Outline of Presentations

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

Timely linkage to care

Percent of Cases

- New diagnoses
- Linked to care within 1 month of diagnosis
- Retained in care for 3-9 months after linkage within 1 month of diagnosis
- Viral suppression within 12 months among all new diagnoses

2013 Diagnoses
2014 Diagnoses
2015 Diagnoses
2016 Diagnoses
2017 Diagnoses
2018 Diagnoses
Faster Time to Care Indicators

- Diagnosis to Care
- Care to ART
- ART to VSP
- Diagnosis to VSP

Median Days

- 2013 Diagnoses
- 2014 Diagnoses
- 2015 Diagnoses
- 2016 Diagnoses
- 2017 Diagnoses
## Underlying Causes of Death among Persons with HIV

<table>
<thead>
<tr>
<th>Underlying Cause of Death</th>
<th>Year of Death 2006-2009 N=1,143</th>
<th>Year of Death 2010-2013 N=949</th>
<th>Year of Death 2014-2017 N=962</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>591 (51.7)</td>
<td>391 (41.2)</td>
<td>366 (38.0)</td>
</tr>
<tr>
<td>Non-AIDS cancer</td>
<td>2nd leading cause of death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV-related causes of death declining</td>
<td>• Women 42%</td>
<td>• Latinx 46%</td>
<td></td>
</tr>
<tr>
<td>• African American 20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung cancer</td>
<td>47 (4.1)</td>
<td>31 (3.3)</td>
<td>34 (3.5)</td>
</tr>
<tr>
<td>Liver cancer</td>
<td>18 (1.6)</td>
<td>22 (2.3)</td>
<td>14 (1.5)</td>
</tr>
<tr>
<td>Anal cancer</td>
<td>5 (0.4)</td>
<td>9 (0.9)</td>
<td>12 (1.2)</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>9 (0.8)</td>
<td>5 (0.5)</td>
<td>6 (0.6)</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>4 (0.3)</td>
<td>8 (0.8)</td>
<td>6 (0.6)</td>
</tr>
<tr>
<td>Rectal cancer</td>
<td>4 (0.3)</td>
<td>4 (0.4)</td>
<td>3 (0.3)</td>
</tr>
<tr>
<td>Hodgkins lymphoma</td>
<td>2 (0.2)</td>
<td>2 (0.2)</td>
<td>1 (0.1)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>0 (0.0)</td>
<td>6 (0.6)</td>
<td>1 (0.1)</td>
</tr>
<tr>
<td>Accidents</td>
<td>121 (10.6)</td>
<td>112 (11.8)</td>
<td>120 (12.5)</td>
</tr>
<tr>
<td>Heart disease</td>
<td>87 (7.6)</td>
<td>83 (8.7)</td>
<td>103 (10.7)</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>45 (3.9)</td>
<td>42 (4.4)</td>
<td>49 (5.1)</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>6 (0.5)</td>
<td>4 (0.4)</td>
<td>7 (0.7)</td>
</tr>
<tr>
<td>Suicide</td>
<td>50 (4.4)</td>
<td>37 (3.9)</td>
<td>32 (3.3)</td>
</tr>
<tr>
<td>Liver disease</td>
<td>27 (2.4)</td>
<td>21 (2.2)</td>
<td>25 (2.6)</td>
</tr>
<tr>
<td>Alcoholic liver disease</td>
<td>11 (1.0)</td>
<td>6 (0.6)</td>
<td>15 (1.6)</td>
</tr>
<tr>
<td>Liver cirrhosis</td>
<td>14 (1.2)</td>
<td>14 (1.5)</td>
<td>7 (0.7)</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>25 (2.2)</td>
<td>17 (1.8)</td>
<td>23 (2.4)</td>
</tr>
<tr>
<td>Assault</td>
<td>8 (0.7)</td>
<td>9 (0.9)</td>
<td>14 (1.5)</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>8 (0.7)</td>
<td>10 (1.1)</td>
<td>13 (1.4)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1 (0.1)</td>
<td>11 (1.2)</td>
<td>11 (1.1)</td>
</tr>
<tr>
<td>Mental disorders due to substance use</td>
<td>22 (1.9)</td>
<td>10 (1.1)</td>
<td>11 (1.1)</td>
</tr>
</tbody>
</table>
Number of Persons Diagnosed with HIV by Race/Ethnicity

Number of Cases

Year of HIV Diagnosis

- White
- African American
- Latinx
- Asian/Pacific Islander
- Other/Unknown

1 Cases in the "Other/Unknown" racial/ethnic category include 9% Native Americans, 87% multi-race, and 3% unknown.
Number of New Diagnoses by Demographic Characteristics

- Latinx
- African American
- Homeless
- PWID
- MSM PWID
- Women
- API

Year of HIV Diagnosis

Number of Cases

2012 2013 2014 2015 2016 2017 2018
0 20 40 60 80 100 120

POULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Annual Rates of Men Diagnosed with HIV by Race/Ethnicity

Rates increasing among African American and Latino men; declining among white and Asian/Pacific Islander men

- AA men 145/100,000
- Latino men 89/100,000
- White men 27/100,000
- API men 11/100,000
Annual Rates of Women Diagnosed with HIV by Race/Ethnicity

HIV diagnosis rates highest in African American women; slightly higher than white men

HIV diagnosis rates

- White
- African American
- Latina
- Asian/Pacific Islander

AA women 35/100,000
Health Disparities
Survival After AIDS, 2012-2016

AIDS survival lowest among African Americans and PWID

Overall 89%
Disparities in Viral Suppression

74% all PLWH viral suppression rate

Viral suppression rate

Percentage Virally Suppressed

- Women: 66%
- Trans Women: 68%
- African American: 68%
- Latinx: 70%
- 25-29: 69%
- 30-39: 67%
- 40-49: 67%
- PWID: 65%
- MSM-PWID: 68%
- TWSM-PWID: 64%
- Homeless: 33%
Number and Percent of Homeless Persons Diagnosed with HIV

<table>
<thead>
<tr>
<th>Year of HIV Diagnosis</th>
<th>Number of Cases</th>
<th>Homeless Cases</th>
<th>Homeless %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>57</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>2010</td>
<td>67</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>2011</td>
<td>39</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>2012</td>
<td>55</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>2013</td>
<td>37</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>2014</td>
<td>44</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>2015</td>
<td>29</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>2016</td>
<td>25</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>2017</td>
<td>29</td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>2018</td>
<td>40</td>
<td></td>
<td>20%</td>
</tr>
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</table>
# Characteristics of Homeless Persons or SRO Residents with HIV

## Homeless at Diagnosis

<table>
<thead>
<tr>
<th>Gender</th>
<th>Homeless</th>
<th>All Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>422</td>
<td>3,488</td>
</tr>
<tr>
<td>Men</td>
<td>328 (78%)</td>
<td>3,113 (89%)</td>
</tr>
<tr>
<td>Women</td>
<td>56 (13%)</td>
<td>260 (7%)</td>
</tr>
<tr>
<td>Trans Women</td>
<td>38 (9%)</td>
<td>115 (3%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Homeless</th>
<th>All Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>173 (41%)</td>
<td>1,558 (45%)</td>
</tr>
<tr>
<td>African American</td>
<td>104 (25%)</td>
<td>477 (14%)</td>
</tr>
<tr>
<td>Latinx</td>
<td>102 (24%)</td>
<td>901 (26%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>10 (2%)</td>
<td>378 (11%)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>33 (8%)</td>
<td>174 (5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transmission Category</th>
<th>Homeless</th>
<th>All Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>127 (30%)</td>
<td>2,408 (69%)</td>
</tr>
<tr>
<td>TWSM</td>
<td>25 (6%)</td>
<td>78 (2%)</td>
</tr>
<tr>
<td>PWID</td>
<td>108 (26%)</td>
<td>249 (7%)</td>
</tr>
<tr>
<td>MSM-PWID</td>
<td>106 (25%)</td>
<td>417 (12%)</td>
</tr>
<tr>
<td>TWSM-PWID</td>
<td>13 (3%)</td>
<td>35 (1%)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>32 (8%)</td>
<td>208 (6%)</td>
</tr>
<tr>
<td>Other/Unidentified</td>
<td>11 (3%)</td>
<td>93 (3%)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Age at Diagnosis (Years)</th>
<th>Homeless</th>
<th>All Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 – 17</td>
<td>1 (&lt;1%)</td>
<td>12 (&lt;1%)</td>
</tr>
<tr>
<td>18 - 24</td>
<td>67 (16%)</td>
<td>448 (13%)</td>
</tr>
<tr>
<td>25 - 29</td>
<td>82 (19%)</td>
<td>614 (18%)</td>
</tr>
<tr>
<td>30 - 39</td>
<td>117 (28%)</td>
<td>1,049 (30%)</td>
</tr>
<tr>
<td>40 - 49</td>
<td>89 (21%)</td>
<td>865 (25%)</td>
</tr>
<tr>
<td>50+</td>
<td>66 (16%)</td>
<td>500 (14%)</td>
</tr>
</tbody>
</table>

## Homeless/SRO in 2018

<table>
<thead>
<tr>
<th>Gender</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>601</td>
<td>7,849</td>
</tr>
<tr>
<td>Men</td>
<td>485 (81%)</td>
<td>7,142 (91%)</td>
</tr>
<tr>
<td>Women</td>
<td>70 (12%)</td>
<td>509 (6%)</td>
</tr>
<tr>
<td>Trans women</td>
<td>46 (8%)</td>
<td>198 (3%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>261 (43%)</td>
<td>4,516 (58%)</td>
</tr>
<tr>
<td>African American</td>
<td>127 (21%)</td>
<td>970 (12%)</td>
</tr>
<tr>
<td>Latinx</td>
<td>152 (25%)</td>
<td>1,548 (20%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>31 (5%)</td>
<td>505 (6%)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>30 (5%)</td>
<td>310 (4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transmission category</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>242 (40%)</td>
<td>5,723 (73%)</td>
</tr>
<tr>
<td>TWSM</td>
<td>25 (4%)</td>
<td>117 (1%)</td>
</tr>
<tr>
<td>PWID</td>
<td>110 (18%)</td>
<td>456 (6%)</td>
</tr>
<tr>
<td>MSM-PWID</td>
<td>165 (27%)</td>
<td>1,055 (13%)</td>
</tr>
<tr>
<td>TWSM-PWID</td>
<td>20 (3%)</td>
<td>74 (1%)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>30 (5%)</td>
<td>309 (4%)</td>
</tr>
<tr>
<td>Other/Unidentified</td>
<td>9 (1%)</td>
<td>115 (1%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age in years (as of 12/31/2018)</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-24</td>
<td>7 (1%)</td>
<td>69 (1%)</td>
</tr>
<tr>
<td>25-29</td>
<td>34 (6%)</td>
<td>224 (3%)</td>
</tr>
<tr>
<td>30-39</td>
<td>134 (22%)</td>
<td>899 (11%)</td>
</tr>
<tr>
<td>40-49</td>
<td>130 (22%)</td>
<td>1,522 (19%)</td>
</tr>
<tr>
<td>50-59</td>
<td>192 (32%)</td>
<td>2,781 (35%)</td>
</tr>
<tr>
<td>60-69</td>
<td>87 (14%)</td>
<td>1,830 (23%)</td>
</tr>
<tr>
<td>70+</td>
<td>17 (3%)</td>
<td>524 (7%)</td>
</tr>
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</table>
Getting to Zero San Francisco
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

- Department of Public Health
- Community-based organizations
- Private Sector e.g. Kaiser
- UCSF & other research institutions
- Advocates & Organizing Groups

Isolated Impact  vs  Collective Impact
Strategic priorities for San Francisco Getting to Zero Consortium

City-wide coordinated PrEP program

Rapid ART start with treatment hubs

Linkage-engagement-retention in care

Reducing HIV stigma

Adolescent & Young Adult

Committee for each initiative is developing action plan, metrics and milestones.

Drug user health

Mental health/Substance use/Housing as HIV prevention

Linkage to care and partner services (LINCS)

Treatment as prevention

Primary care HIV screening

Syringe access

Health ed/risk reduction

STD testing & treatment

Prevention with positives

HIV testing
SF PrEP Cascade, MSM and Trans women

- Total HIV-Negative: 100% for MSM, 100% for Trans Women
- PrEP Aware: 97% for MSM, 79% for Trans Women
- Used PrEP: 40% for MSM, 15% for Trans Women
- PrEP Adherent: 35% for MSM, 10% for Trans Women
Stay Magical

Stay Aware

Stay Sexy

Stay Resilient

Stay Knowledgeable

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
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

<table>
<thead>
<tr>
<th>Group</th>
<th>Overall</th>
<th>LINCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>68%</td>
<td>59%</td>
</tr>
<tr>
<td>13-24 year olds</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>25-29 year olds</td>
<td>69%</td>
<td>60%</td>
</tr>
<tr>
<td>Homeless</td>
<td>33%</td>
<td>56%</td>
</tr>
</tbody>
</table>
Contribution to deaths among people with HIV

% of deaths in which these factors contributed to death

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use</td>
<td>60</td>
</tr>
<tr>
<td>Mental illness</td>
<td>34</td>
</tr>
<tr>
<td>Homelessness</td>
<td>30</td>
</tr>
<tr>
<td>Any of the 3</td>
<td>68</td>
</tr>
</tbody>
</table>
Net Migration in 2014 (SF)

**Top In-Migration from:**
- Santa Clara: 1,663
- San Diego: 1,218
- Orange County: 759

**Top Out-Migration to:**
- Alameda: 5,031
- San Mateo: 4,465
- Contra Costa: 2293

[Map showing net migration flows from various regions to San Francisco.]
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!
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.

- Safer injection equipment, condoms & naloxone
- Support with food, housing, employment
- PrEP
- Prevention information & education
- Health care
- CBO Outreach
- Navigation
- Counseling & support
- Treatment for substance use & mental health conditions
- An HIV, HCV and/or STD test

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

**GOAL:**

- **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.

**75%** reduction in new HIV infections in 5 years and at least **90%** reduction in 10 years.
STD Prevention in San Francisco
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

- 2013: 7% Pregnant, 47% Not Pregnant, 47% Unknown (30 cases)
- 2014: 17% Pregnant, 33% Not Pregnant, 50% Unknown (30 cases)
- 2015: 10% Pregnant, 62% Not Pregnant, 29% Unknown (42 cases)
- 2016: 8% Pregnant, 58% Not Pregnant, 33% Unknown (36 cases)
- 2017: 5% Pregnant, 68% Not Pregnant, 27% Unknown (44 cases)
- 2018: 8% Pregnant, 76% Not Pregnant, 16% Unknown (91 cases)
- Q1/Q2 2019: 5% Pregnant, 79% Not Pregnant, 16% Unknown (61 cases)

Legend: Pregnant, Not Pregnant, Unknown
Pregnant Female Syphilis Cases in 2018 and through Q2 2019

<table>
<thead>
<tr>
<th>#</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing Homelessness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Methamphetamine Use</td>
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<tr>
<td>Pregnancy Outcome</td>
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<td>Baby born without congenital syphilis (7)</td>
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<td>Mother treated, Still Pregnant (1)</td>
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<td>Congenital Syphilis Case (2)</td>
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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.
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.
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

Walk-In Hours

Mon, Wed, Fri 8 a.m. – 4 p.m.
Tues 1 p.m. – 8 p.m. (1 p.m. – 2 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

Average time to treatment declined 74% from 6.4 to 1.7 days (p<0.0001)
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

<table>
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<tr>
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<th>Prior to Rapid Testing</th>
<th>June 2019</th>
<th>July 2019</th>
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</thead>
<tbody>
<tr>
<td>Proportion untreated</td>
<td>18%</td>
<td>0%</td>
<td>7%</td>
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</table>
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