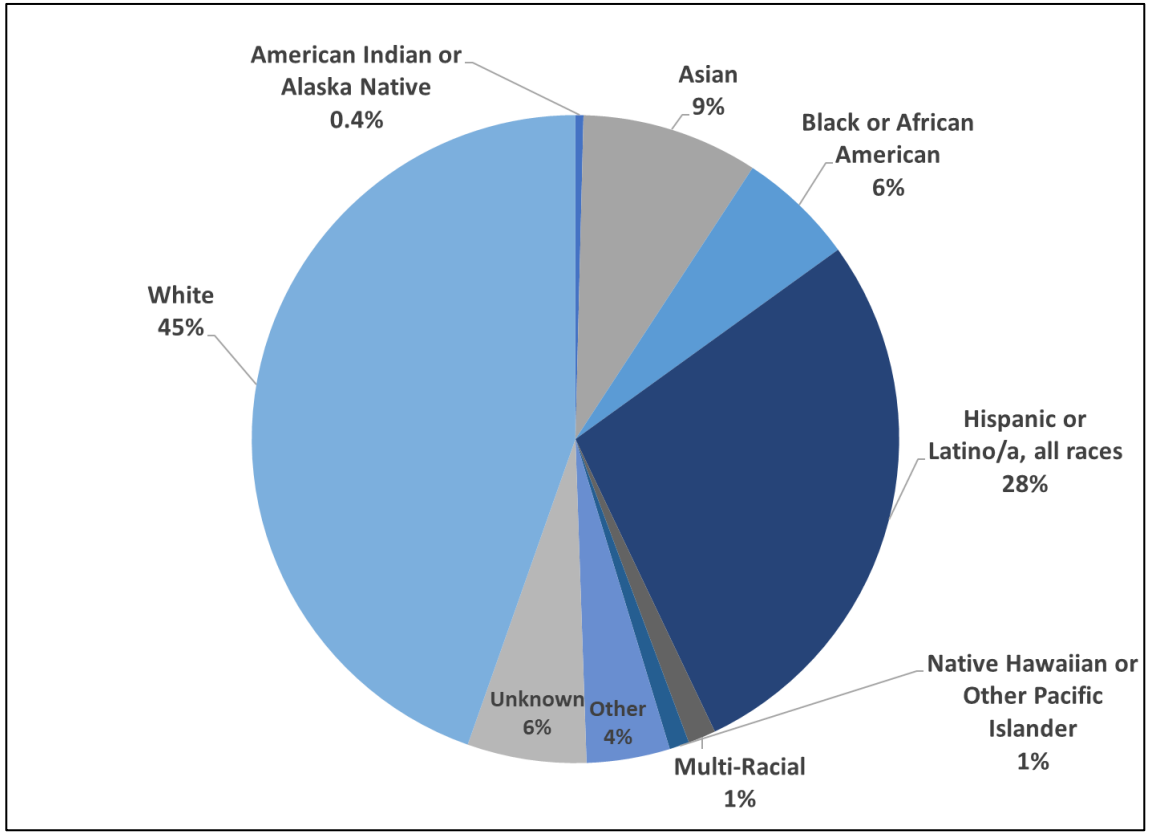




* Last updated 11/15/2023

# Mpox has had a disproportionate impact on men (the majority of whom report sex with men), and White and Latinx individuals.



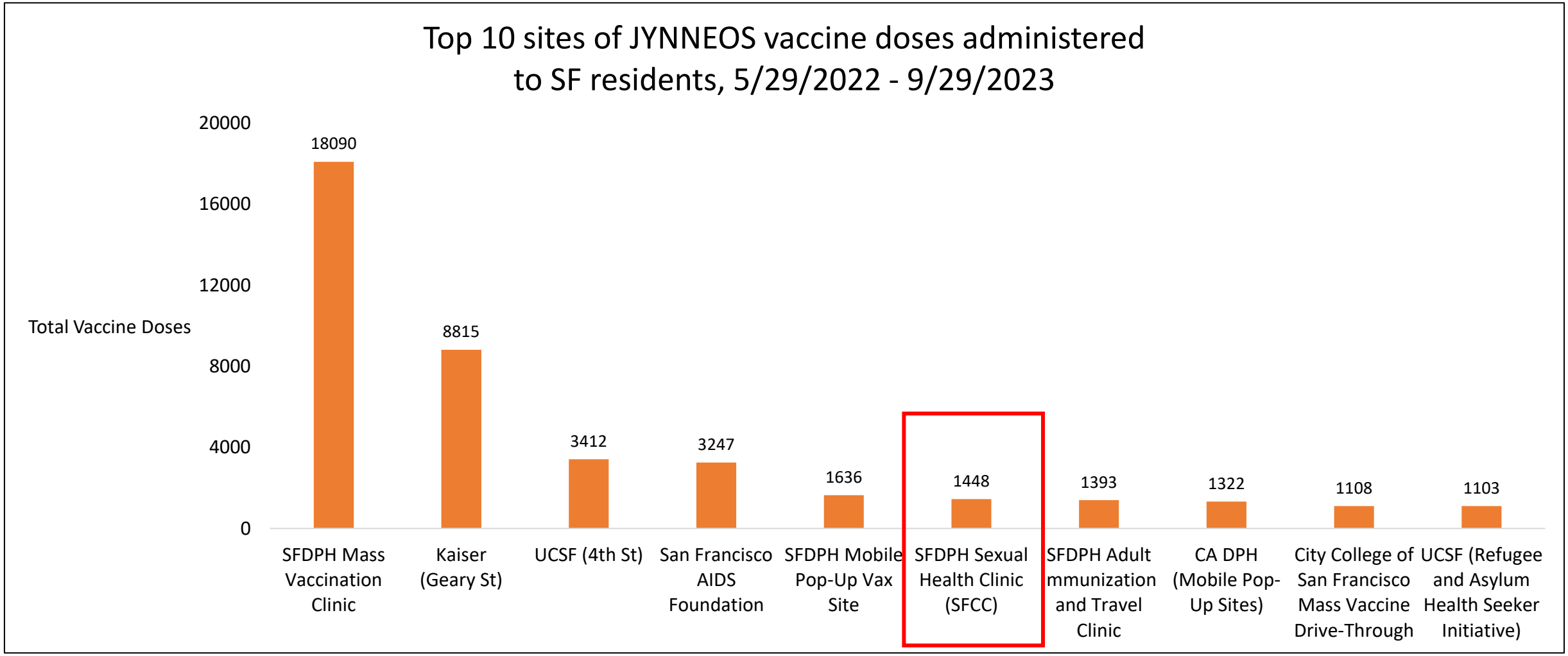

Total reported mpox cases, by gender identity
5/29/22 – 10/31/23, San Francisco




Total reported mpox cases, by race ethnicity
5/29/22 – 10/31/23, San Francisco

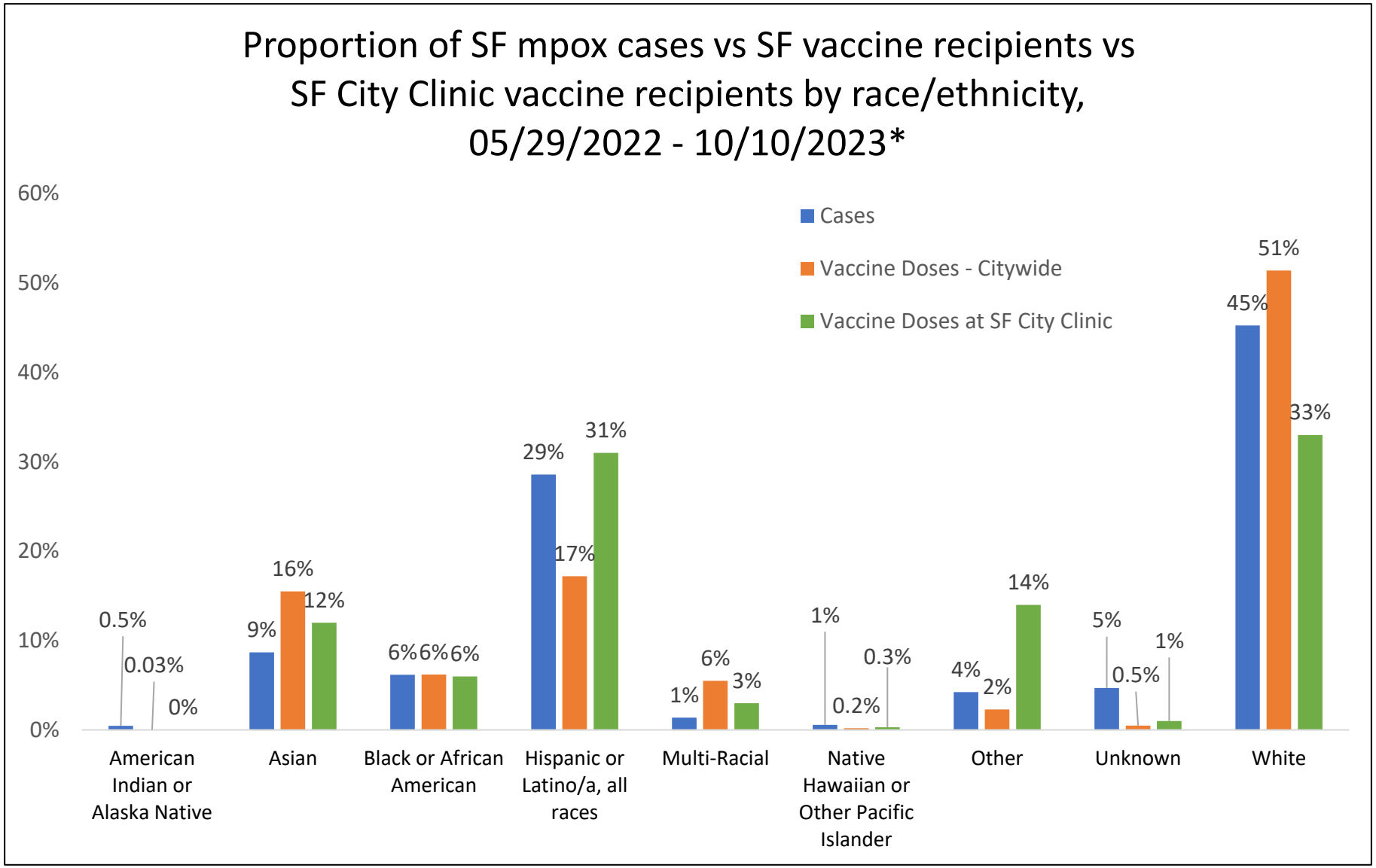
* Last updated 11/14/2023

# Vaccine sites at SFDPH clinics or coordinated by SFDPH have distributed the vast majority of mpox vaccine doses. SF City Clinic has had a critical role in vaccine administration, as well as provision of clinical care directly and through provider consultation.




* Last updated 10/11/2023

# Hispanic/Latino patients at San Francisco City Clinic were 31% of their mpox vaccine recipients, in line with the 29% of cases who were Hispanic/Latino.




* Case data last updated 10/10/2023, Vaccine data last updated 10/2/23