

The SUD / HCV / HIV/ STI Syndemic

- Jorge Mera, MD
- ECHO Clinic Director
- Northwest Portland Area Indian Health Board

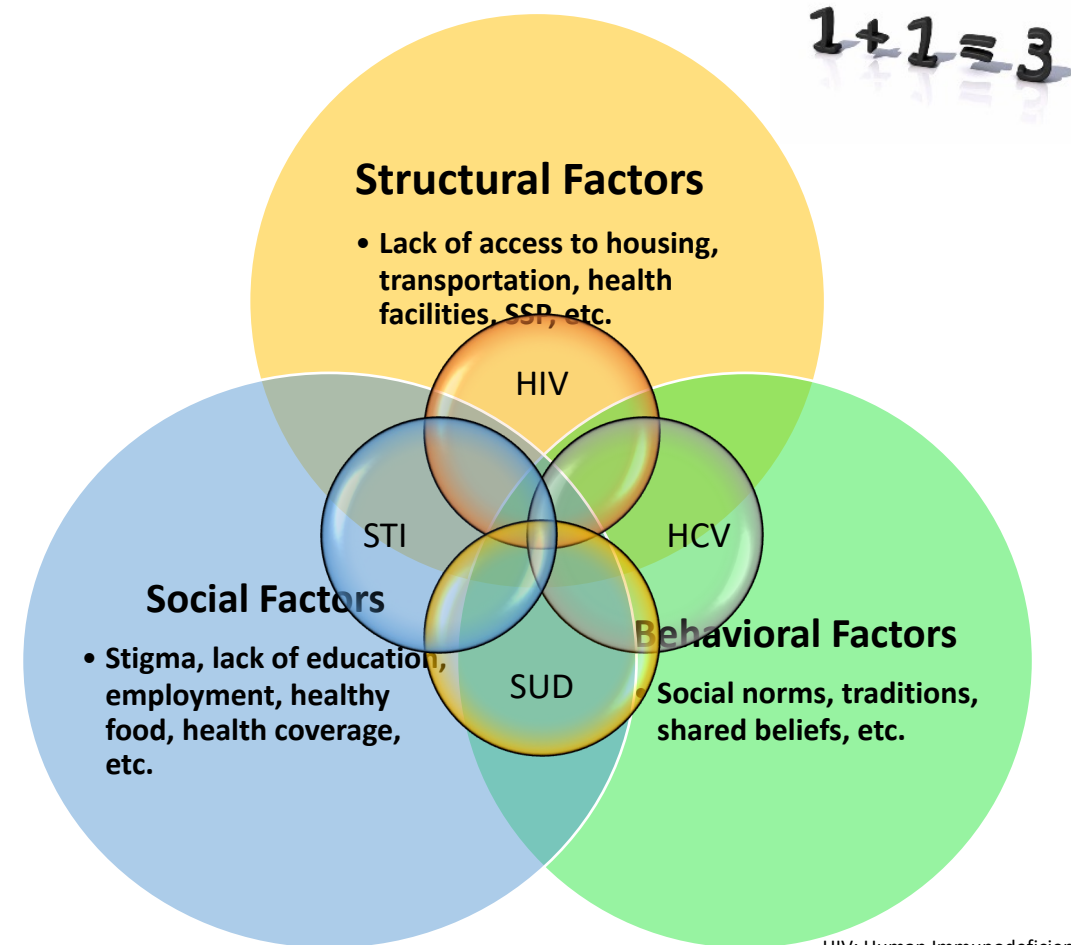


Providers have the Power ➡➡➡

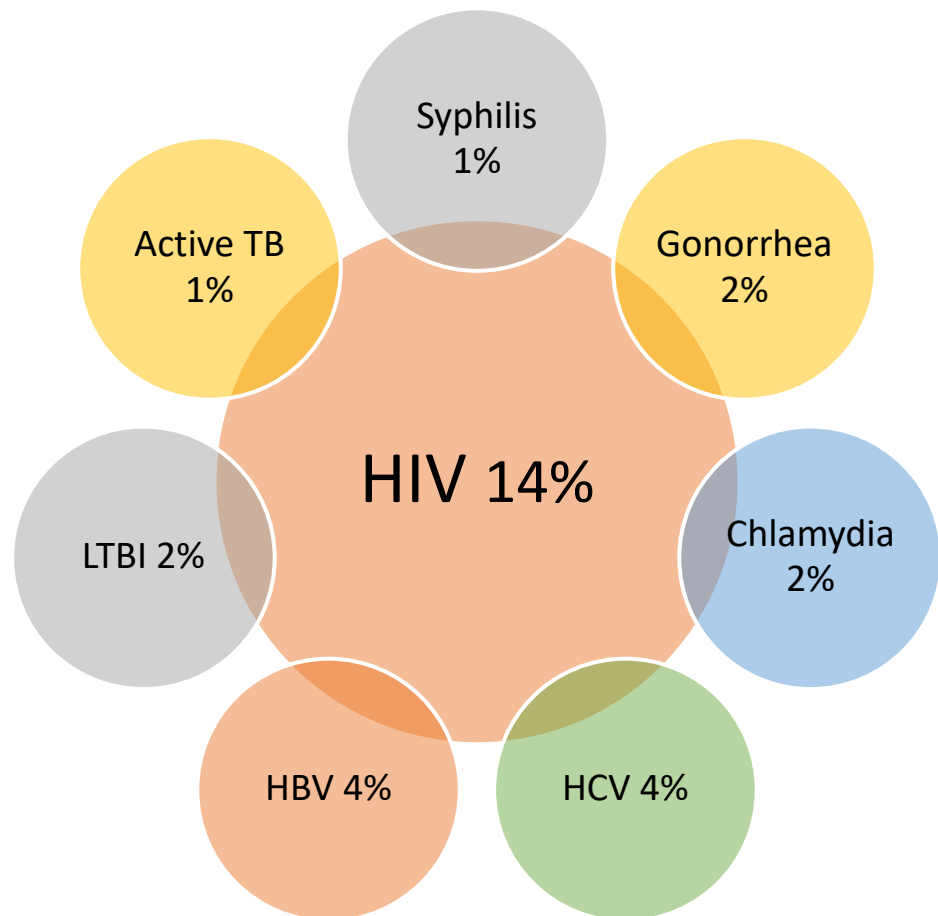
Syndemic

Core principles:

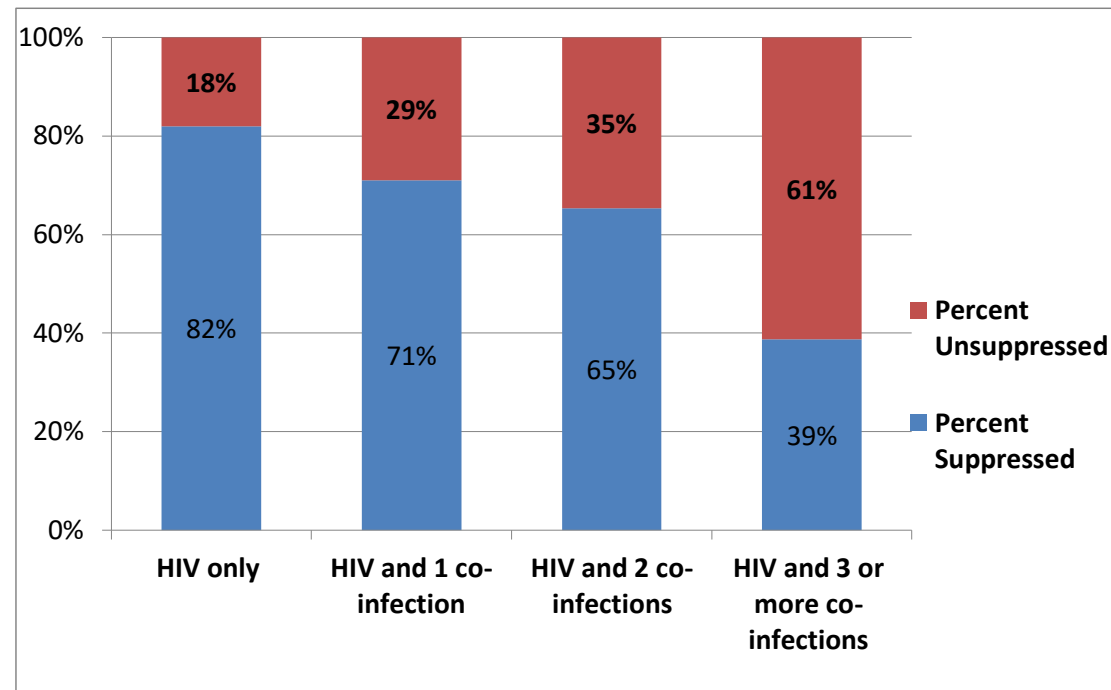
- **Clustering** of two or more conditions in a specific population
- Their **synergism** in producing excess burden of disease in a population
- **Precipitation and propagation** by large scale behavioral, structural and social forces



HIV Syndemic Outcomes

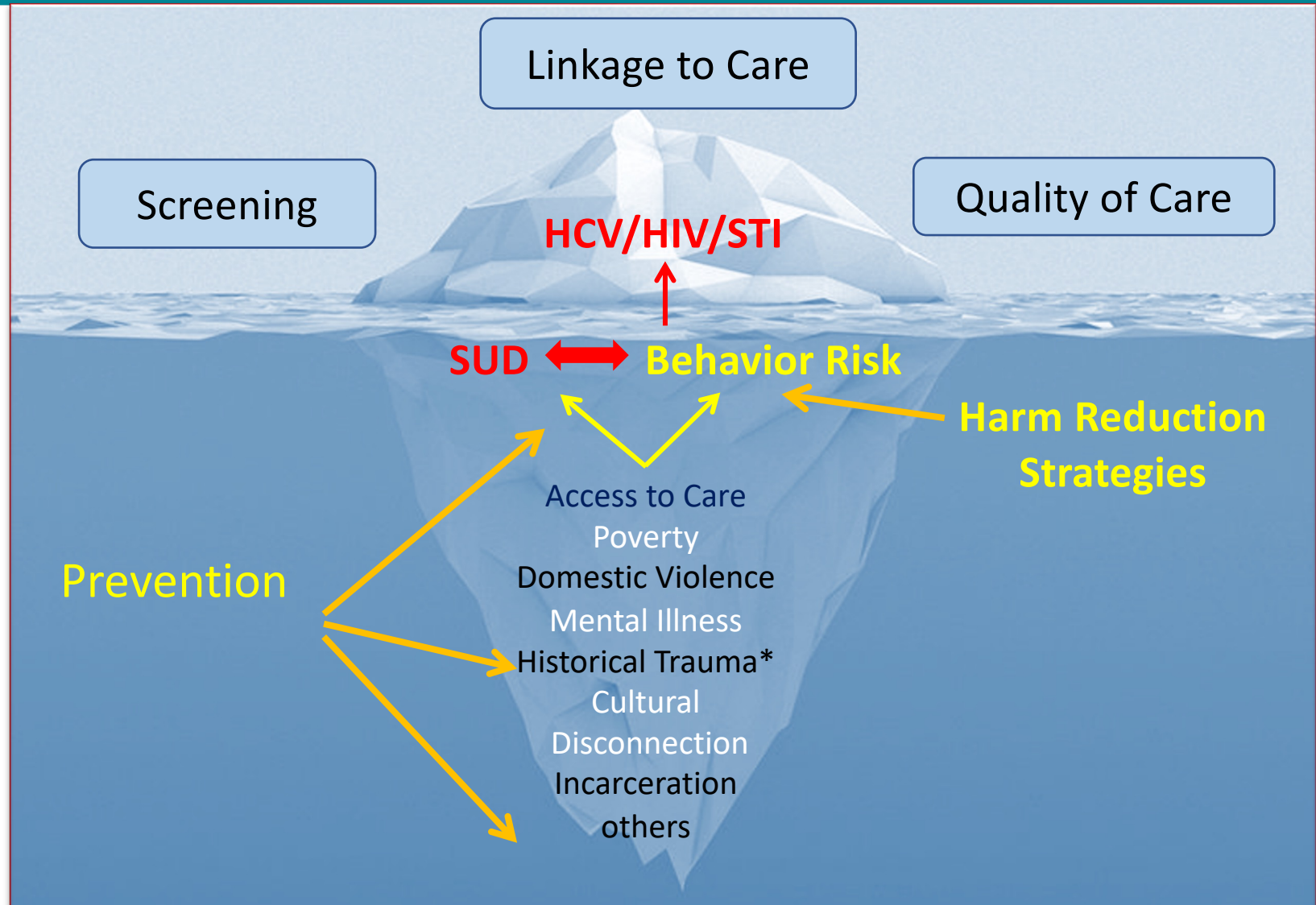


Viral suppression rates by number of co-infections



- Syndemics are associated with poorer HIV health outcomes among PLWHA
- Significant “dose-response relationship” between the number of co-infections and mean VLs
- In addition to numbers of co-infections, particular demographic subgroups, and certain geo-clusters were also associated with poorer health outcomes, underscoring the need to address multiple conditions in tandem in an integrated health system

Syndemic



THE
STATE OF STDs
IN THE
UNITED STATES,
2021

STDs continue to forge ahead, compromising the nation's health.

Note: These data reflect the effect of COVID-19 on STD surveillance trends.



1.6 million
CASES OF CHLAMYDIA
3.8% decrease since 2017



710,151
CASES OF GONORRHEA
28% increase since 2017



176,713
CASES OF SYPHILIS
74% increase since 2017



2,855
CASES OF SYPHILIS
AMONG NEWBORNS
203% increase since 2017

LEARN MORE AT: www.cdc.gov/std/

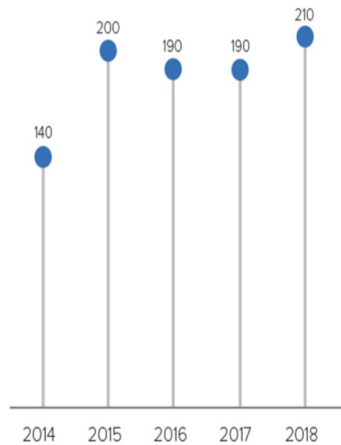
ANYONE WHO HAS SEX COULD GET AN STD, BUT SOME GROUPS ARE MORE AFFECTED

- YOUNG PEOPLE AGED 15-24
- GAY & BISEXUAL MEN
- PREGNANT PEOPLE
- RACIAL & ETHNIC MINORITY GROUPS

HIV in American Indian/Alaska Native Populations

Estimated HIV Infections Among AI/AN People in the US, 2014-2018

HIV infections have increased since 2014.

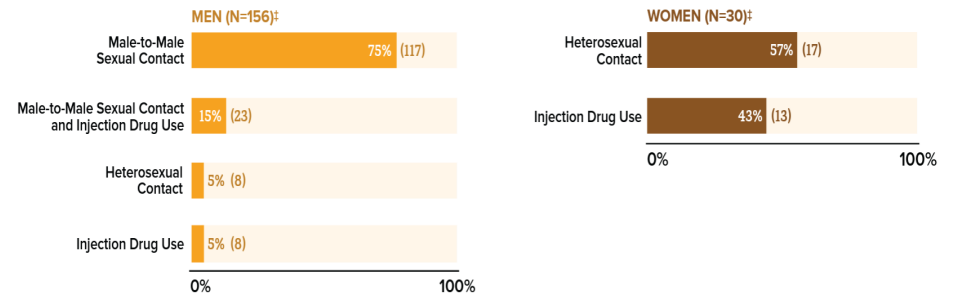


Source: CDC. Estimated HIV incidence and prevalence in the United States, 2014–2018. *HIV Surveillance Supplemental Report 2020,25(1)*.

<1%

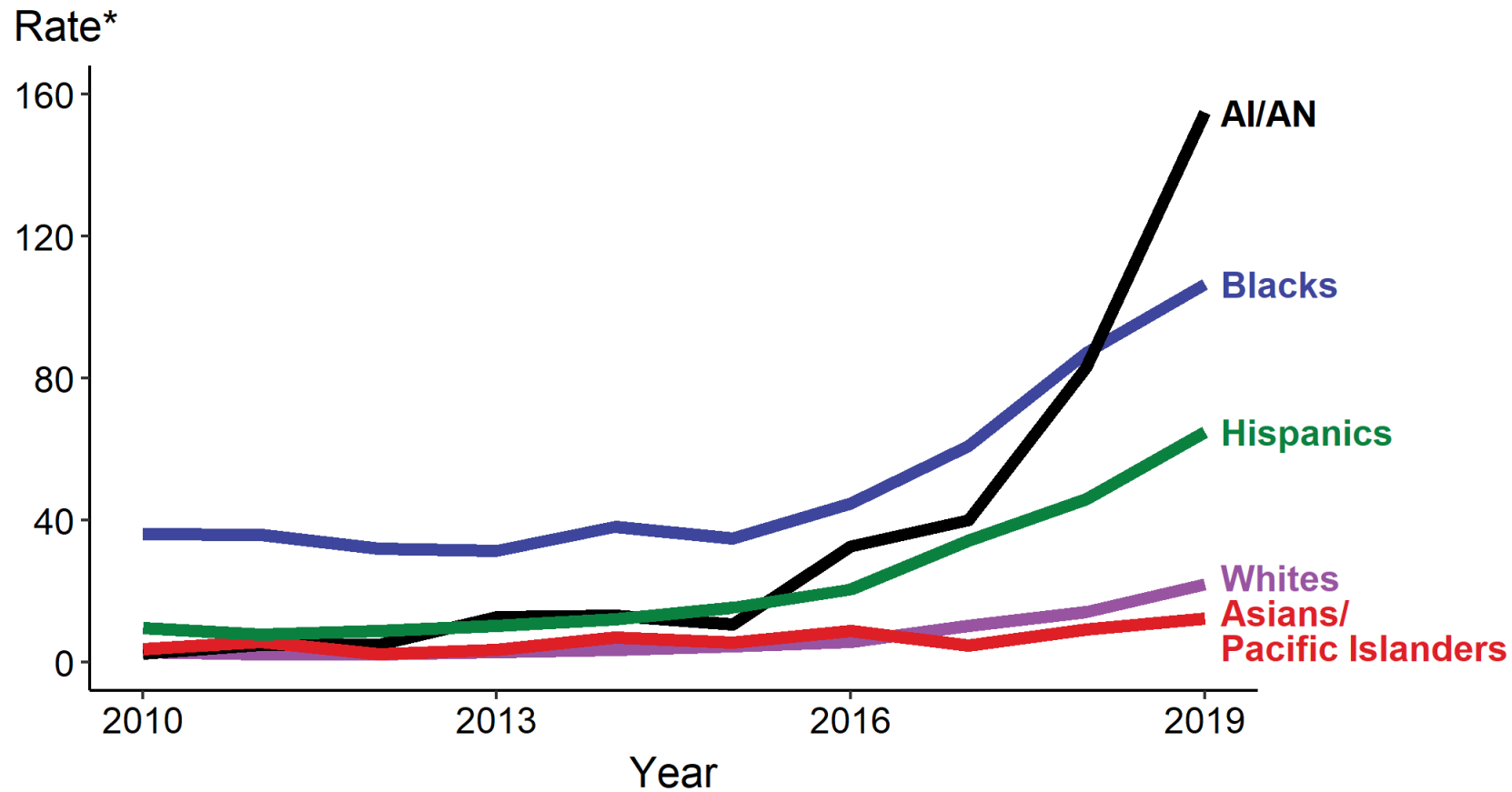
Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, less than 1% (186) were among American Indian/Alaska Native (AI/AN) people.

Most new HIV diagnoses were among AI/AN gay and bisexual men.†



- In the U.S. in 2018, both male and female AI/AN had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use, compared with all races/ethnicities.
- Among men, 15% (23) of new HIV diagnoses were attributed to injection drug use, and 11% (21) were attributed to both male-to-male sex and injection drug use.
- Among women, 43% (13) of new HIV diagnoses were attributed to injection drug use.

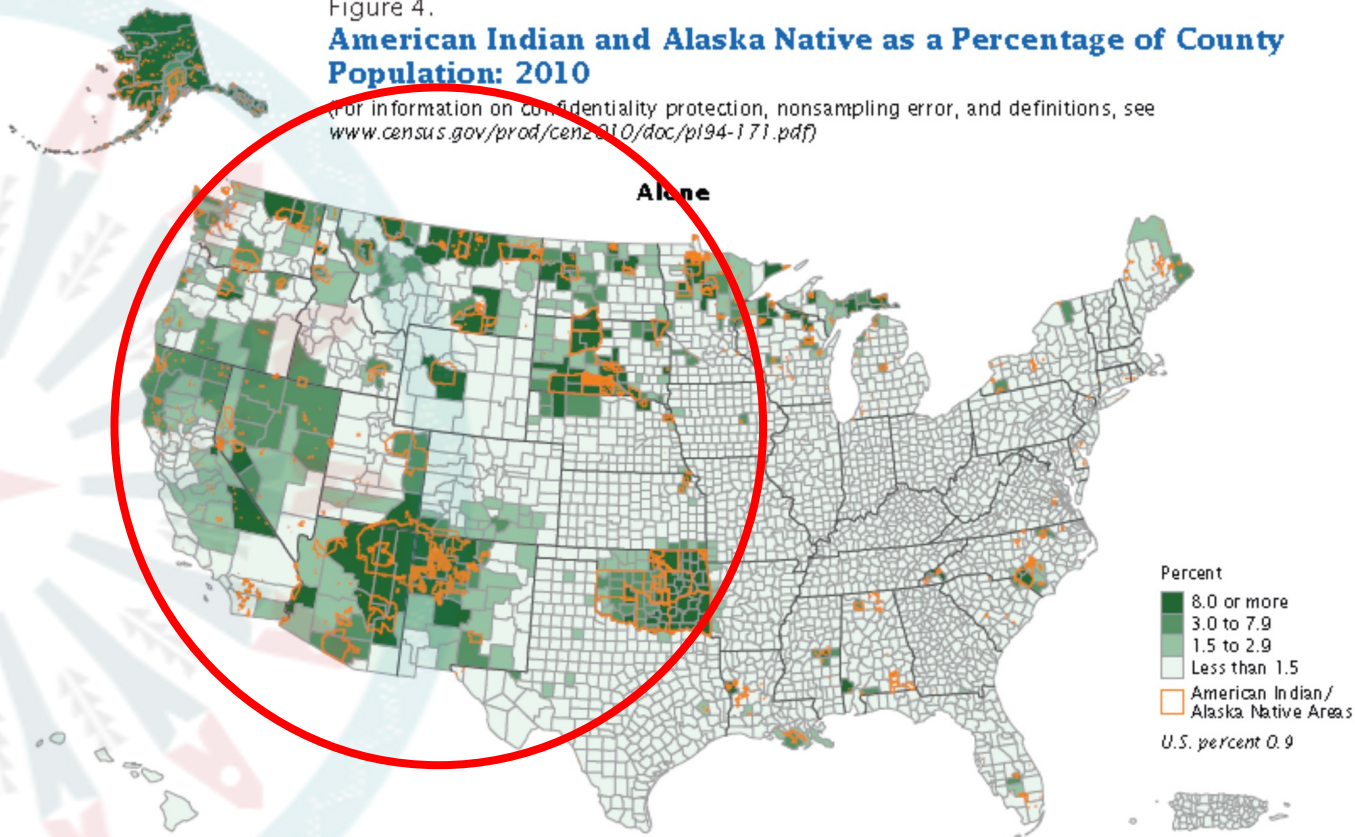
Congenital Syphilis — Rates of Reported Cases by Year of Ethnicity of Mother, United States, 2010–2019



American Indian/Alaska Native (AI/AN) Statistics in the United States

Figure 4.
American Indian and Alaska Native as a Percentage of County Population: 2010

For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pi94-171.pdf



- 573 Federally recognized tribes
 - 5.2 million AI/AN alone or in combination
 - California and Oklahoma have the highest rate of AI/AN population
- **Hepatitis C in AI/AN in the US**
 - HCV disproportionately affects AI/AN^{1,2}
 - The AI/AN HCV **mortality** rate is 10.8 deaths per 100,000, compared to 4.5 per 100,000 nationally.
 - From 2015 to 2016, **incidence** rates of acute HCV among AI/ANs rose from 1.8 to 3.1 cases per 100,000.
 - Rates of **chronic liver disease** and cirrhosis deaths are 2.3 times higher among AI/ANs than Whites.

1. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis: United States, 2016. Retrieved from <https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.htm>

2. Center for Disease Control and Prevention. Deaths: Final Data for 2014. http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

3. US Census Bureau. <https://www.census.gov/www>. Accessed Nov 2, 2019

HIV, HCV, STIs, Drug Use Among AI/AN

- AI/AN had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use
- Syphilis rates rapidly increasing
 - Exacerbates HIV transmission
- Drug use is increasing nationwide and in Indian Country
- AI/AN have greatest rates of new HCV diagnoses
 - Over 2x national rate of HCV-related mortality
 - Rates are decreasing with greater availability of treatment

How Can We Mitigate the Syndemic?



**AS A PRIMARY CARE HEALTH WORKER?
(INDIVIDUAL)**



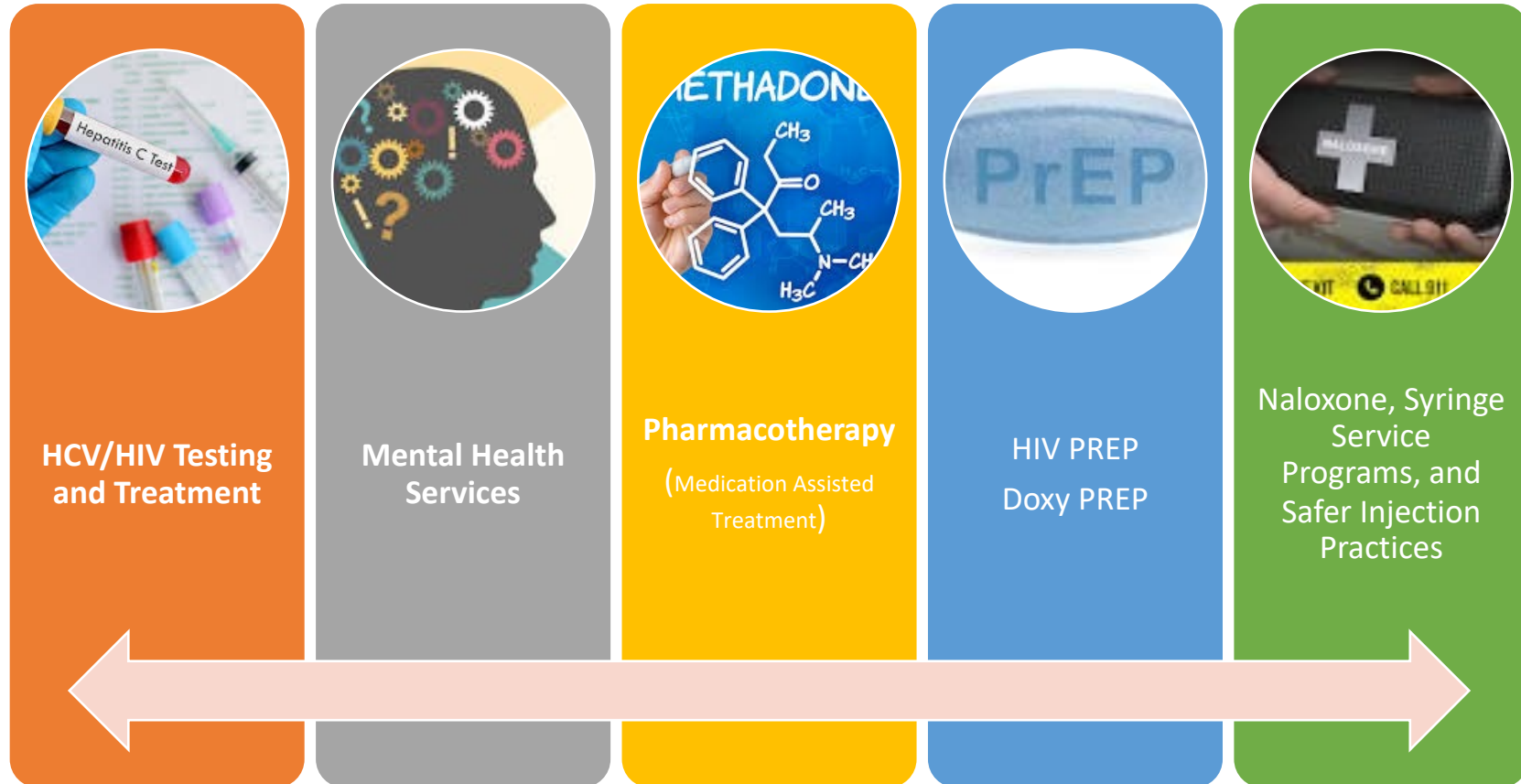
**AS HEALTH SYSTEM LEADERSHIP?
(MICRO)**



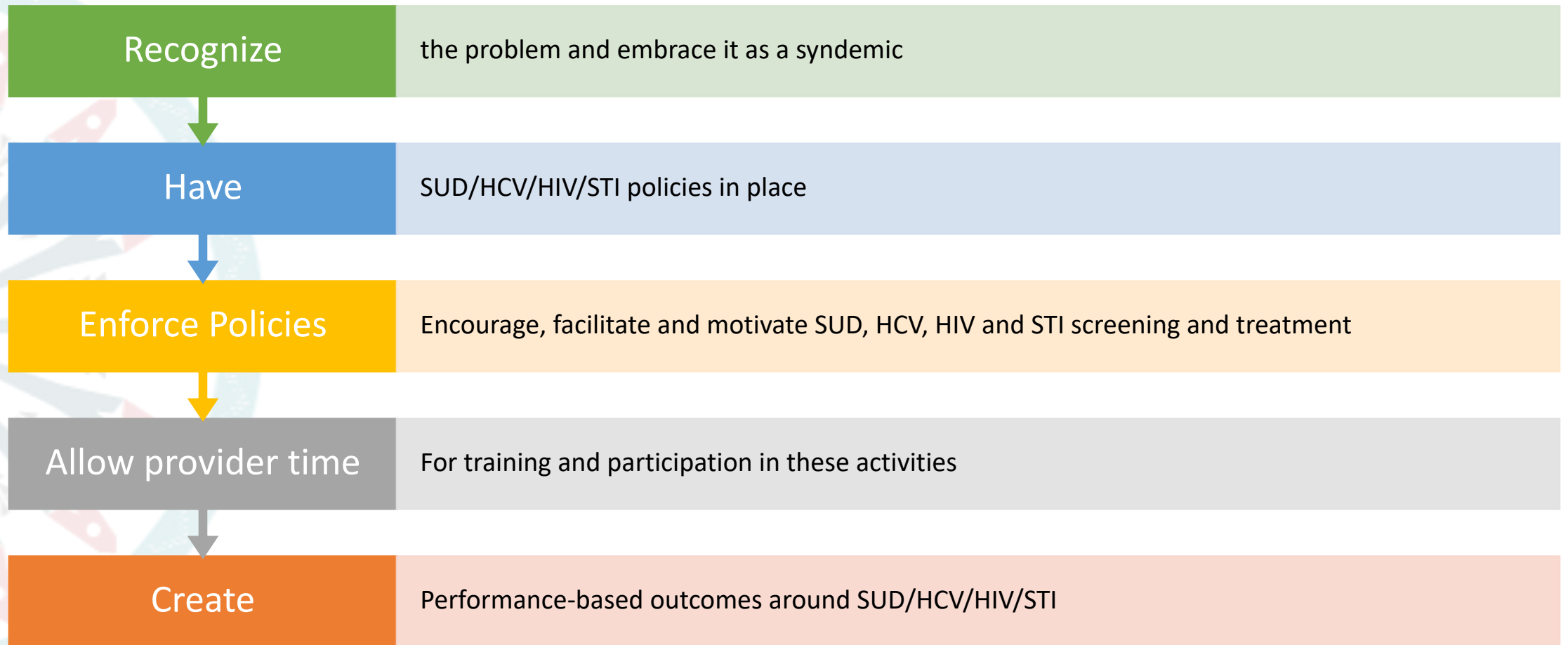
**AS A SOCIETY
(MACRO)**



As a Primary Care Health Worker (Individual Level)



As a Health System (Micro Level)



As a Society (Macro level)

- **Decrease Injection Drug Use and/or make it safer**
 - Make SSP available
 - Easy access to MAT
 - Easy access to behavioral health
- **Eliminate social and structural determinants associated with injection drug use**
 - Poverty (Decrease the economic inequality gap)
 - Housing
 - Lack of education
 - Racism
 - Stigma
 - Mass incarceration (Reform drug laws)

Addressing the root of the problem is critical for the elimination of present SUD/HCV/HIV/STI syndemic and the prevention of future ones

A coordinated approach between society, government, public health will be needed

Conclusions

Ending the syndemic will require a multipronged approach

- SUD services should be integrated into primary care – **barriers for harm reduction should be removed**
- The efficacy of HCV, HIV PrEP and HIV treatment has been established – **access for the most vulnerable is critical**
- Syphilis is taking a toll in AI/AN communities – **zero tolerance for congenital syphilis should be the standard**

References

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Questions?

Thank You

