

2022 County of Marin Fact Sheet: HIV/AIDS in Marin County



Since the first Marin County AIDS case was reported in 1982, 1,480 people have been diagnosed with HIV infection in the Marin community—611 of whom are still living (Table 1). At San Quentin State Prison (SQSP), 659 cases of HIV infection have been identified. The vast majority of people diagnosed with HIV at SQSP are no longer incarcerated there. For this reason, the demographic data presented after Table 1 do not include cases diagnosed at SQSP.

Please note: HIV/AIDS epidemiology data are from the enhanced HIV/AIDS Reporting System (eHARS) maintained by the Office of AIDS. The data presented here are cumulative through December 31, 2021 and were generated from the 2022 1st quarter Marin County dataset. Tables 1 & 3 and Figure 4 only include people who were residents of Marin County at the time of HIV diagnosis. Table 2 and Figures 1-3 describe people who have Marin County as their current residence.

Table 1. All Reported Cases of HIV infection (including AIDS), diagnosed 1981-2021

	Total Reported*	Deaths [#]	Living Cases [†]
San Quentin	659	390	269
Community	1480	869	611
Combined	2139	1259	880

* Does not include cases that were later found to be duplicates

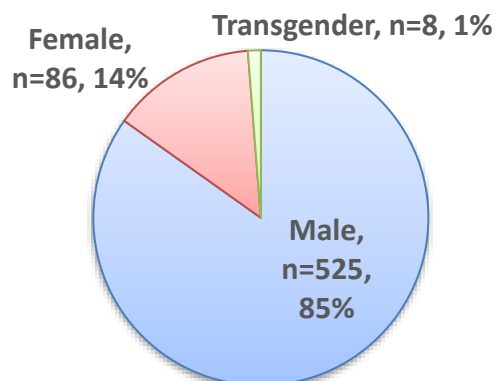
Deaths from all causes

† Includes cases of unknown vital status

Demographics of People Living with HIV Infection as of December 31, 2021, with a Current Residence in Marin County (Community only), n=619

Six hundred nineteen people living with HIV infection have a current residence in Marin County as of the end of 2021. Of these people, 85% are male (Figure 1) and over half are currently age 55 or older (Figure 2). Table 2 provides a look at race/ethnicity and a breakdown by transmission category.

Figure 1. Gender of People Living with HIV



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Figure 2. Current Age in Years of People Living with HIV Infection

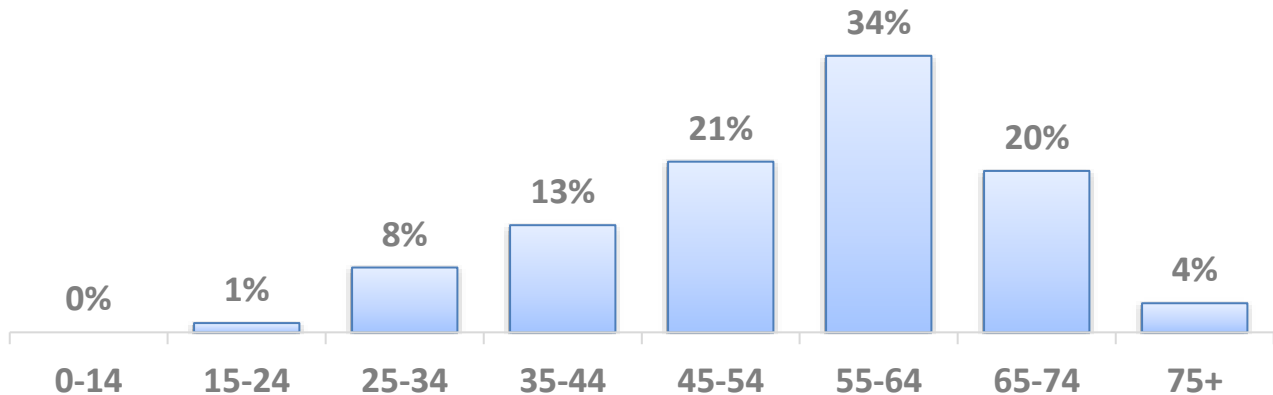


Table 2. Race/Ethnicity and Transmission Category of People Living with HIV Infection

Race/Ethnicity	Non-Hispanic White	377	61%
	Hispanic/Latino/a/x	156	25%
	Black/African American	46	7%
	Multiple Races	20	3%
	Asian	16	3%
	Native Hawaiian/Pacific Islander & American Indian/Alaskan Native	4	1%
Transmission Category	Male-Male Sexual Contact (MSM)	402	64%
	MSM & IDU	35	6%
	Injection Drug Use (IDU)	42	7%
	High-Risk Heterosexual Contact*	71	12%
	Heterosexual Contact	49	8%
	Medical** or Perinatal	4	1%
	Unknown	16	2%
Total		619	100%

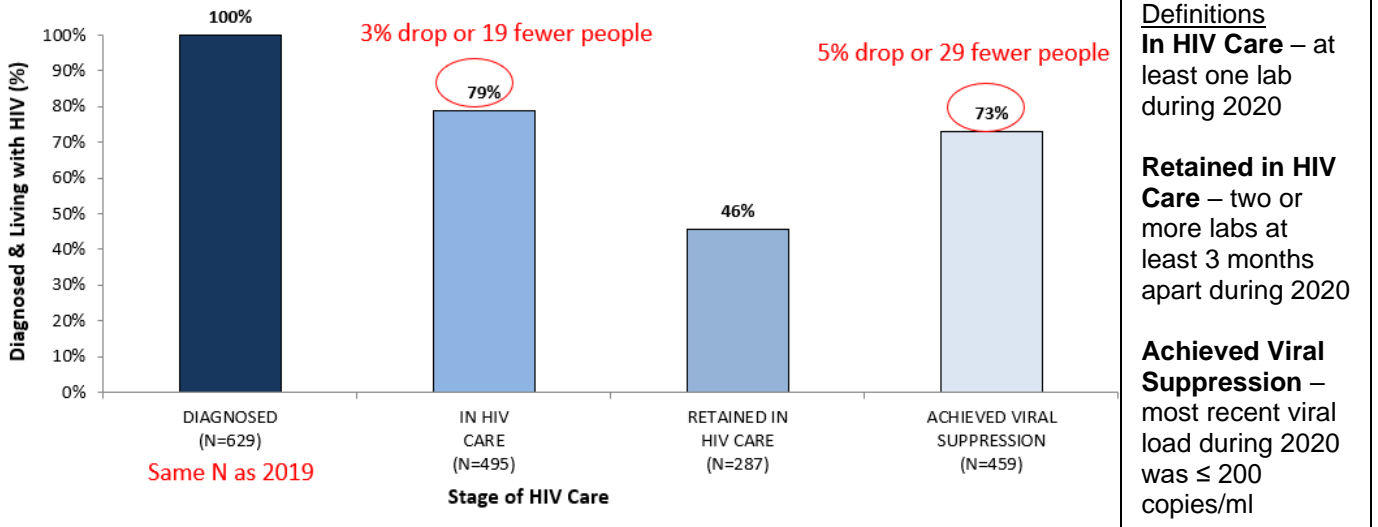
* Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

** Receipt of clotting factor, transfusion of blood or blood products, tissue or organ transplant, or artificial insemination.

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Figure 3. Continuum of HIV Care*, Marin County Residents#, Diagnosed & Living with HIV, 2020



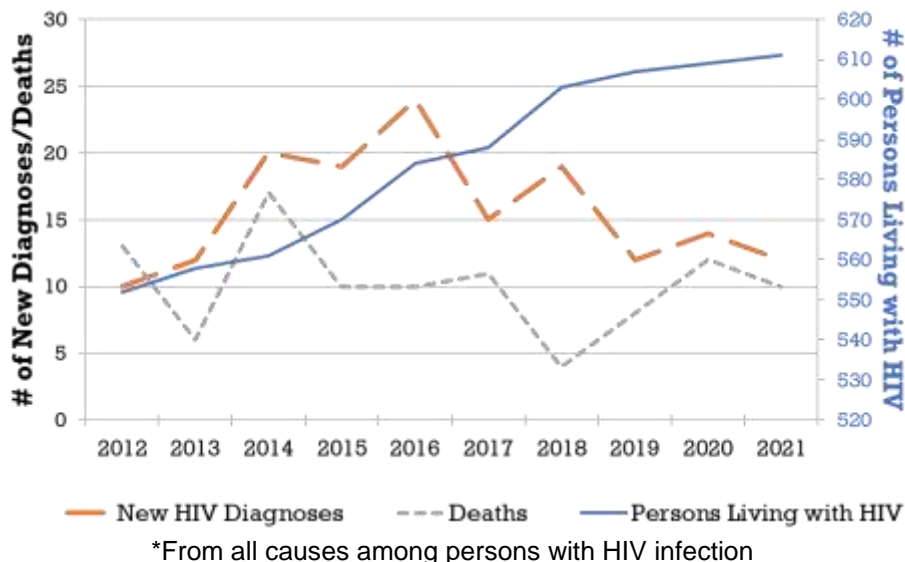
* Data provided by Office of AIDS

Residency based on 2020 year-end address; addresses in San Quentin, CA excluded as a proxy for SQSP

New Cases of HIV Infection in Marin County

Over the past ten years, Marin County averaged 16 new community HIV infection diagnoses per year. From 2012 to 2021, there was an average of 10 deaths per year among people with HIV infection. The number of living persons who were community residents of Marin County at the time of HIV diagnosis decreased to 611 by the end of 2021.

Figure 4. New HIV Diagnoses, Deaths*, and Persons Living with HIV, Marin County, 2012-2021 (Community residents at diagnosis)



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Table 3. Marin County Residents Newly Diagnosed with HIV Infection in the Community

Characteristics	Year of HIV Diagnosis	2012-16		2017-21	
		#	%	#	%
Gender	Male	70	82%	60	83%
	Female	15	18%	11	15%
	Transgender	0	0%	1	1%
Age at Diagnosis	0-14	1	1%	0	0%
	15-24	12	14%	11	15%
	25-39	30	35%	36	50%
	40-54	24	28%	18	25%
	55+	18	21%	7	10%
Race / Ethnicity	Non-Hispanic White	34	40%	23	32%
	Hispanic/Latino/a/x	28	33%	36	50%
	African American/Black	11	13%	8	11%
	Other/Multiple	12	14%	5	7%
Transmission Category	Male-Male Sexual Contact (MSM)	49	58%	44	61%
	MSM & IDU	3	4%	1	1%
	Injection Drug Use (IDU)	2	2%	5	7%
	High-Risk Heterosexual Contact*	7	8%	7	10%
	Heterosexual Contact	21	25%	13	18%
	Unknown/Not Reported	3	4%	2	3%
Total		85	100%	72	100%

*Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

Observations

- 2012-16: 85 new diagnoses (17 per year) vs. 2017-21: 72 new diagnoses (14 per year)
- Gender – No Change: 83% Male, 16% Female, 1% Transgender
- Age – Fewer 50+ diagnosis (28 → 12), No Change in other ages. The average age at diagnosis was 36 years old.
- Race/Ethnicity
 - More Hisp./Latino/a/x cases (28 → 36, 33% → 50%). Fewer diagnoses for all other groups.
 - 2017-2021 case rates for Latino/a/x are six times higher than for whites and twelve times higher for African Americans than for whites.
 - Average age for Latino/a/x was 31 vs. 40 years old for all others.
- Transmission Category – Male-Male sexual contact (MSM) is by far the most common risk factor (62%) which has not changed. Injection drug use (IDU) increased from 2% to 7%. Heterosexual contact (presumed) decreased from 25% to 18%.
- Race/Ethnicity & Risk – 72% of Latino/a/x reported MSM as a risk factor vs. 53% of non-Latino/a/x. No Latino/a/x reported IDU as a risk factor vs. 17% of non-Latino/a/x.

Community Input

Community input was gained through comments on the annual countywide client satisfaction survey. This survey is sent to all ARIES Share clients who receive mail at home (n=171), and clients are provided the option of completing the survey either by paper or online. The response rate was 46%.

The Marin HIV/AIDS Care Council has been a functioning entity since 2004 and meets nearly monthly. H&HS continues to support the Council by working closely with the Council to prioritize and allocate Ryan White resources. The Council has been working to increase community and HIV service provider membership. The Care Council meetings are open to the public. Meeting minutes and agendas are posted and downloadable from the County website:

<https://www.marinhhs.org/boards/marin-hiv-aids-care-council>

Table 4. Demographic Composition of Marin HIV/AIDS Care Council through October 2022

		Number	%
Race/Ethnicity	Non-Hispanic White	6	60%
	Hispanic/Latino	2	20%
	African American/Black	1	10%
	Asian	0	0%
	Native Hawaiian/Pacific Islander	0	0%
	American Indian/Alaska Native	1	10%
	Multiple races	0	0%
	Other/Unknown	0	0%
Gender	Male	5	50%
	Female	5	50%
	Transgender	0	0%
Age	13-24	0	0%
	25-49	0	0%
	50+	9	90%
	Decline	1	10%
HIV Status	Positive	6	60%
	Negative	4	40%
	Undisclosed	0	0%
Total Council Membership		10	100%

Marin County's 2023-2024 Prioritization and Allocation Process

The Marin HIV/AIDS Care Council held meetings in September and October to conduct prioritization and allocation for 2023-2024. The allocation meeting took place on September 14, 2022 and was finalized on October 12, 2022.

Preparation

The Council received data from the following sources for review:

- 2021/22 Ryan White Annual Client Satisfaction Survey results
- 2021/22 Service Category Summary Sheets
- 2021/22 ARIES Data
- 2021 HIV/AIDS surveillance and epidemiology data in Marin County provided by Deborah Gallagher, HIV/AIDS Surveillance Epidemiologist for Marin County

Key Decisions

Ten members were present for the prioritization and allocation meeting in September and October.

- In its September meeting, the Council made some changes in its prioritization rankings. A few of the service categories moved up or down one ranking and a few stayed the same. Notable changes in ranking include the following: Oral Health Care moved up two rankings and Housing moved down four rankings.
- Marin County's subcontractor provides additional support to clients through their 340B program. These funds were needed to provide additional support for Food and Housing payments.
- There were changes to the allocations for some of the service categories compared to the previous year. Housing was eliminated and those funds were moved to Food, Mental Health, Emergency Financial Assistance, and Medical Transportation. It was determined that the Housing service did not provide equitable support for PLWHA and the shift in funds to other services would create a more equitable standard of service. While Housing is recognized as very important, there are other systems of care available to provide that support and the program should be in a system of care where there is a pathway to permanent housing.
- The 2023/24 budget was approved unanimously.

Marin Ryan White Part A 2023/24 Allocation

Service Category	Previous Priority	New Priority Rank	23/24 Part A Allocation	% of Total Award	23/24 Part B Award
CORE SERVICES					
Mental Health	2	2	\$35,532	6.5%	
Medical Case Management	1	1	\$99,635	18.2%	\$53,800
Health Insurance Premium and Cost-Sharing Assistance	7	6	\$35,203	6.4%	
Oral Health Care	5	3			\$71,200
Outpatient/Ambulatory Health Services	9	9			\$5,000
Medical Nutrition Therapy	12	12			
SUPPORT SERVICES					
Non-Medical Case Management	3	4	\$113,969	20.8%	
Food Bank/Home-Delivered Meals	6	5	\$180,468	32.9%	\$22,601
Emergency Financial Assistance	8	7	\$44,994	8.2%	
Housing	4	8			
Medical Transportation	10	11	\$21,526	3.9%	
Psychosocial Support Services	11	10	\$15,915	2.9%	
Early Intervention Services	Not ranked	Not Ranked			\$49,172
Core Services			\$170,370	31%	
Support Services			\$376,872	69%	
TOTALS¹			\$547,242¹	100%	\$201,773²

¹Table excludes a small portion of the total award for Council support

²Does not include a portion for administrative expenses

Ryan White Part A Funding Allocation, 2018/19 through 2022/23

Service Category	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
CORE SERVICES					
Outpatient/Ambulatory Health Services*	\$0	\$0	\$0	\$0	
Mental Health	\$72,000	\$30,000**	\$30,000	\$25,532	\$35,532
Medical Case Management**	\$103,000	\$105,000	\$102,000	\$99,635	\$99,635
Oral Health Care*	\$0	\$0	\$0	\$0	\$0
Health Insurance Premium and Cost-Sharing Assistance	\$46,000	\$52,250	\$34,783	\$35,203	\$35,203
SUPPORT SERVICES					
Non-Medical Case Management	\$122,000	\$118,000	\$118,000	\$113,969	\$113,969
Emergency Financial Assistance	\$42,000	\$43,250	\$44,497	\$36,879	\$44,994
Food Vouchers**	\$78,491	\$78,491	\$64,492	\$97,242	\$121,242
Food Bank/Home-Delivered Meals	\$35,000	\$40,000	\$50,000	\$59,226	\$59,226
Psychosocial Support Services	\$22,000	\$25,000	\$15,000	\$25,915	\$15,915
Medical Transportation	\$18,000	\$18,250	\$17,177	\$13,410	\$21,526
Housing		\$28,250	\$48,543	\$40,231	\$0
TOTAL***	\$539,491	\$539,491	\$525,492	\$548,242	\$548,242

*Service categories funded entirely through Part B

**Additional funding through Part B

***Table excludes a small portion of the total award for Council support