



HIV AND STDs IN SAN FRANCISCO

Health Commission Meeting
Sept 17, 2019



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

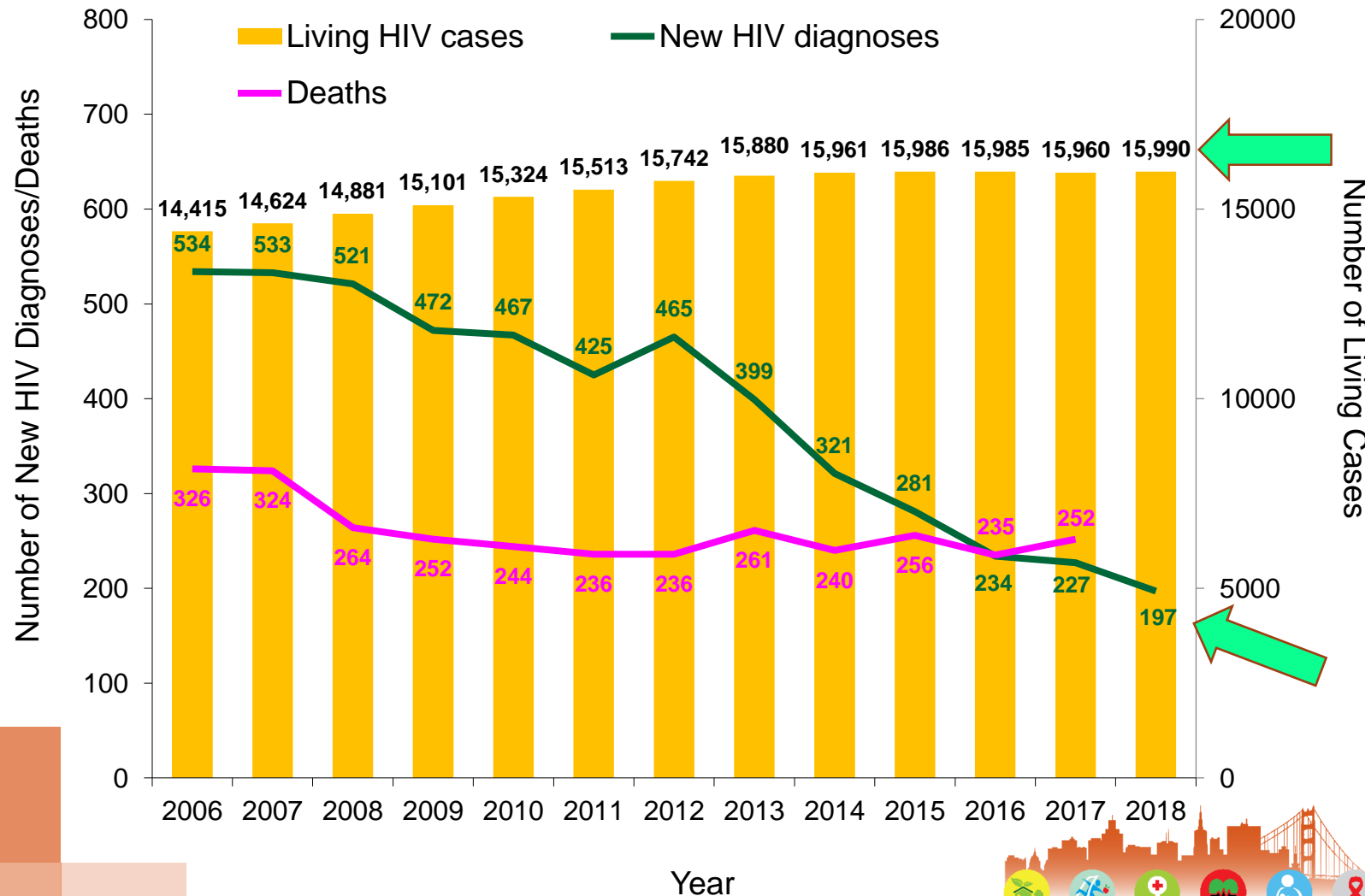
Outline of Presentations

1. Highlights from the Annual HIV Surveillance Report
2. Progress in HIV Getting to Zero
3. Progress in addressing STDs



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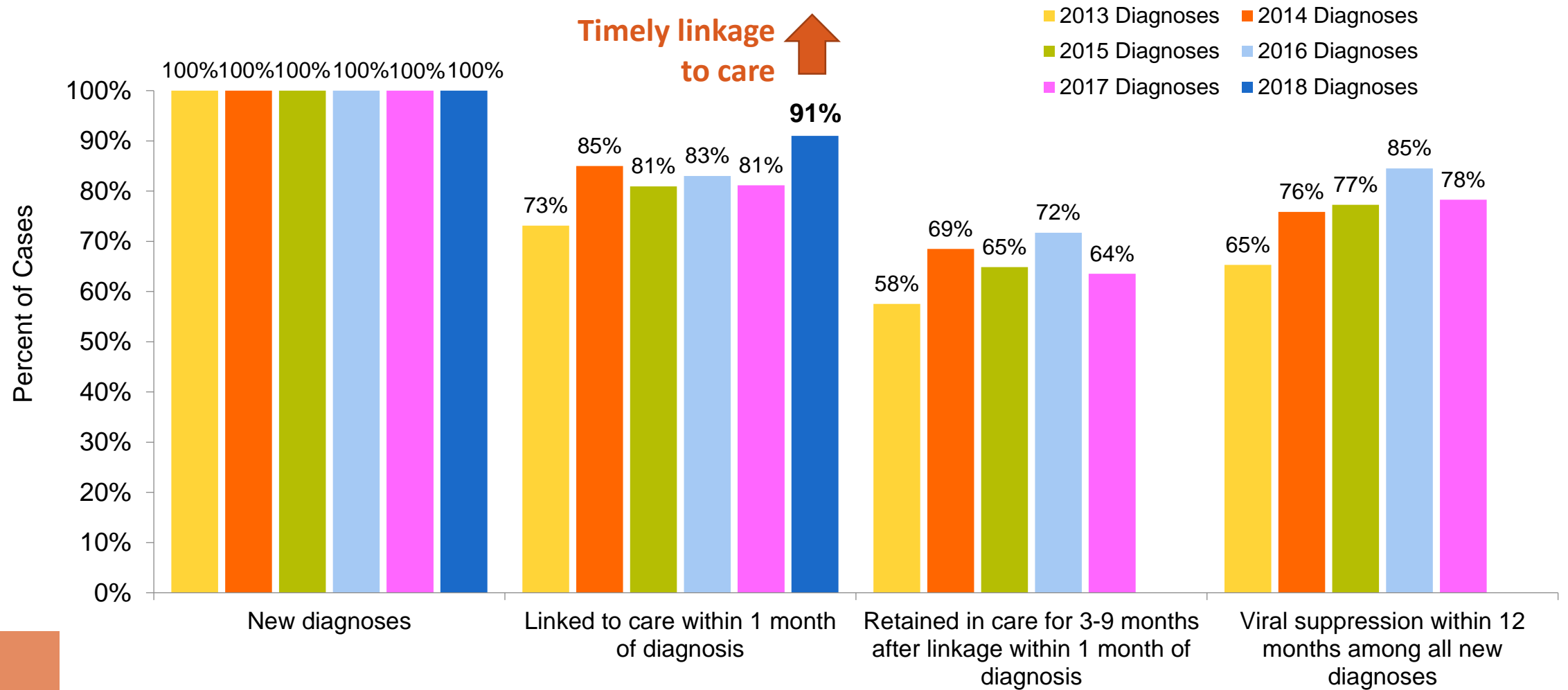
HIV Diagnoses, Deaths, and Prevalence, 2006-2018



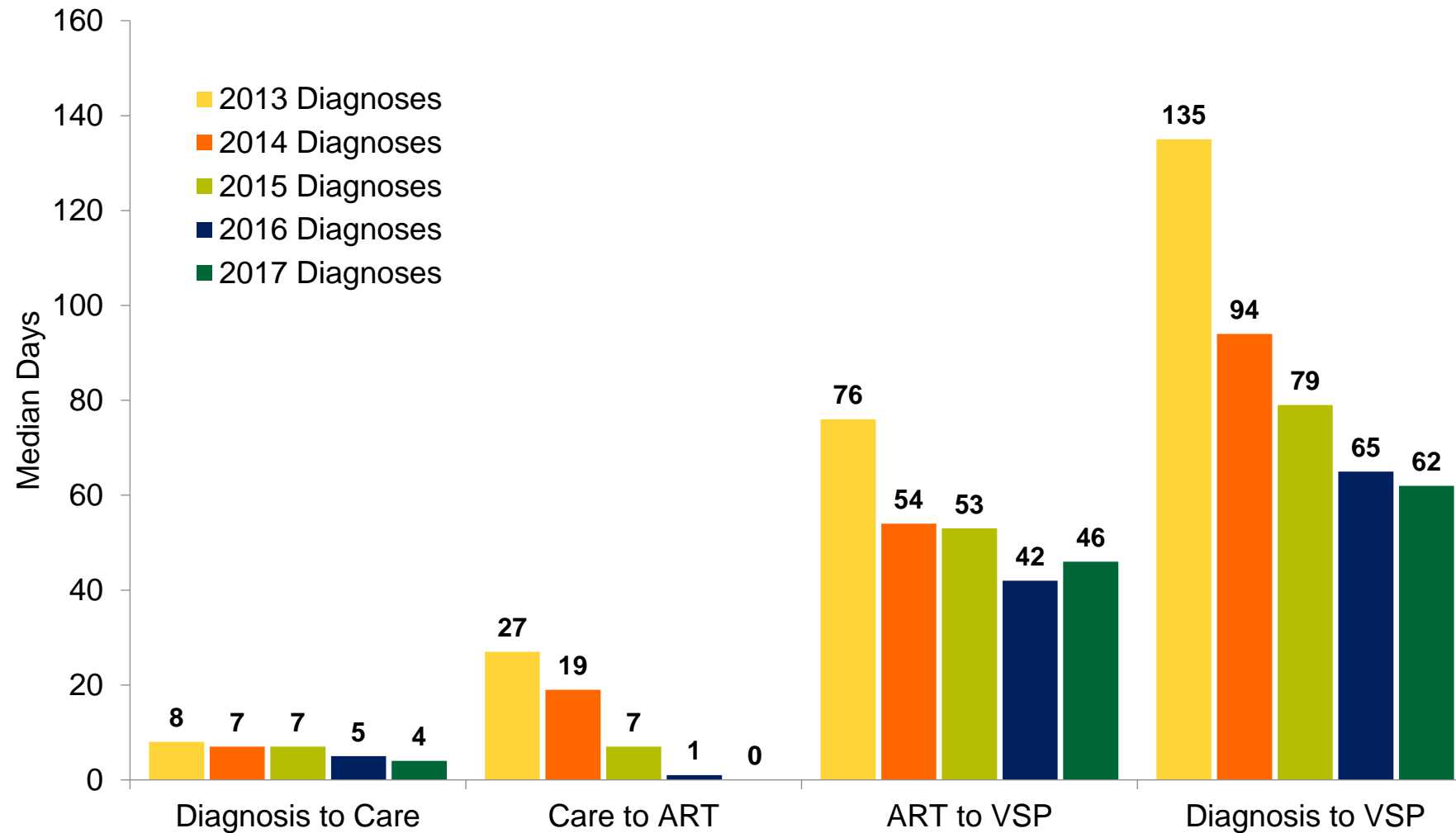
- Overall 94% of PLWH are aware of their HIV status
- New diagnoses **decreased 13%** between 2017-2018
- No children were diagnosed since 2005
- Nearly 16,000 living HIV cases
- Aging epidemic: 67% of PLWH > 50 years; 30% > 60 years



Continuum of HIV Care among Persons Diagnosed with HIV



Faster Time to Care Indicators



Underlying Causes of Death among Persons with HIV

		Year of Death		
		2006-2009	2010-2013	2014-2017
		N=1,143	N=949	N=962
		Number (%)		
Underlying Cause of Death	HIV	591(51.7)	391(41.2)	366(38.0)
	Non-AIDS cancer	123(10.8)	136(14.3)	144(15.0)
	Lung cancer	47(4.1)	31(3.3)	34(3.5)
	Liver cancer	18(1.6)	22(2.3)	14(1.5)
	Anal cancer	5(0.4)	9(0.9)	12(1.2)
	Colon cancer	9(0.8)	5(0.5)	6(0.6)
	Pancreatic cancer	4(0.3)	8(0.8)	6(0.6)
	Rectal cancer	4(0.3)	4(0.4)	3(0.3)
	Hodgkins lymphoma	2(0.2)	2(0.2)	1(0.1)
	Leukemia	0(0.0)	6(0.6)	1(0.1)
	Accidents	121(10.6)	112(11.8)	120(12.5)
	Drug overdose	93(8.1)	97(10.2)	100(10.4)
	Heart disease	87(7.6)	83(8.7)	103(10.7)
	Coronary heart disease	45(3.9)	42(4.4)	49(5.1)
	Cardiomyopathy	6(0.5)	4(0.4)	7(0.7)
	Suicide	50(4.4)	37(3.9)	32(3.3)
	Liver disease	27(2.4)	21(2.2)	25(2.6)
	Alcoholic liver disease	11(1.0)	6(0.6)	15(1.6)
	Liver cirrhosis	14(1.2)	14(1.5)	7(0.7)
	Chronic obstructive pulmonary disease	25(2.2)	17(1.8)	23(2.4)
	Assault	8(0.7)	9(0.9)	14(1.5)
	Cerebrovascular disease	8(0.7)	10(1.1)	13(1.4)
	Diabetes	1(0.1)	11(1.2)	11(1.1)
	Mental disorders due to substance use	22(1.9)	10(1.1)	11(1.1)

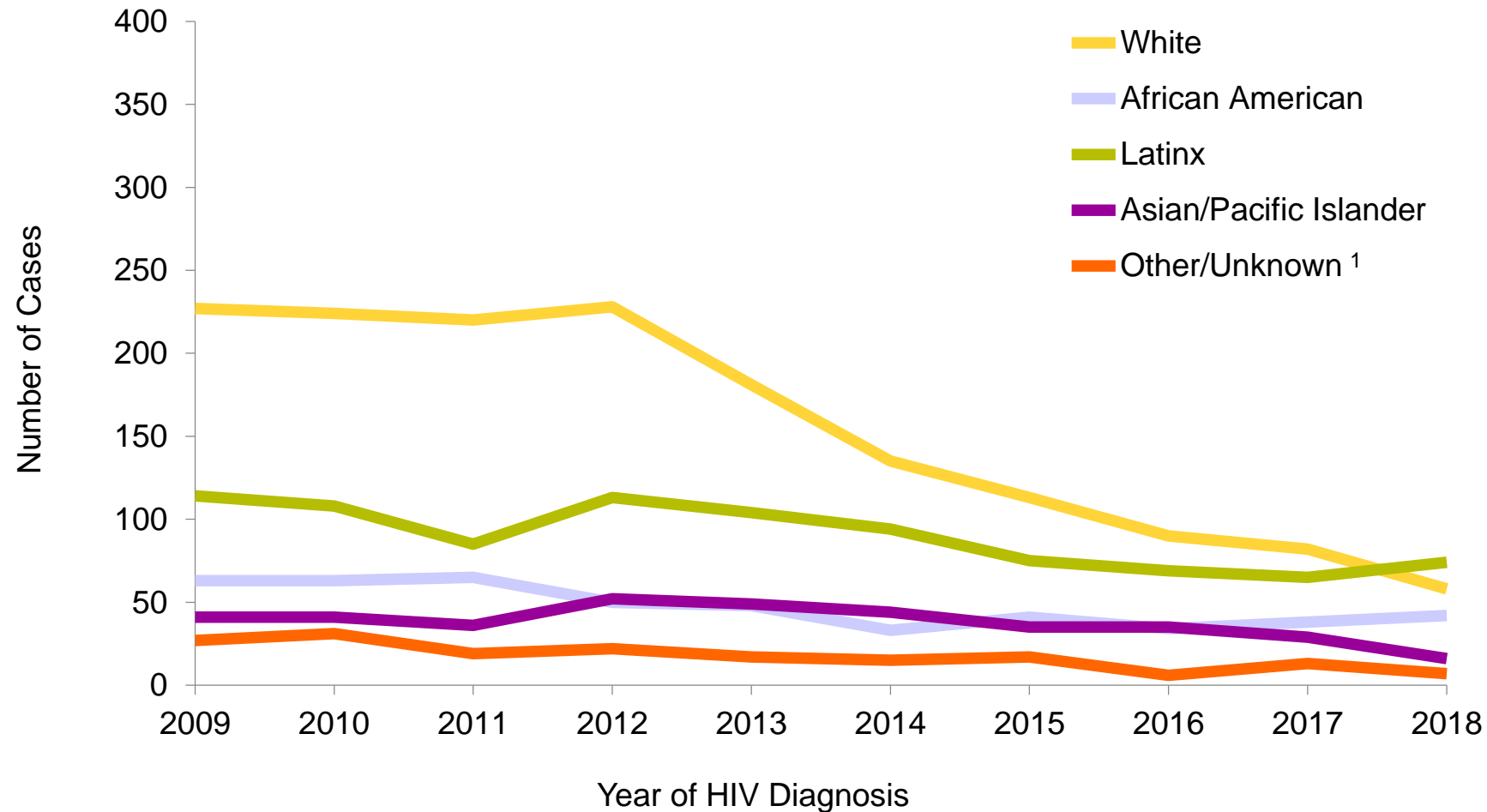
2nd leading cause of death
 • African American 20%

HIV-related causes of death declining
 • Women 42%
 • Latinx 46%

3rd leading cause of death
 • PWID 16%
 • MSM PWID 21%



Number of Persons Diagnosed with HIV by Race/Ethnicity

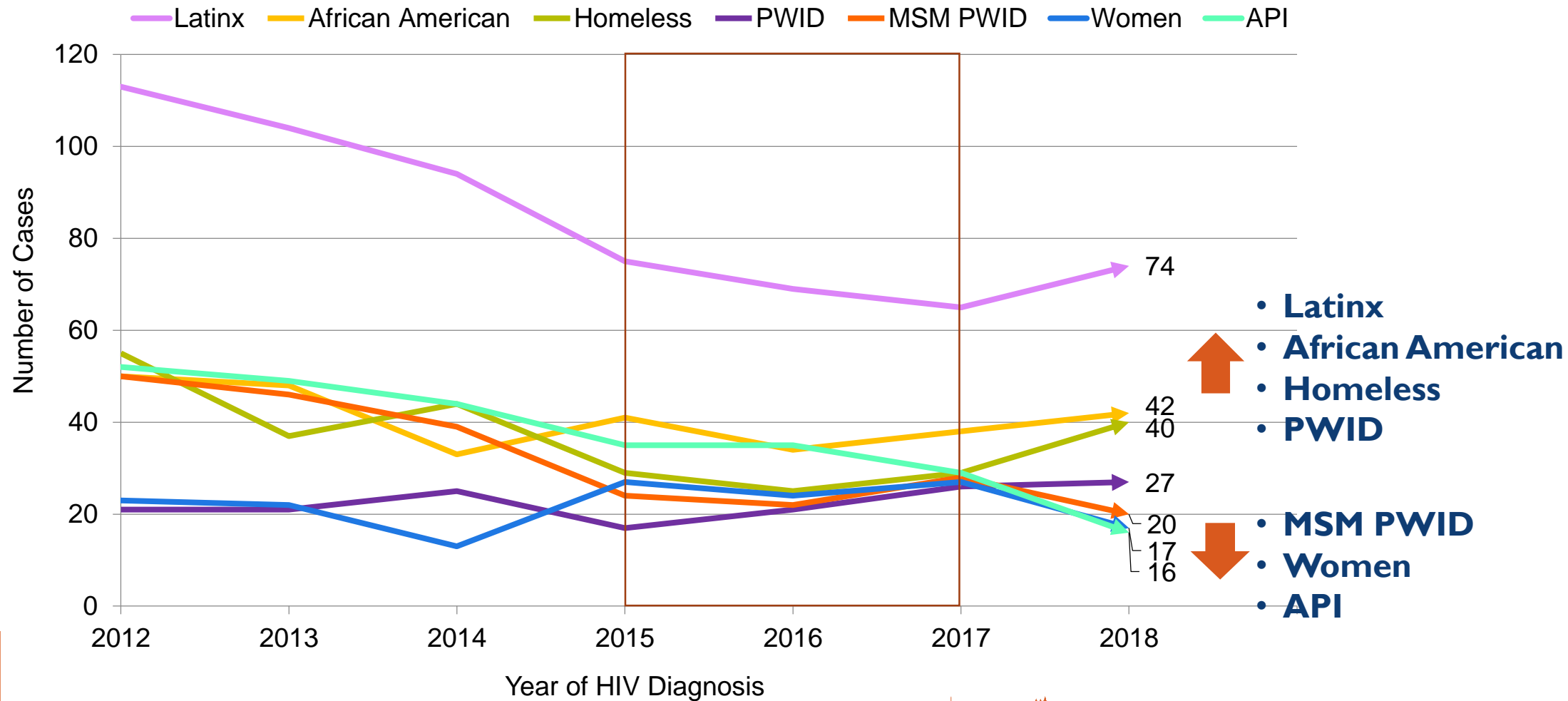


¹ Cases in the "Other/Unknown" racial/ethnic category include 9% Native Americans, 87% multi-race, and 3% unknown.

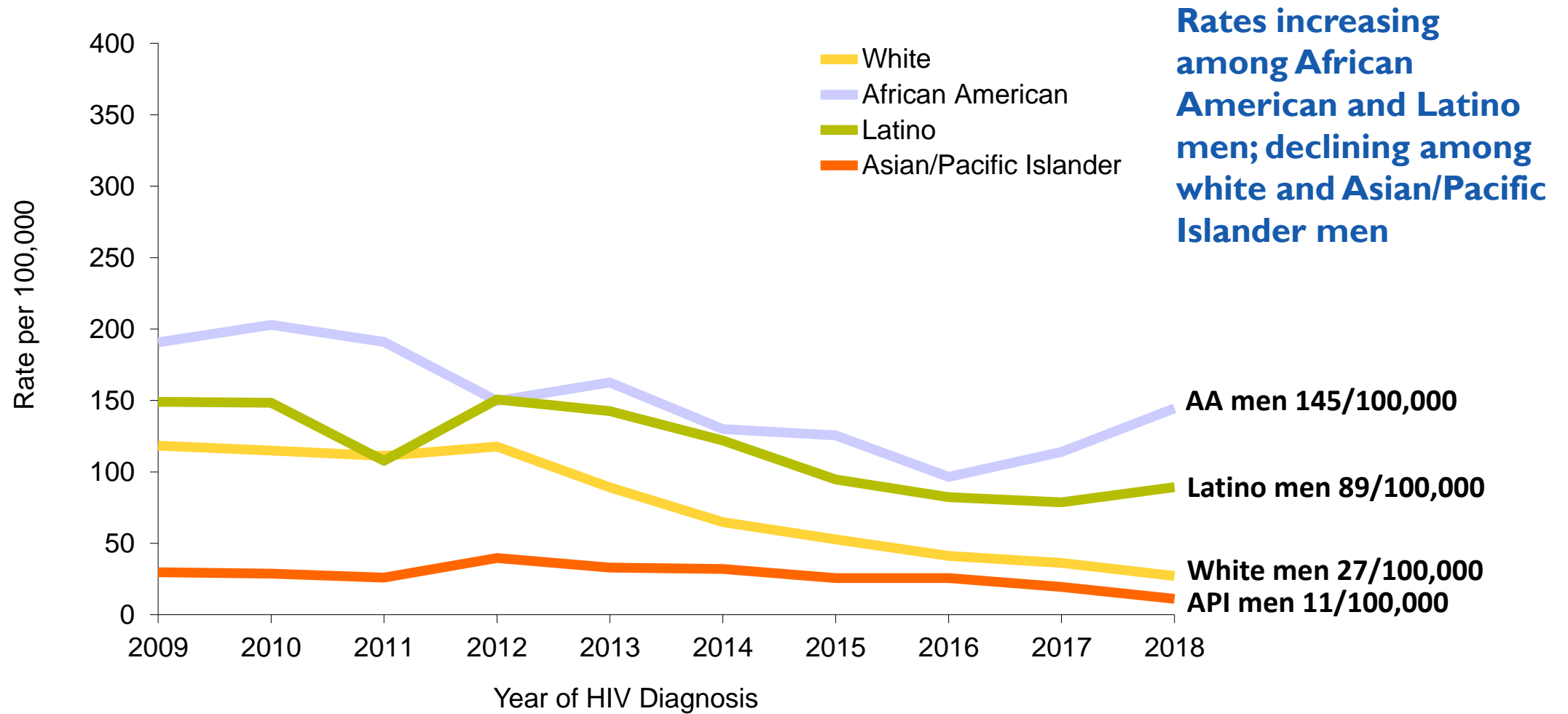


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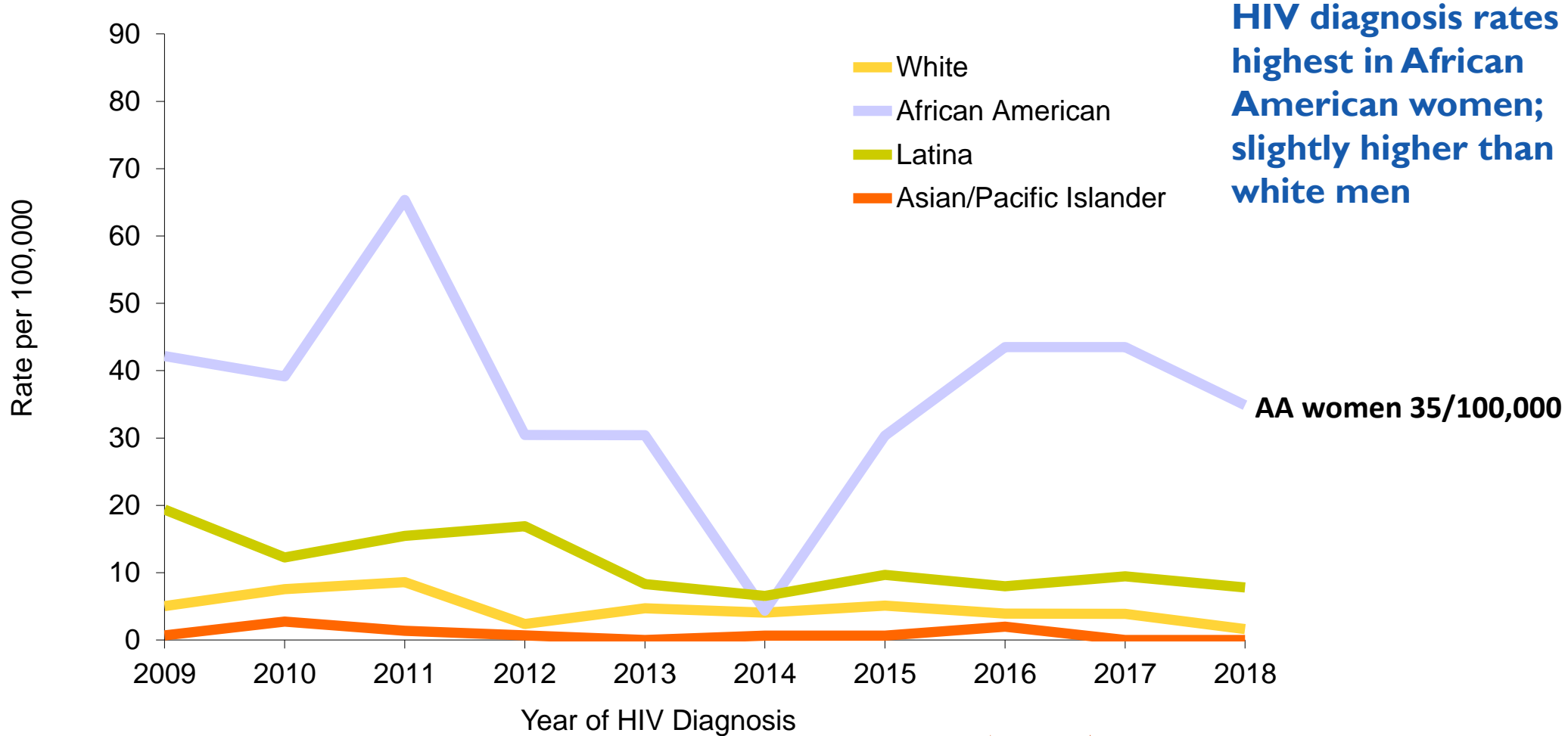
Number of New Diagnoses by Demographic Characteristics



Annual Rates of Men Diagnosed with HIV by Race/Ethnicity

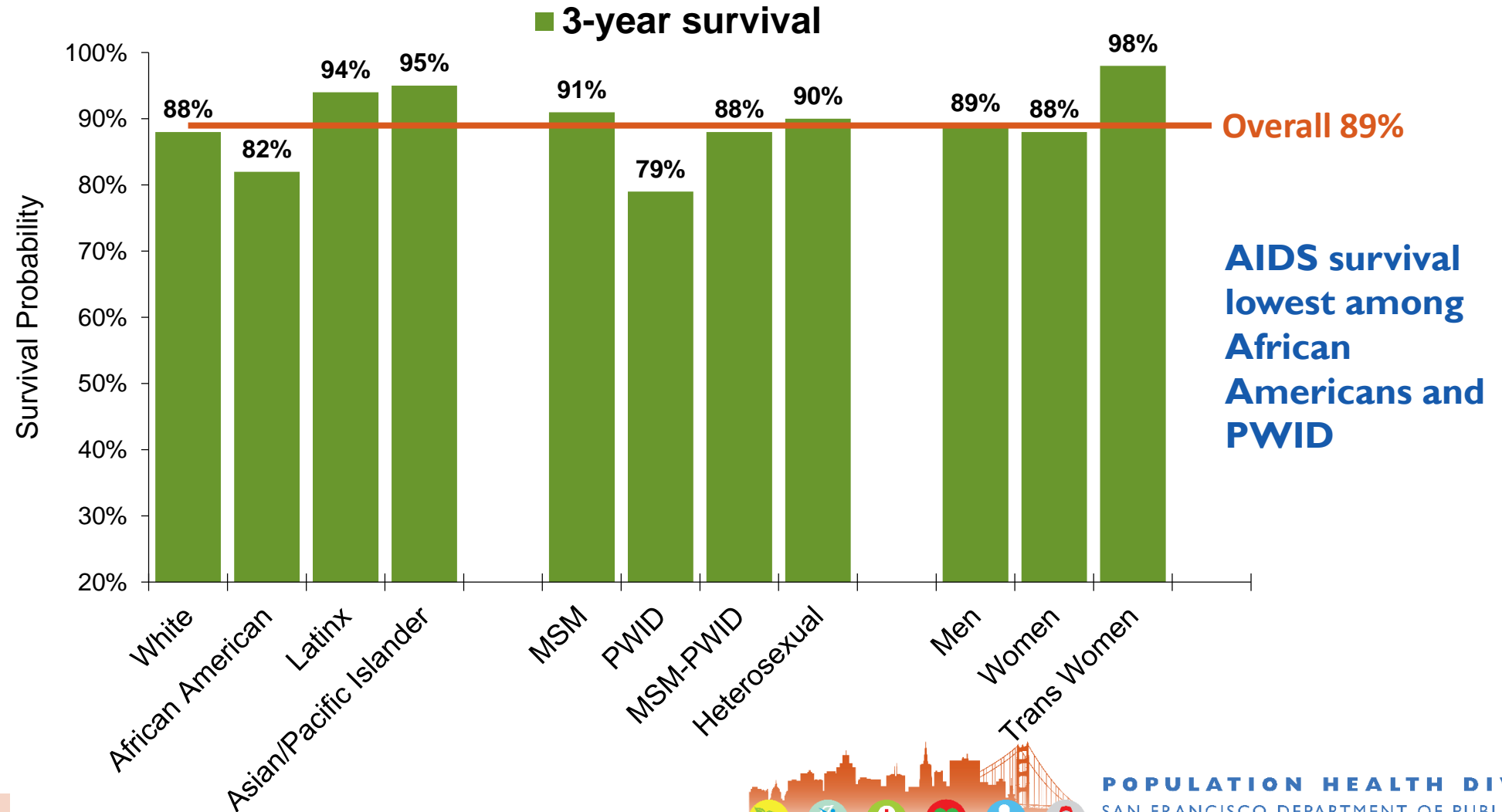


Annual Rates of Women Diagnosed with HIV by Race/Ethnicity

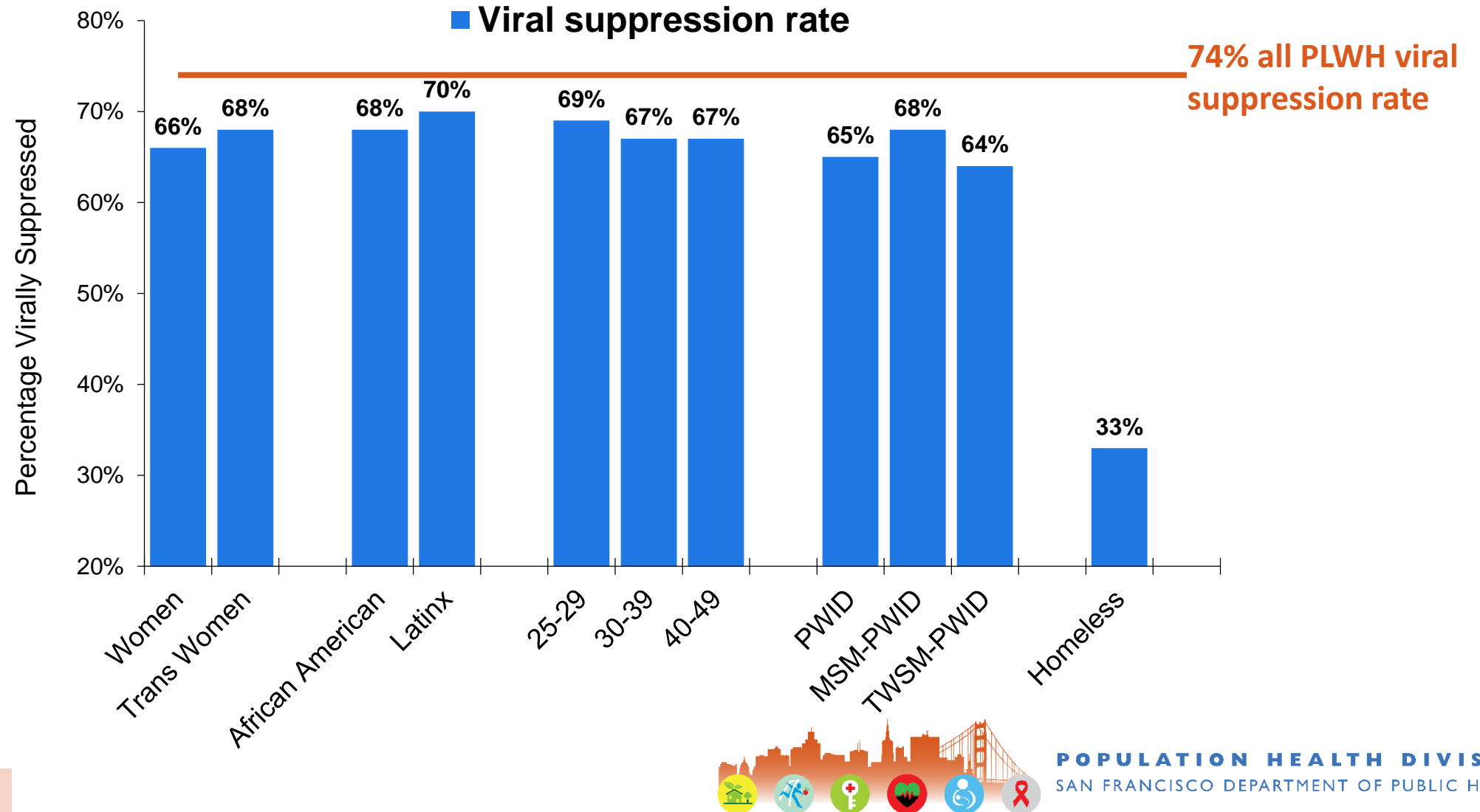


Health Disparities

Survival After AIDS, 2012-2016

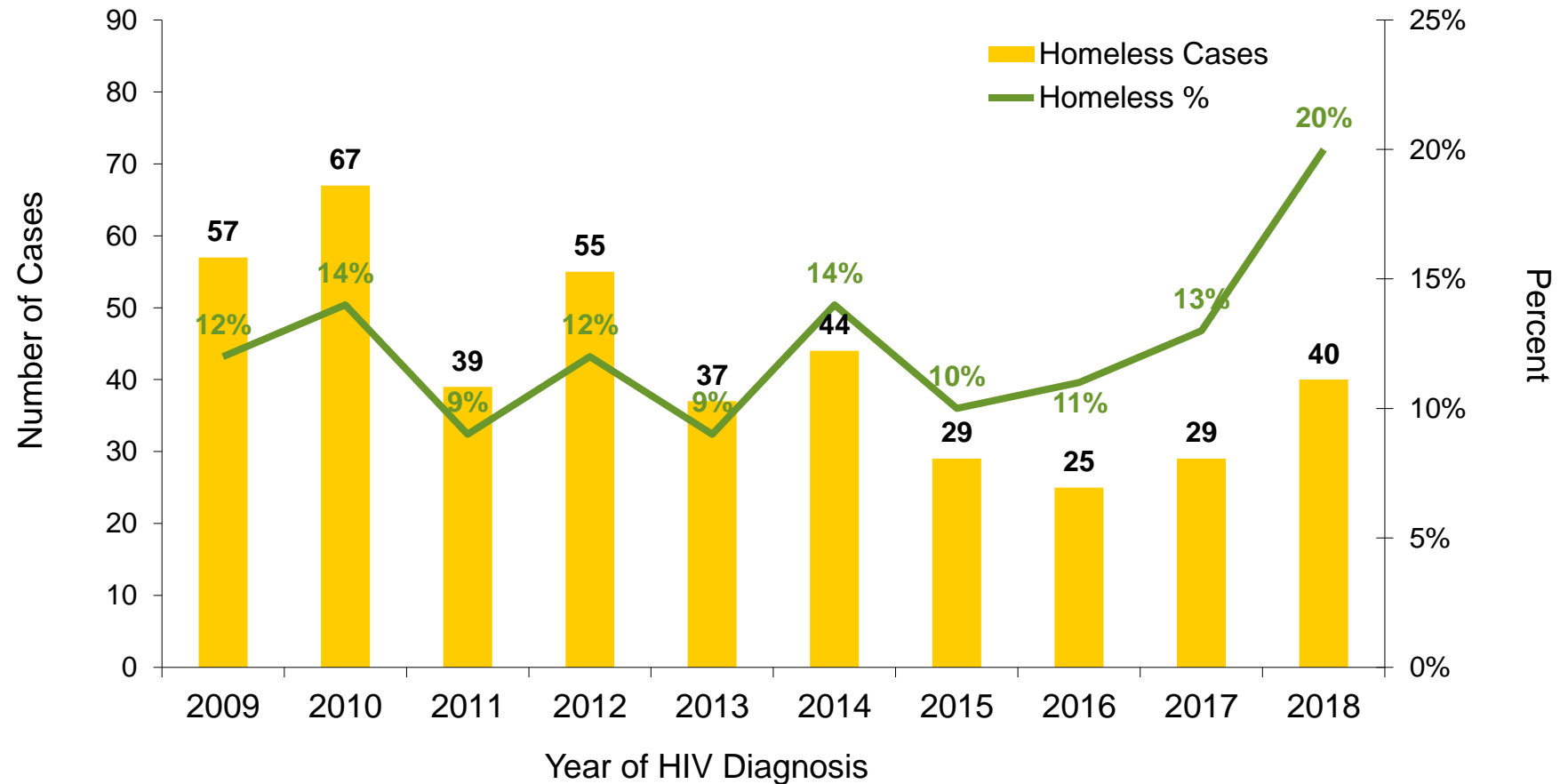


Disparities in Viral Suppression



Number and Percent of Homeless Persons Diagnosed with HIV

13



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Characteristics of Homeless Persons or SRO Residents with HIV

		Homeless at Diagnosis	
		Homeless	All Diagnoses
Gender	Total	422	3,488
	Men	328 (78)	3,113 (89)
	Women	56 (13)	260 (7)
	Trans Women	38 (9)	115 (3)
Race/Ethnicity	White	173 (41)	1,558 (45)
	African American	104 (25)	477 (14)
	Latinx	102 (24)	901 (26)
	Asian/Pacific Islander	10 (2)	378 (11)
	Other/Unknown	33 (8)	174 (5)
Transmission Category	MSM	127 (30)	2,408 (69)
	TWSM	25 (6)	78 (2)
	PWID	108 (26)	249 (7)
	MSM-PWID	106 (25)	417 (12)
	TWSM-PWID	13 (3)	35 (1)
	Heterosexual	32 (8)	208 (6)
	Other/Unidentified	11 (3)	93 (3)
Age at Diagnosis (Years)	13 – 17	1 (<1)	12 (<1)
	18 - 24	67 (16)	448 (13)
	25 - 29	82 (19)	614 (18)
	30 - 39	117 (28)	1,049 (30)
	40 - 49	89 (21)	865 (25)
	50+	66 (16)	500 (14)

		Homeless/SRO in 2018	
		Homeless/SRO	All PLWH
Gender	Total	601	7,849
	Men	485 (81)	7,142 (91)
	Women	70 (12)	509 (6)
	Trans women	46 (8)	198 (3)
Race/Ethnicity	White	261 (43)	4,516 (58)
	African American	127 (21)	970 (12)
	Latinx	152 (25)	1,548 (20)
	Asian/Pacific Islander	31 (5)	505 (6)
	Other/Unknown	30 (5)	310 (4)
Transmission category	MSM	242 (40)	5,723 (73)
	TWSM	25 (4)	117 (1)
	PWID	110 (18)	456 (6)
	MSM-PWID	165 (27)	1,055 (13)
	TWSM-PWID	20 (3)	74 (1)
	Heterosexual	30 (5)	309 (4)
	Other/Unidentified	9 (1)	115 (1)
Age in years (as of 12/31/2018)	13-24	7 (1)	69 (1)
	25-29	34 (6)	224 (3)
	30-39	134 (22)	899 (11)
	40-49	130 (22)	1,522 (19)
	50-59	192 (32)	2,781 (35)
	60-69	87 (14)	1,830 (23)
	70+	17 (3)	524 (7)

Getting to Zero San Francisco



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Collective Impact

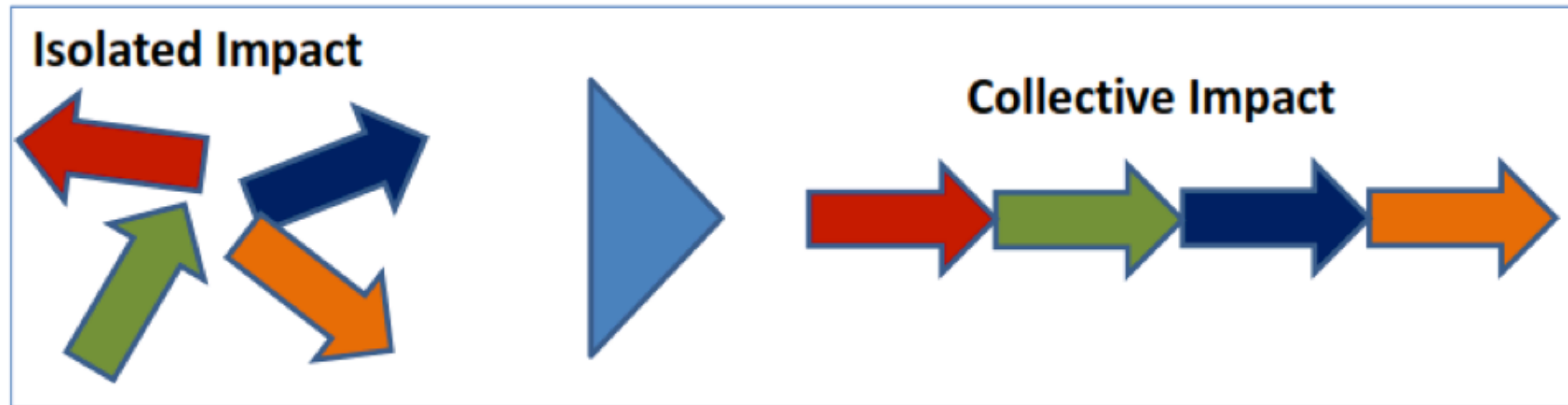
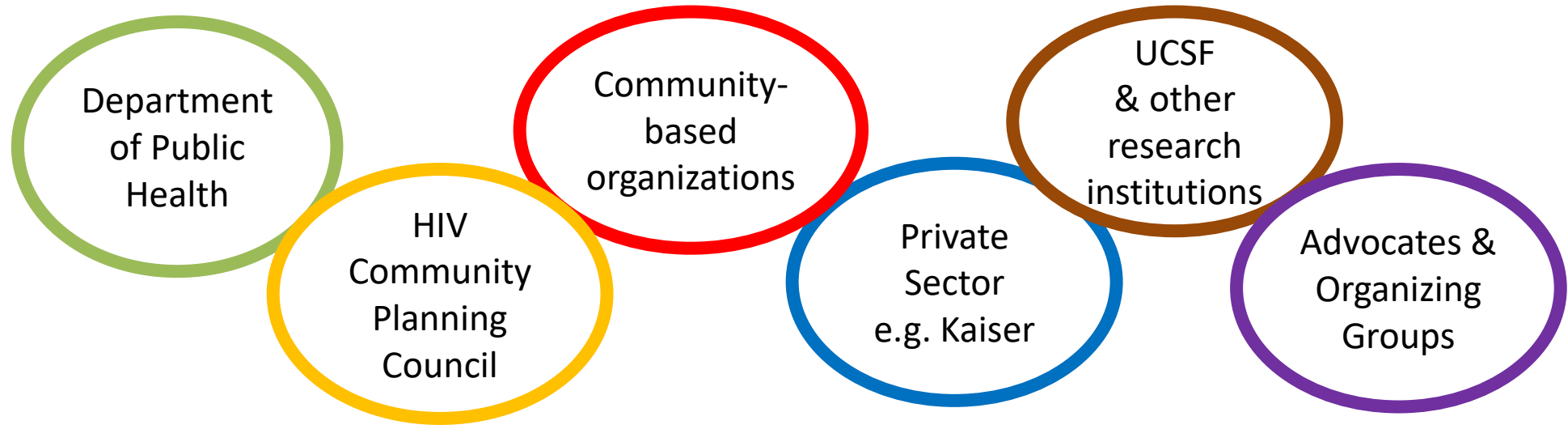
GTZ is a multi-sector consortium that operates under principles of collective impact:

“Commitment of groups from different sectors to a common agenda to solve a specific problem.”

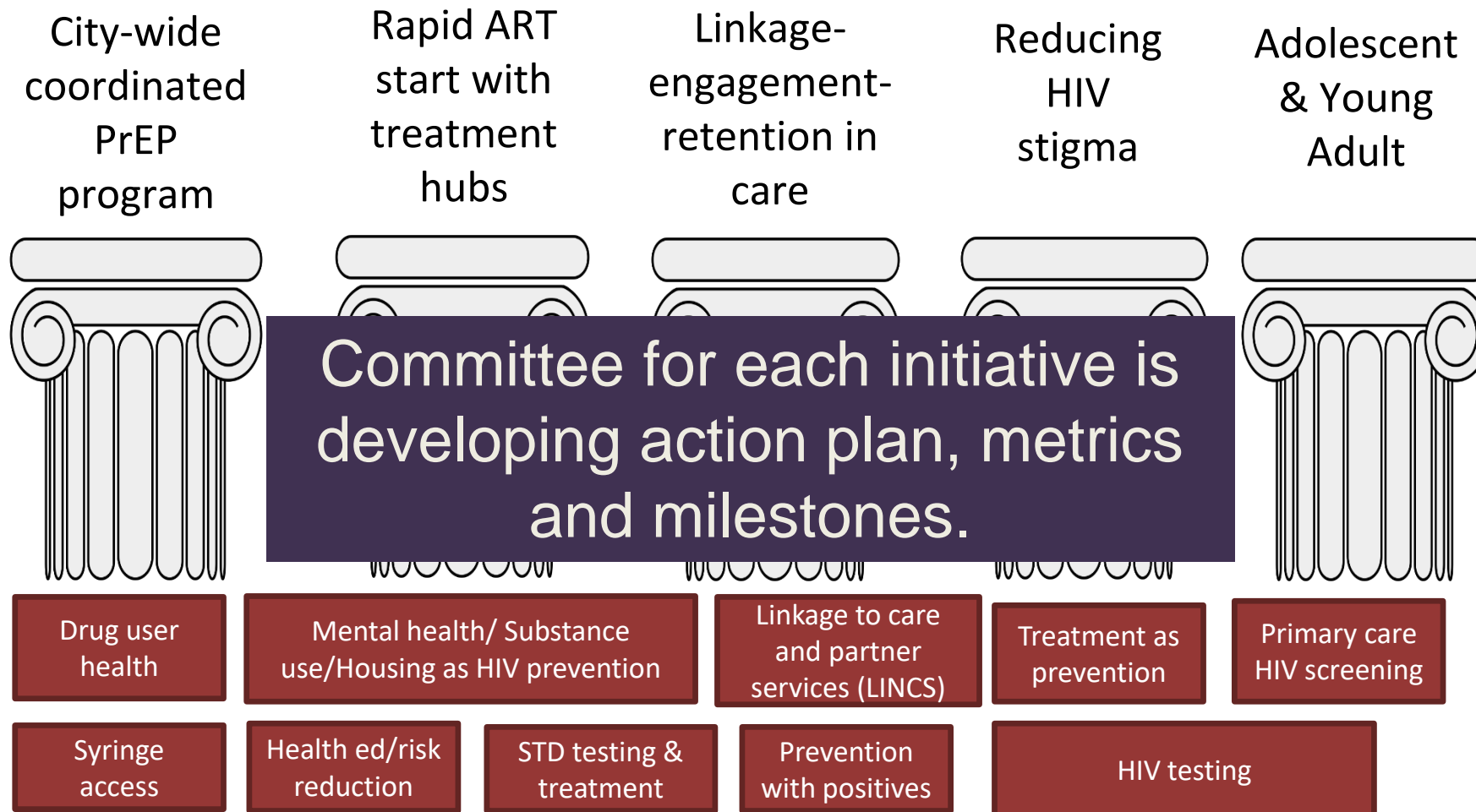


Getting to Zero: Built on Collective Impact

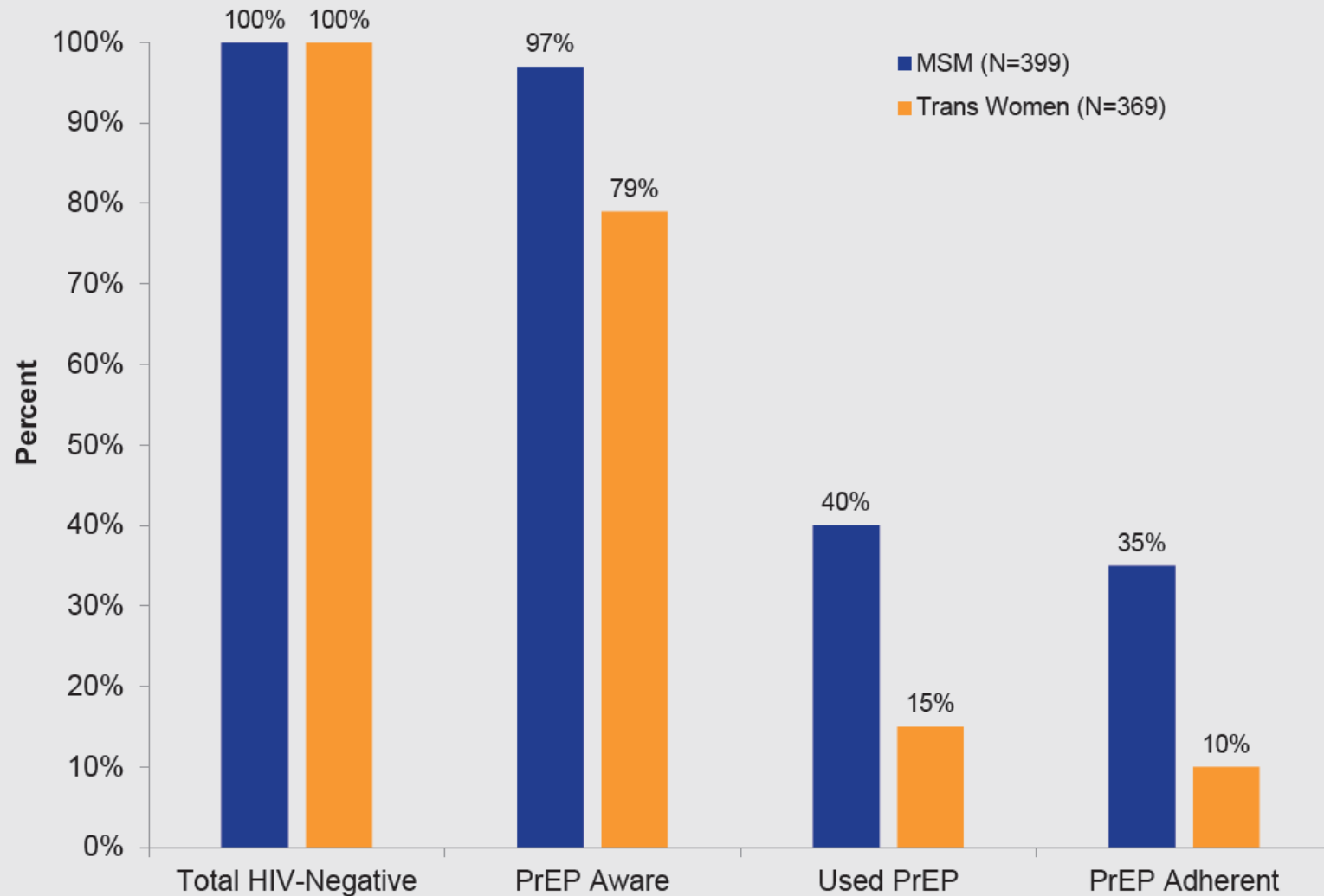
Free Standing Organization

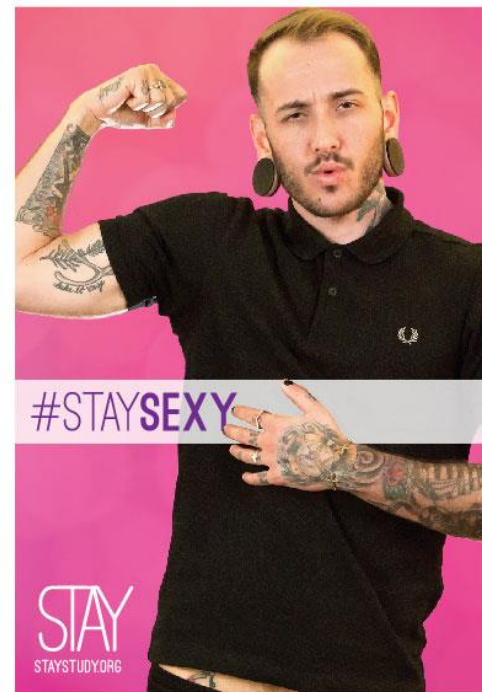


Strategic priorities for San Francisco Getting to Zero Consortium



SF PrEP Cascade, MSM and Trans women





STAY

NOW THERE'S A PILL THAT CAN HELP
PREVENT HIV INFECTION FOR
TRANS PEOPLE. IT'S CALLED PrEP.
IT'S SAFE. IT CAN HELP YOU
STAY HIV-NEGATIVE.

AWARE

Get PrEP for free, the support you need to
take it every day and up to \$375.

Text "STAY" to (617) 826-9932 to find out how
or visit us at [StayStudy.org](https://www.StayStudy.org)

New strategies in PrEP delivery in development

- Pairing PrEP navigators with online tools to help providers with panel management
- Integrating PrEP support app components with online pharmacy delivery service
- Offering “on demand” PrEP with app support tools

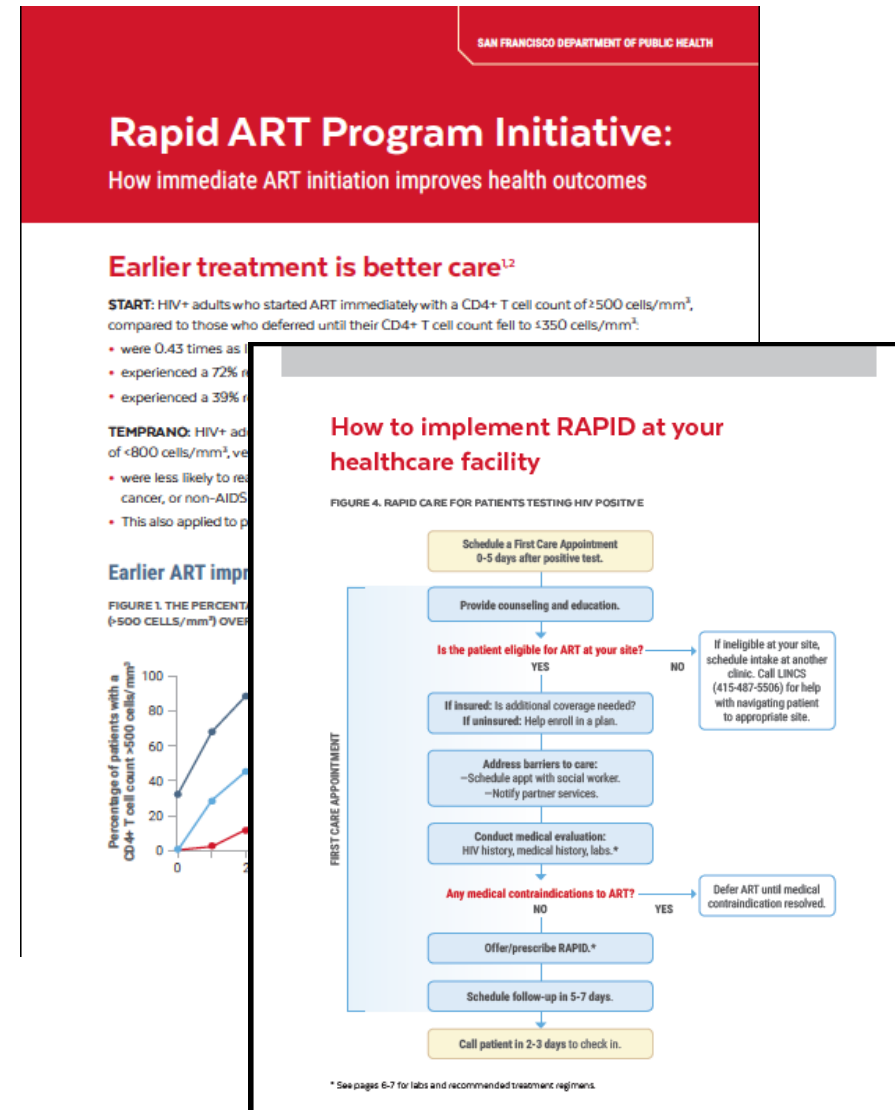
“RAPID”: First-in-kind US program of treatment on diagnosis

Same day linkage and PrEP start leads to:

- Reduces HIV illness and death
- Reduces transmission
- Empowers patient for disclosure

Elements:

- Transportation to hub
- Meet with MD, social worker
- Baseline labs
- Counseling
- Medical/psychosocial assessment and linkage
- ART (starter pack)

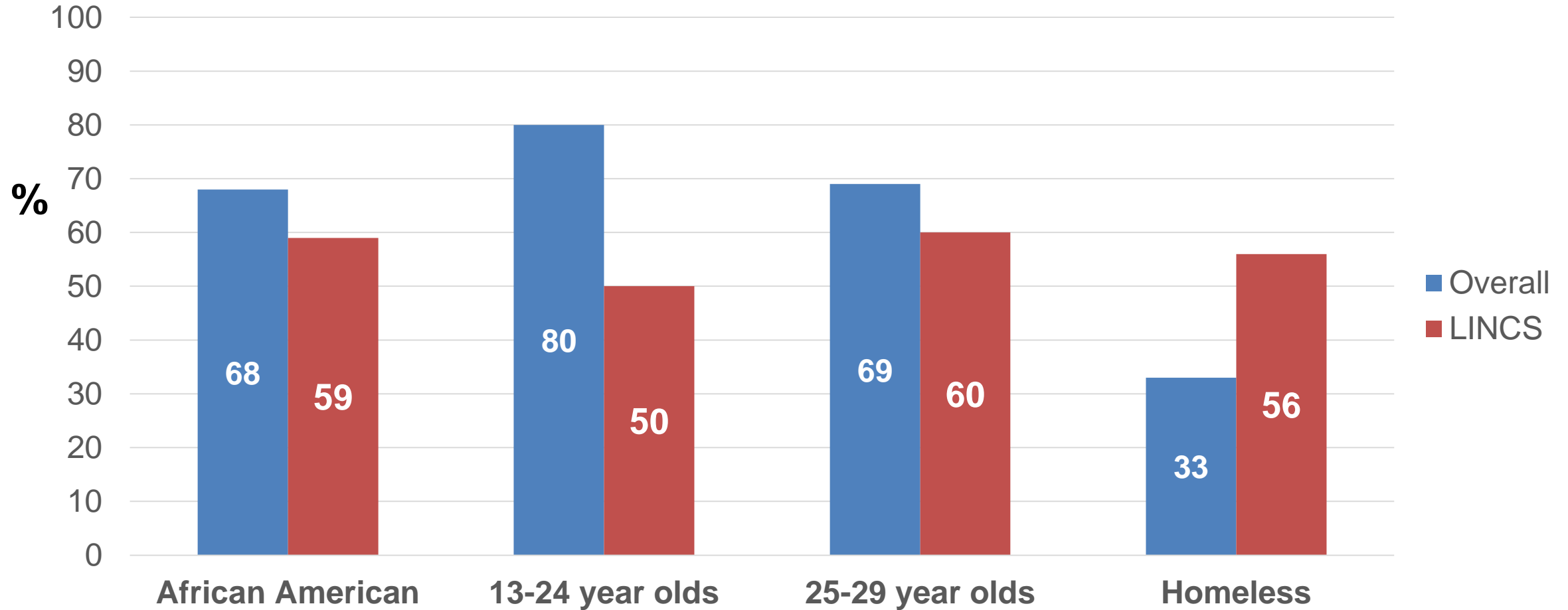


Retention and Re-engagement: The Toughest Step in the Care Cascade

- Expanded “LINCS”: Linkage, Integration, Navigation, and Comprehensive Services for PLWH not in care
- Scale-up of intensive case management
- Food security
- Employment services
- Front-line organizing group
- Cell phone charging stations

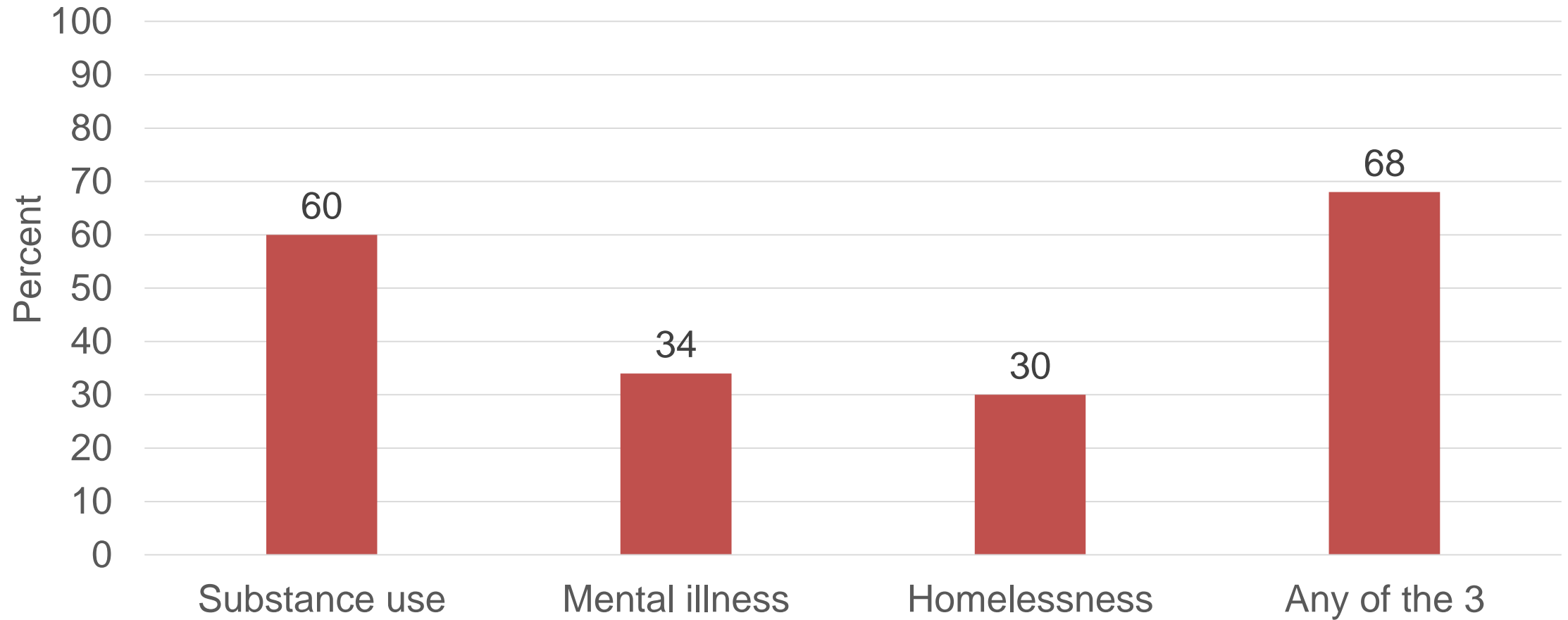
Proportion Virally Suppressed

Overall vs. LINCS

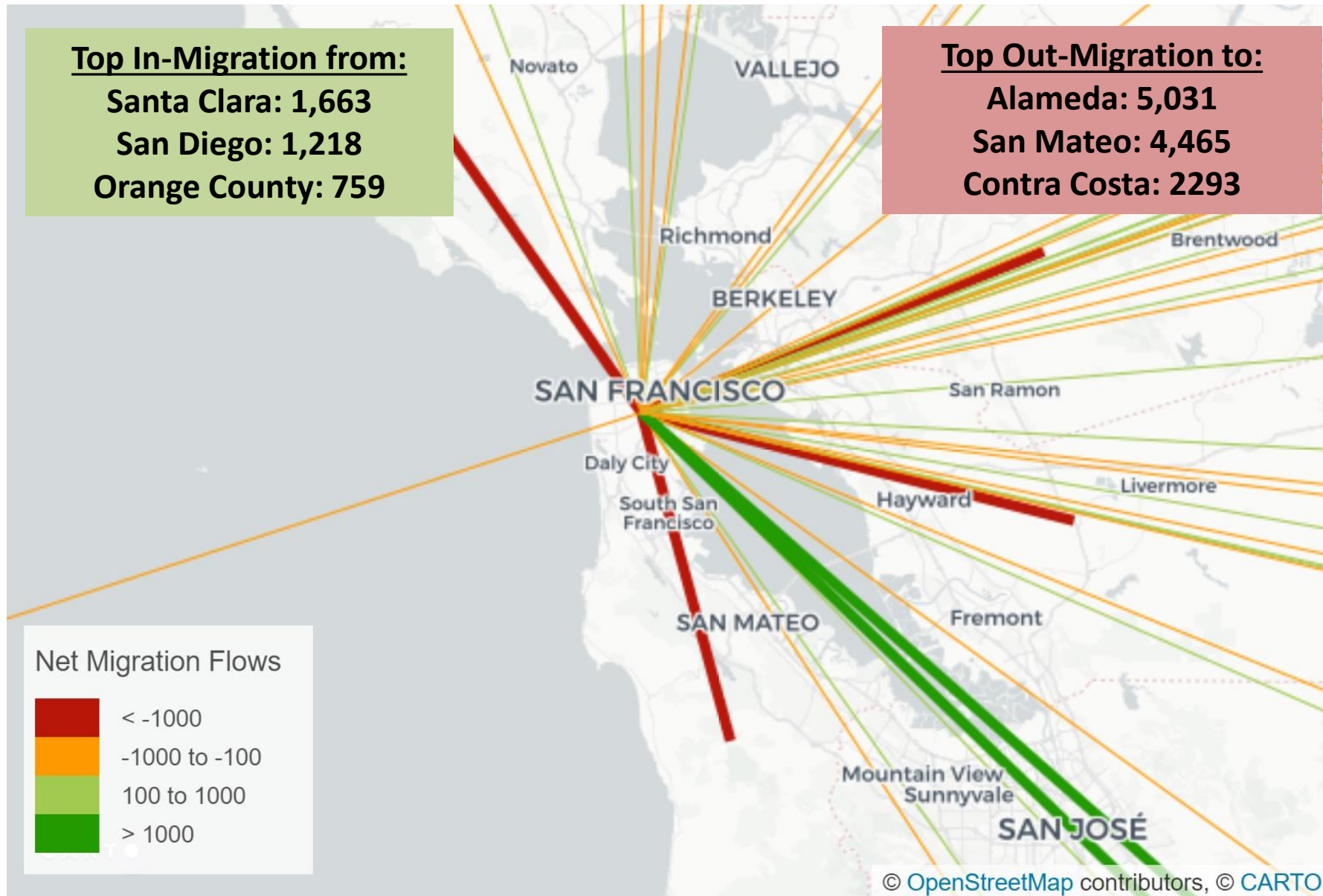


Contribution to deaths among people with HIV

% of deaths in which these factors contributed to death

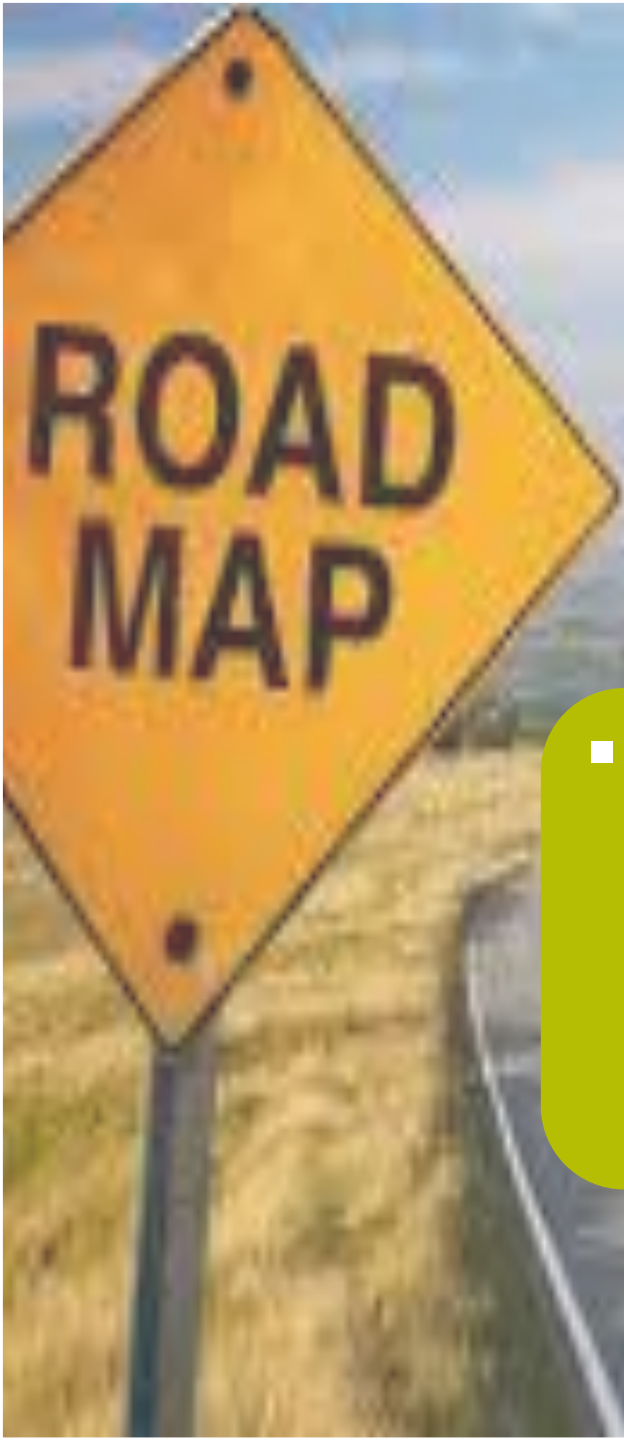


Net Migration in 2014 (SF)



Conclusions

- Collective impact has been a fruitful mechanism for working together
- Great progress is being made but disparities remain
 - Must dig deeper into addressing poor outcomes for African Americans and Latinx
 - More programs for PWID including safe injection sites
- Integrating interventions for HIV with STI/HCV prevention and treatment
- Need Bay Area-wide efforts
- Next stage of programs must focus on homelessness, substance use, mental health
 - We will get to zero, but not without housing!

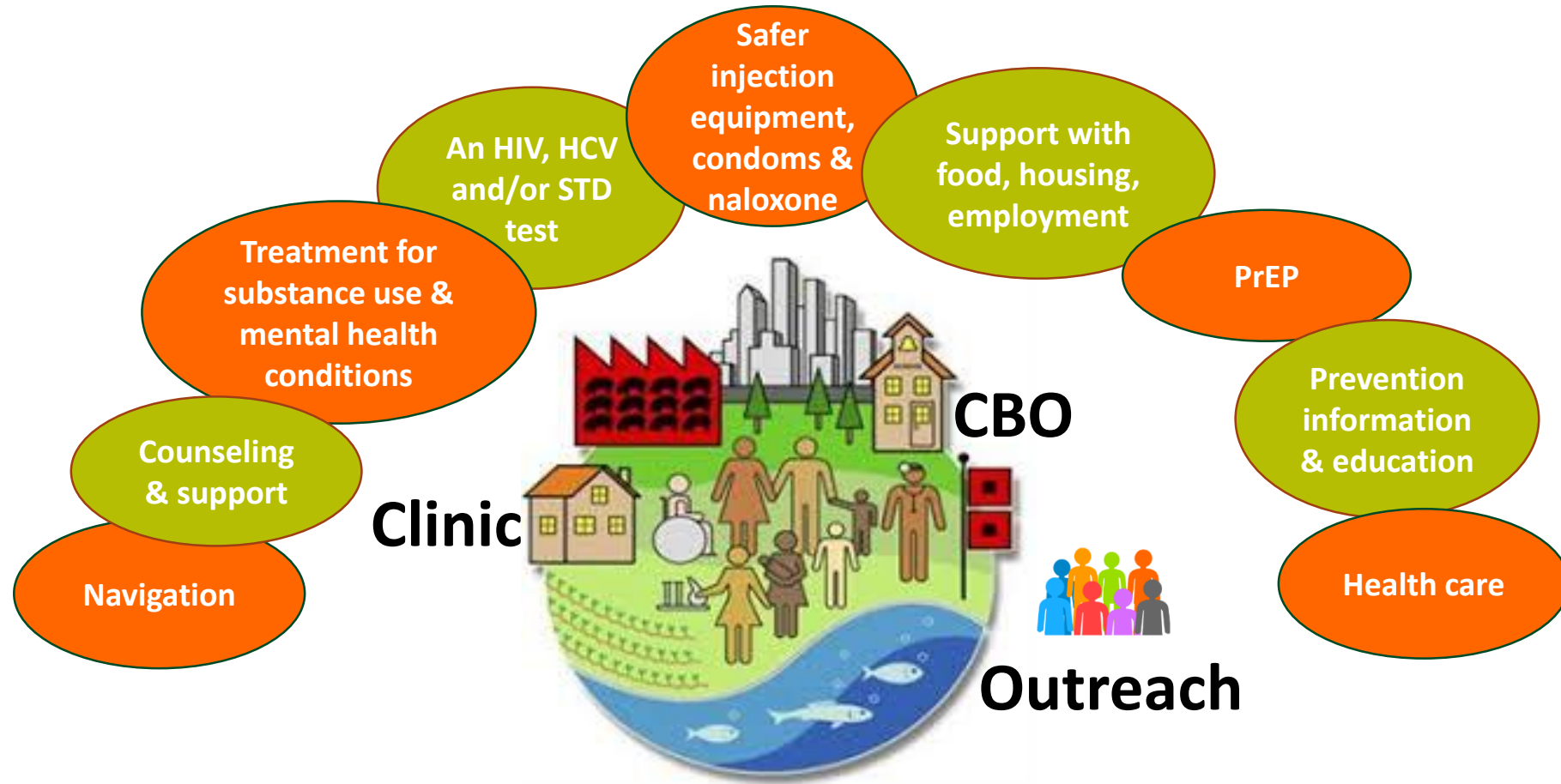


SFDPH HIV/HCV/STD ROADMAP

- What systems of prevention, testing, care, and treatment does SF need to ensure that new HIV, HCV, and STD transmissions are rare, and every person needing assistance for HIV, HCV, or STDs will have timely access to patient- centered* state-of-the-art care?

“Health Access Points”

Goal: Reduce disparities by addressing vulnerabilities through focused community investment.



“Health Access Point” Attributes

- Stigma-free, welcoming, culturally appropriate environment
- “Status neutral”
- Population-specific
- Baseline standard of care, for all populations
- Low barrier access:
 - Mobile and field-based work
 - Consistent services offered at the same time, same place, same teams
 - Frequent recurring contacts
- Interdisciplinary
- Clinical and community-based elements
- Single location, multi-location network, or other approach
- Shared data, risk assessment, & care plans

Essential for sustainability:

- Accountability
- Workforce development
- Organizational capacity-building



Ending
the
HIV
Epidemic

GOAL:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



HHS Has Launched A New Initiative to End the HIV Epidemic in America



Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.



Prevent people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV Workforce will establish local teams committed to the success of the Initiative in each jurisdiction.



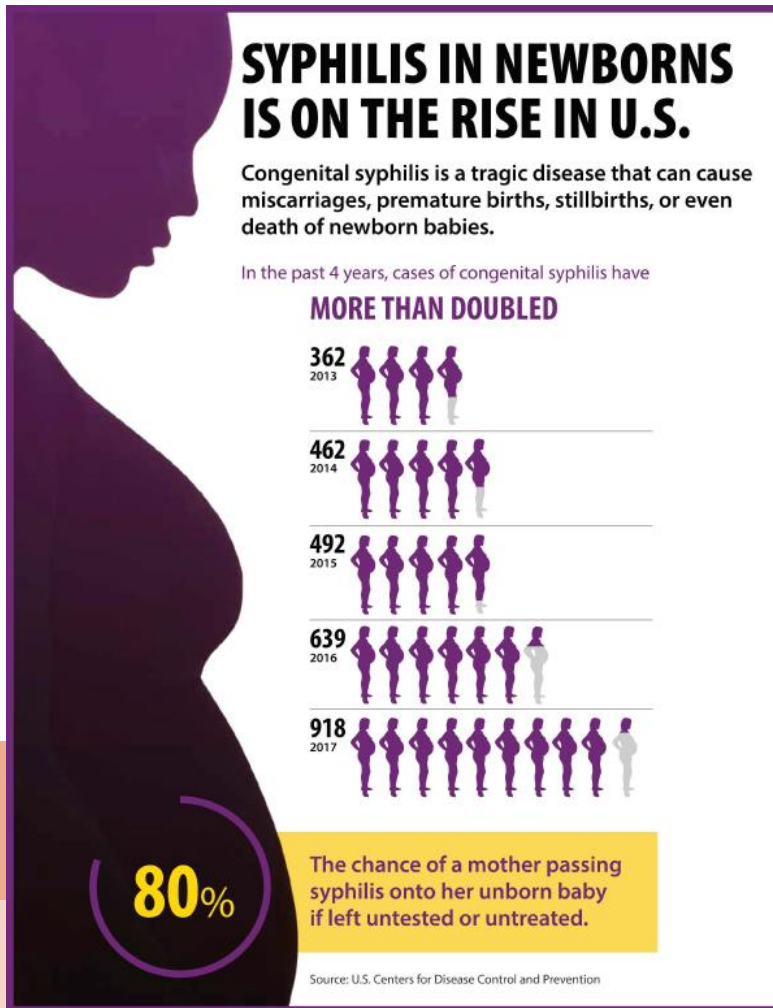
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STD Prevention in San Francisco



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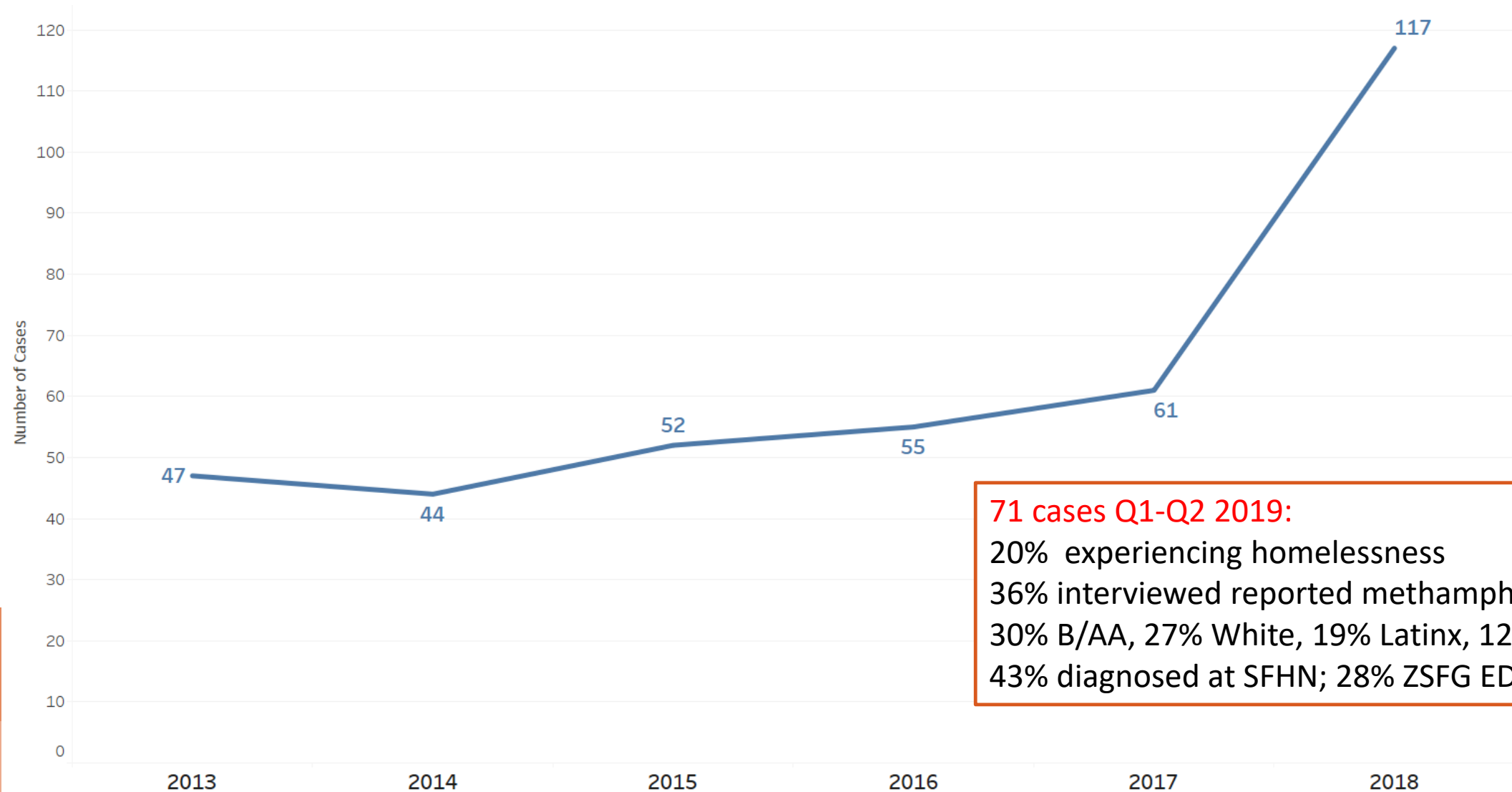
Increasing Syphilis in Women and Congenital Syphilis



- Cases of mother-to-child transmission of syphilis (Congenital Syphilis) are increasing in the United States and in California
- Congenital syphilis can lead to stillbirth and neonatal death
- Treating a pregnant women with injectable penicillin cures her syphilis infection, and prevents transmission to her baby
- Trends of increasing syphilis cases in women are often followed by increases in cases of congenital syphilis
- Nationally and in San Francisco, congenital syphilis has been associated with methamphetamine use, homelessness and lack of prenatal care



Total Female Syphilis Cases, San Francisco 2013-2019



71 cases Q1-Q2 2019:

20% experiencing homelessness

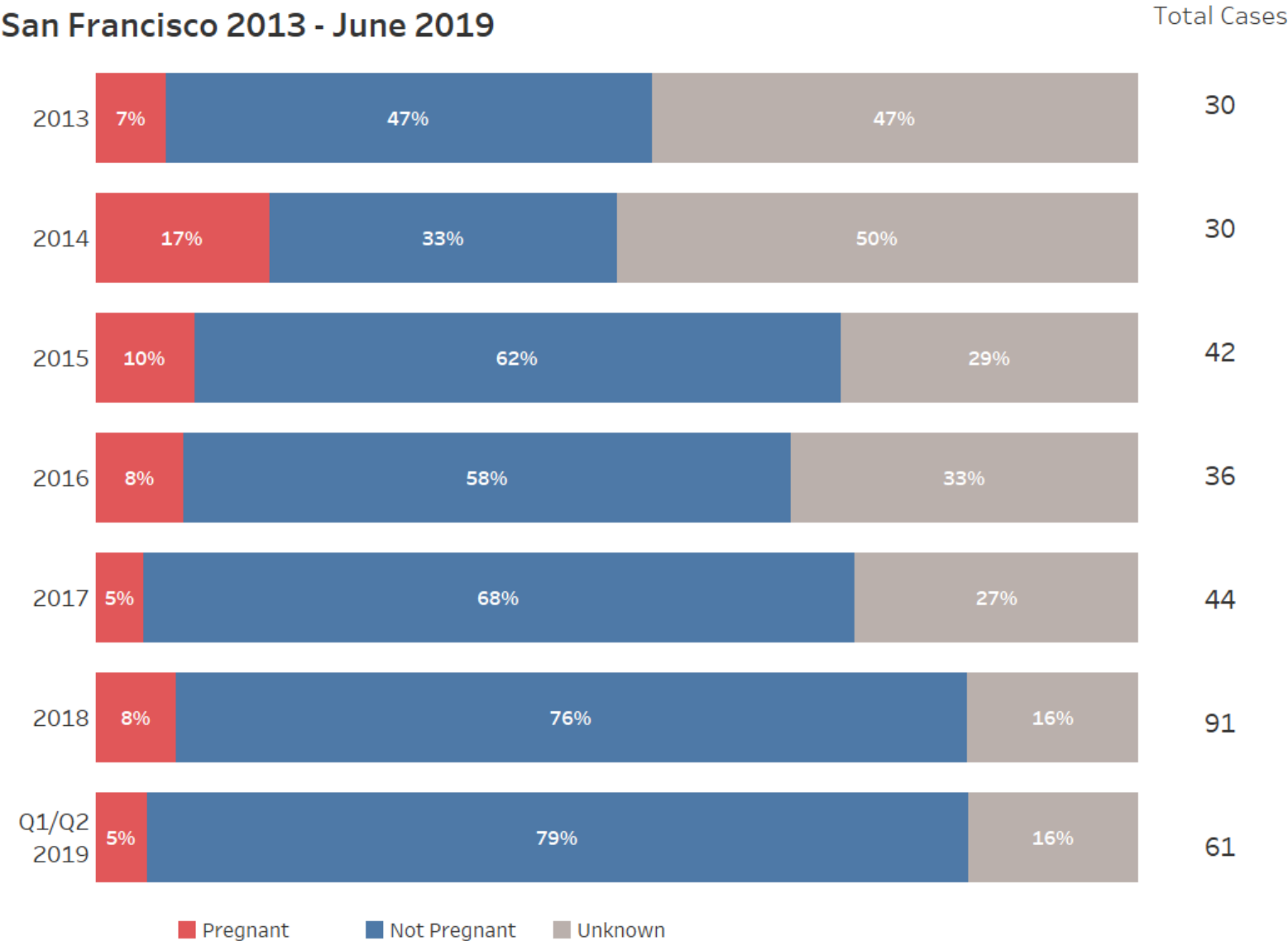
36% interviewed reported methamphetamine use

30% B/AA, 27% White, 19% Latinx, 12% API

43% diagnosed at SFHN; 28% ZSFG ED

Confirmation of Pregnancy Status and CS Prevention Efforts

Proportion of Female Cases by Pregnancy Status, age 12-49 only,
San Francisco 2013 - June 2019



SFDPH Response to Increasing Syphilis among Women



Health Alert: Rising Rates of Syphilis Among Pregnant Women

May 22, 2019

Situational Update

In 2018 compared to 2017, there was an 88% increase in San Francisco of reported syphilis cases among women (from 64 to 120 total cases), the majority of which were among women of childbearing age. Approximately 30% of female syphilis cases reported experiencing homelessness, 35% reported methamphetamine use and 13% were diagnosed in emergency departments or urgent care settings.

Given rising rates of syphilis in women in San Francisco and rising rates of congenital syphilis across California, we are now recommending that all pregnant women be tested for syphilis at least twice during pregnancy.

Actions Requested of Clinicians

1. For all pregnant women, test for syphilis **at least twice** during pregnancy: 1) at the first clinical encounter (ideally during the first trimester) and 2) during third trimester (ideally between 28-32 weeks gestation). **Women with risk factors for syphilis should be tested a third time at delivery.** Infants should not be discharged from the hospital unless the mother has been tested for syphilis at least once during pregnancy.

- 5/22/19 provider Health Alert: increase frequency of routine blood screening for syphilis in all pregnant women to 1st and 3rd trimester.
- Women with syphilis, and their sex partners, are highest priority for the City Clinic disease investigation specialists (LINCS) who ensure treatment and prevention.
- On 6/3/19, the SFDPH Incident Command System (ICS) was activated to prevent congenital syphilis in San Francisco



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SFDPH Response to Increasing Syphilis among Women

Activation Period 1 (6/3-9/3) key accomplishments:

- New partnership: City Clinic LINCS and MCAH public health nurses
- New rapid syphilis testing in Jail Health Services and Street Medicine
- Training and updates with community partner agencies
- Multidisciplinary Case Conference on 7/17/19 to review public health and clinical missed opportunities in CS cases
- PHD ARCHES and DPH IT collaboration to measure syphilis screening in ZSFG Emergency Department and Urgent Care

Continued 12 week activation periods planned through Spring 2020



PHD STD Strategic Framework Process

- Feb-June 2019, consultants conducted key informant interviews and facilitated seven meetings of internal and external stakeholders.
- Key theme was working across PHD Branches effectively
- Final Documentation and Next Steps are in process

Vision

A San Francisco where all people have safe, healthy sexual lives.

Mission

To provide information, services, and policies that prevent STDs and HIV, promote sexual and reproductive health, and enable all people in San Francisco to have safe, healthy sexual lives.

sfcityclinic.org

launched 8/22/19

GET MY RESULTS »



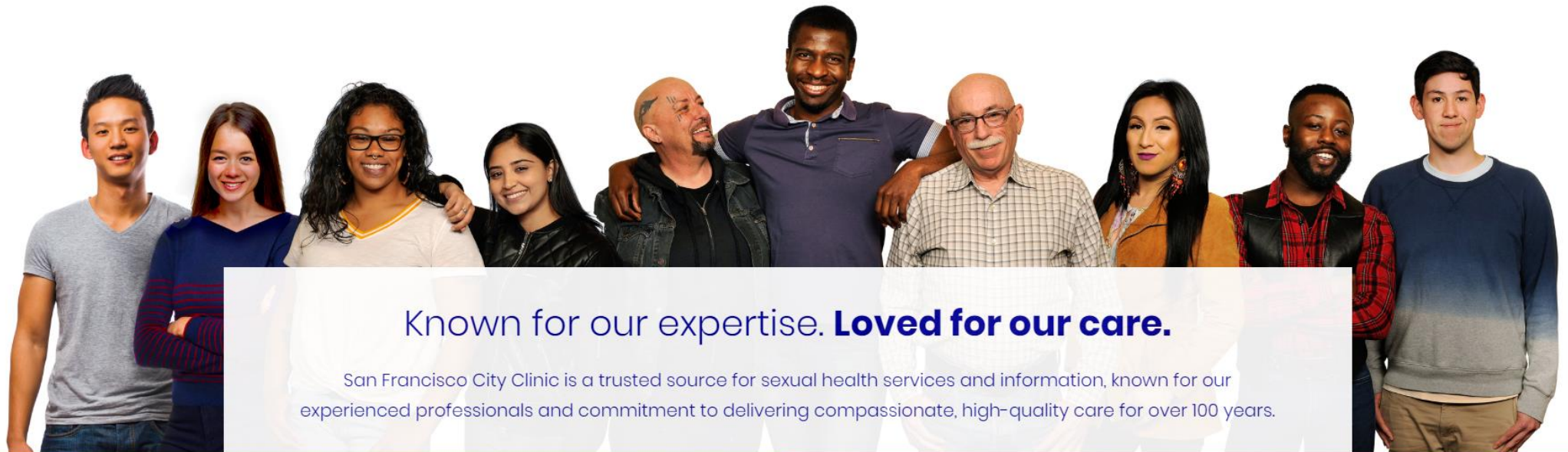
SERVICES

FOR PATIENTS

FOR PROVIDERS

ABOUT SFCC

CONTACT



Known for our expertise. **Loved for our care.**

San Francisco City Clinic is a trusted source for sexual health services and information, known for our experienced professionals and commitment to delivering compassionate, high-quality care for over 100 years.

Our Services



STD TESTING & TREATMENT

[Learn More >](#)

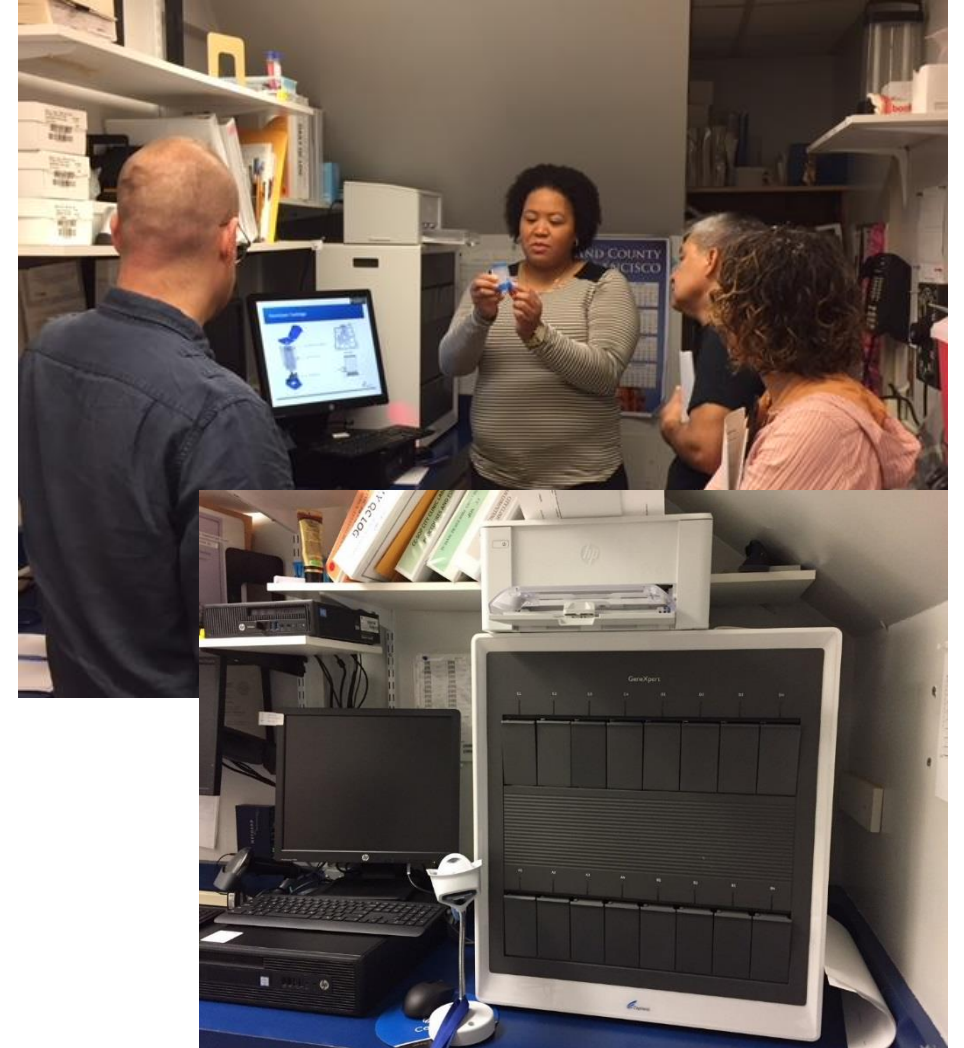
Walk-In Hours

Mon, Wed, Fri 8 a.m. – 4 p.m.

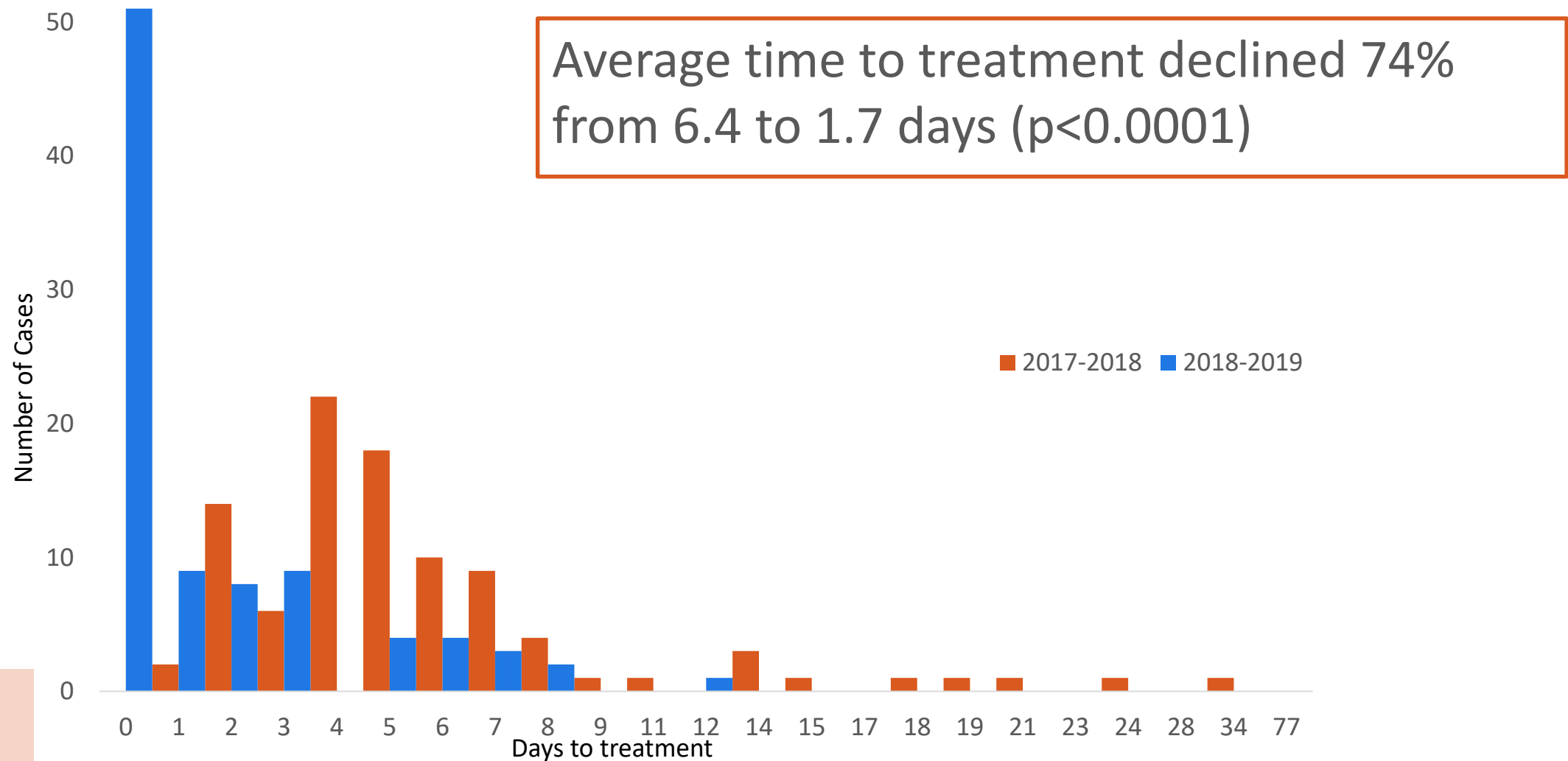
Tues 1 p.m. – 6 p.m. (1 – 3 p.m. symptoms only)

Faster Gonorrhea and Chlamydia Treatment for Patients and their Partners

- Rapid molecular testing for Chlamydia and Gonorrhea at City Clinic
- Collaboration between City Clinic and Public Health Lab
- Results in 90 minutes
- Began May 2018
- Goal is to more quickly treat the patient, for their health and to prevent sexual transmission to partners



Time to Treatment of Gonorrhea and Chlamydia: Pre vs. Post Implementation of the Rapid Test at City Clinic



Rapid Chlamydia and Gonorrhea Testing: Jail Health Services

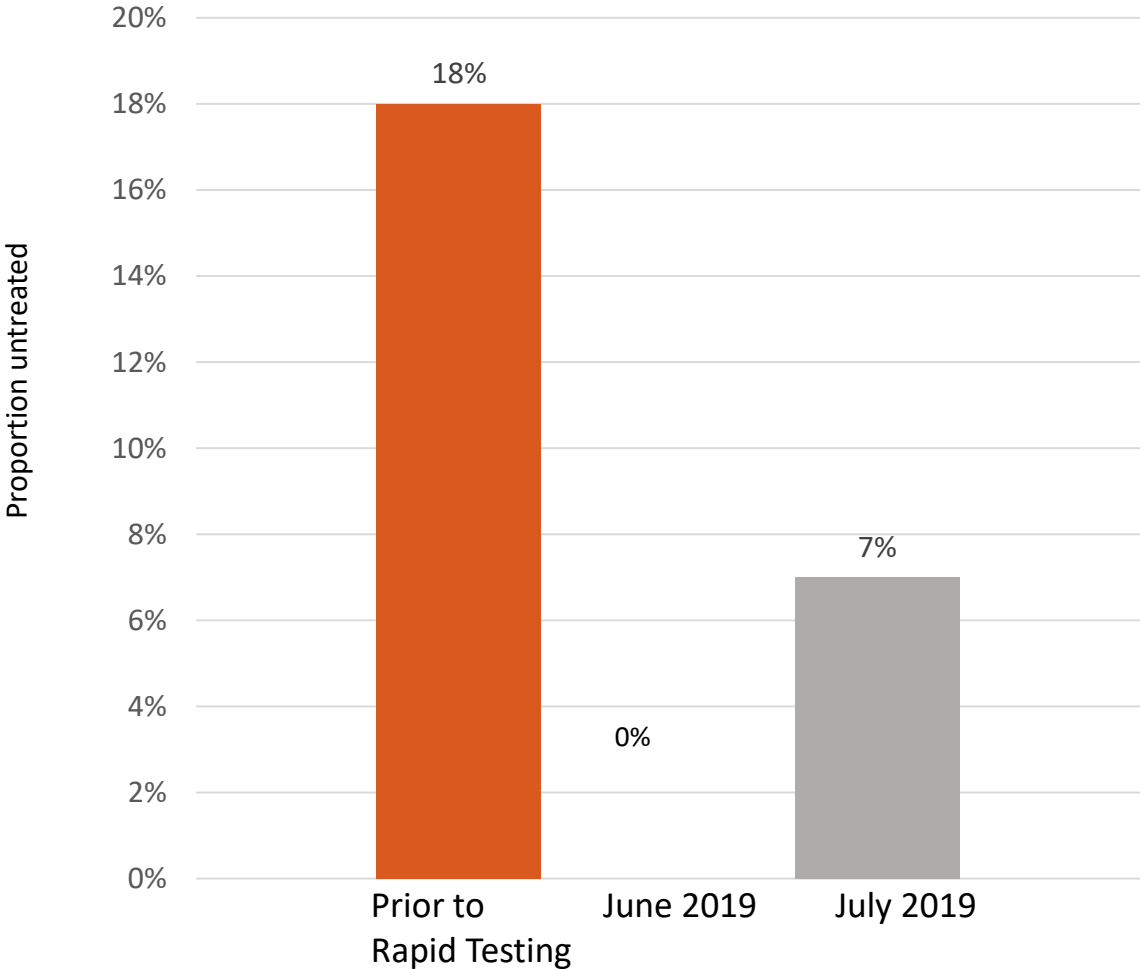
Traditional lab based testing does not return results in time to treat many patients who may be released after screening

Added new moderate complexity lab and same rapid GC/CT Testing at the Jail in March 2019

Still in pilot phase



Rapid Testing in the Jail Decreases the Proportion of Patients with GC or CT who leave without Treatment



SLAY Council Goal:

- To develop and present recommendations to SFDPH for sexual health promotion and prevention strategies for maximum impact in the Southeastern communities of SF, created by Black women, for Black women.



Messages For Youth

- Respect Your Body
- STDs Can Happen To Anyone
- Sexual Health Is More Than Sex
- Communication Is Key
- Speak Your Truth



SLAY Recommendations for Connecting with Black/African American Young Women

MEET THEM WHERE THEY CONTINUOUSLY CHOOSE TO ENGAGE

- ❖ Use language they can understand
- ❖ Social media and an informative website
- ❖ Hone in on target neighborhoods and communities
- ❖ Gain analytics on what worked, what reached them, and what needs improvement

INSTAGRAM

- ❖ Establish a community
- ❖ Posts, polls, quizzes, questions, and *Instagram Stories*
- ❖ *Instagram Live* as a safe space to ask questions and have realistic conversations with their peers

WEBSITE

- ❖ Use terms they can understand
- ❖ Platform to find more programs and resources
- ❖ One-stop place for in-depth sexual health information





THANK YOU!

Ling Hsu

Susan Buchbinder

Tracey Packer

Susan Philip

Jacqueline McCright



Design by Mehroz Baig v. 2017-4-14



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