Implementation of the National HIV/AIDS Strategy in San Francisco

San Francisco Department of Public Health
Health Commission
November 16, 2010
Strategy Goals and Selected Targets for 2015

Reducing New HIV Infections
• Lower the annual number of new infections by 25%

Increasing Access to Care and Improving Health Outcomes for People Living with HIV
• Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%

Reducing HIV-related Health Disparities
• Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%

Strategy URL: http://www.whitehouse.gov/administration/eop/onap/nhas
Achieving a More Coordinated Response to the HIV Epidemic

Emphasis must be placed on coordination of activities among agencies

- Increase the coordination of HIV programs across the Federal Government and between Federal agencies and State, territorial, local, and tribal governments.
- Develop improved mechanisms to monitor and report on progress
- Establish a seamless system to immediately link people to continuous and coordinated quality care

Recommended Actions:

- Ensure coordinated program administration
- Promote equitable resource allocation
- Streamline and standardize data collection
- Provide rigorous evaluation of current programs
- Provide regular public reporting
SFDPH Comprehensive HIV System of Prevention and Care

HIV and STD Prevention
- HIV testing
- Partner services
- STD prevention
- Addressing drivers and co-factors of HIV
- Linkage to medical care and services
- Risk reduction activities
- Community mobilization efforts
- Public information efforts
- Condom distribution
- Syringe access
- PEP
- STD and HIV treatment
- Addressing Comorbidities

HIV Care and Support Services
- Linkage to medical care and services
  - Behavioral Health Services
  - Home Health Service
  - Non-medical case management
  - Food Bank / Home-delivered meals
  - Client Advocacy-related services
  - Emergency financial assistance
  - Legal services
  - Housing services
  - Oral health care
  - Outreach services

Surveillance, Evaluation and Research
- Core Surveillance
- Incidence Surveillance
- Medical Monitoring
- NHBS
- Vaccine studies
- PreP research
- Natural history cohort
- PWP studies
- Strand Study
- UNITY project
- HIV drug resistance testing
- Community viral load
- Substance abuse research
- Counseling studies

Primary Care and Treatment
- Engagement in care
- Treatment Adherence
- Centers of Excellence
- Medical Case management
- ADAP
- Healthy SF
- Community Health Care
- HIV specialty medical care
- City Clinic
- SFDPH Treatment Guidelines
- PHAST Team
- STD and TB

(Continued on next page)
# Current Shared Efforts

<table>
<thead>
<tr>
<th></th>
<th>HIV Prevention</th>
<th>STD Control</th>
<th>HIV Health Services</th>
<th>Epidemiology</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated service delivery</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>Studies</td>
<td>XXX</td>
<td>XXX</td>
<td>X</td>
<td>XXXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Evaluation</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XX</td>
<td>XXX</td>
<td>XX</td>
</tr>
<tr>
<td>Staff</td>
<td>XXXX</td>
<td>XXX</td>
<td>X</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Community events</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>
Enhanced Comprehensive HIV Prevention Plan (ECHPP)

**NHAS Recommended Actions:**

Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

- Abstinence from sex or drug use (or limiting the number of partners or other steps to lower risk)
- HIV testing
- Condom availability
- Access to sterile needles and syringes
- HIV treatment

**ECHPP Required Activities:**

- Routine screening for HIV in clinical settings
- HIV testing in non-clinical settings
- Condom distribution prioritized to target HIV-positive persons and persons at highest risk
- Access to sterile needles and syringes
- Provision of PEP
- Policies to support prevention efforts (e.g. syringe access)
- Interventions for PLWHA (e.g. linkage to care, partner services, retention and engagement in care, treatment adherence)

**SFDPH HIV Prevention Efforts:**

- Expanding testing in medical centers
- Increased community testing efforts
- Condom distribution
- Support PEP Efforts
- Syringe access
- Expanded partner notification
- PWP Efforts (e.g. linkage to care, partner services, retention and engagement in care, treatment adherence)
- Prevention efforts and coordination with CoEs
- Coordination with SAMHSA HIV set aside funds
- Targeted use of surveillance data for prevention purposes
- Community/SFDPH partnerships to address health disparities
Health Disparities
• Review the data and make recommendations so that DPH can maximize prevention opportunities by integrating service delivery.

Clinical Guidelines
• Create comprehensive DPH guidelines regarding appropriate integration of prevention, screening and treatment for HIV/AIDS, viral hepatitis, STDs, and TB

DPH Data Systems
• Develop recommendations regarding integration of: 1) security and confidentiality standards to be used across all sections; and 2) data systems to ensure appropriate monitoring.
HIV Prevention Efforts
Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated. Allocate public funding to geographic areas consistent with the epidemic and to high-risk populations.

The following are scientifically proven approaches that reduce HIV transmission:

• HIV testing (medical and community-based)
• HIV treatment (e.g. PEP, retention in care, treatment adherence, etc.)
• Abstinence from sex or substance use; limit the number of partners and other steps to lower risk
• Condom availability and distribution for prioritized populations
• Access to sterile needles and syringes
Overview of HIV Prevention in SF

Goal: Reduce HIV infections by 50% by 2017
• Resources to populations at greatest risk to reduce HIV disparities (MSM, IDU, TFSM)
• Address disparities within highest-risk groups (e.g. African-American and Latino MSM)

Select Prevention Indicators
• Newly diagnosed HIV cases are declining: 517 → 493 → 411
• Viral load suppression increasing: 52% → 72%
• Community viral load down since 2004: → 93% reduction

Programmatic Goals Related to National HIV/AIDS Strategy
• Testing: Conduct 30,000 more HIV tests annually for high risk groups
• Treatment:
  • Increase % linked to care within 3 months of diagnosis to 90%
  • Increase % of persons with HIV with suppressed viral load to 90%
  • Continue to support PEP access
• Substance use:
  • Focus intensive behavioral interventions on “drivers” of HIV epidemic: meth, cocaine, poppers, alcohol
• Condoms: Ensure continued promotion of and access to condoms
• Syringe access: Ensure continued access to sterile injection equipment

National HIV/AIDS Strategy Recommended Actions: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches and reduce HIV-related disparities and health inequities.

- Expand community-based testing and partner notification
- Support community-based health education
- Continue access to sterile injection equipment
- Expand routine testing/partner notification
- Support Prevention with Positives in community settings
- Support Prevention with Positives in clinical settings
- Expand efforts to measure health outcomes (testing, linkages, viral load)
- Support Substance use treatment
- Support community-level structural changes
- Expand community-based health education

SFDPH HIV/AIDS Strategy: HIV Prevention
STD Prevention Efforts
National HIV/AIDS Strategy Recommended Actions: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches and reduce HIV-related disparities and health inequities

“Some other biomedical and behavioral interventions have not been consistently associated with reducing HIV transmission, but may still contribute to our prevention efforts. For example, having an untreated sexually transmitted infection (STI) such as herpes, gonorrhea or syphilis substantially increases a person’s chance of acquiring HIV, but research has not yet shown that treating STIs lowers HIV infection at a population level.”

“For example, by integrating HIV screening along with reproductive health care, it is possible to effectively address concurrent sexually transmitted infections (STIs), which increase risk for HIV transmission.”

“Nevertheless, all people screened for STIs should also be screened for HIV infection because these infections are driven by the same risk behaviors.”

**Recommended Actions:**

- Promote age-appropriate HIV and STI prevention education
Overview of STD Prevention in SF

HIV Testing
- 37% increase in HIV tests (2005-2009); 4,454 tests in 2009, of which 89 (2%) were positive
- Proportion of tests that were rapid tests increased from 8% to 29% between 2005-2009

Partner Services and Linkages (PS/L)
- STD staff work with people newly diagnosed with HIV and syphilis to offer HIV testing to partners at risk
- Of those partners tested 2004-2008, 44 (22%) new HIV infections diagnosed; needed to interview 11 to identify 1 new case of HIV infection
- Expansion and integration of services in conjunction with HIV Prevention and HIV Surveillance

Gonorrhea infection recognized as a driver of HIV infection in 2010 HIV Prevention Plan
- Rectal chlamydia and gonorrhea in HIV-uninfected MSM are associated with increased risk of HIV infection
- Continue to support 21,000 rectal and pharyngeal gonorrhea and chlamydia screening tests for MSM and transgender patients at City Clinic and Magnet
- Increase provider and community education about need for rectal and pharyngeal tests, including in HIV-infected patients as part of Prevention with Positives.

STD/HIV Prevention Education
- Providers via partnership with CA STD/HIV Prevention Training Center and continuing education
- Community based outreach, flyers, trainings and field and alternative venue screening
National HIV/AIDS Strategy Recommended Actions: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

- **HIV and STD Partner Services and Linkages**
- **Community and provider education, outreach, field screening**
- **Surveillance data, clinical and epidemiologic research**
- **HIV and STD Prevention**
  - Treatment and counseling for HIV-negative patients with rectal infection
- **HIV Care and Support Services**
  - Support STD screening in HIV-positive patients
- **Surveillance Evaluation and Research**
  - HIV Post Exposure Prophylaxis and counseling
- **Primary Care and Treatment**
  - HIV primary care at City Clinic
- **HIV and STD Prevention**
  - HIV Care and Support Services
    - Surveillance Evaluation and Research
    - Primary Care and Treatment
  - Treatment and counseling for HIV-negative patients with rectal infection
  - Support STD screening in HIV-positive patients
  - HIV Post Exposure Prophylaxis and counseling
HIV Health Services Efforts
To increase access to care and improve health outcomes, we must work to:

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

Anticipated Results:

1. Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%.
2. Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%.
3. Increase the percentage of Ryan White HIV/AIDS Program clients with permanent housing from 82% to 86%.
4. Increase the proportion of HIV diagnosed individuals with undetectable viral load by 20%.
5. Reduce HIV-related mortality in communities at high risk for HIV infection.

Recommended Actions:

- Facilitate linkages to care
- Promote collaboration among providers
- Maintain people living with HIV in care
- Enhance client assessment tools and measurement of health outcomes
- Address policies to promote access to housing and supportive services for people living with HIV
Overview of HIV Health Services in SF

In FY2009-10, a total of 8,109 unduplicated clients were served by HIV Health Services programs funded with Ryan White Part A, State/Ryan White Part B or General Fund dollars.

- 46.6% of clients had an undetectable viral load.
- 81.8% of clients with AIDS are prescribed HAART (national performance goal is currently 80%, local goal is now 85%).
- 33% (or 2,680) of clients received services at a Center of Excellence (CoE) where an integrated service model provides access to primary medical care and critical support services. Clients served by CoE fit a definition of Severe Need (disabled by HIV or with symptomatic diagnosis, 150% or below of FPL, and with an active substance use or mental health diagnosis).

Reducing HIV-Related Disparities and Health Inequities: Based upon FY2009 information and data received and the disproportionate impact of the epidemic on particular communities and clients with specific issues, the San Francisco Planning Council reaffirmed the target population of the CoE model as continuing to be persons with severe need and special populations. Additional refinements in FY2010 based on the use of data include: a) expanding the EMA’s definition of special populations to include PLWHA age 60 and older; and b) integrating existing Early Intervention Programs into the CoE model and for the purposes of the CoE solicitation, posted in Fall 2010, to include individuals living in neighborhoods where health disparities and HIV are co-prevalent including the Tenderloin, the Mission, South of Market, and the Southeast Corridor of SF.

Increasing Access to Care and Improving Health Outcomes for People Living with HIV: Currently all HRSA HIV AIDS Bureau (HAB) HIV/AIDS Performance Measures are collected from HHS programs via ARIES and were first analyzed in 2010 for all CoEs (including Medical Visits, CD4 tests, PCP Prophylaxis, HAART, Hep C Screening, Syphilis Screening, and TB Screening). Overall, most indicators were at or near established benchmarks except for CD4 testing which may be the result of providers using another surrogate marker to test medication effectiveness (viral load testing). HHS will be working with the State Office of AIDS to develop reporting enhancements, as resources allow, to improve the quality of data reporting to better evaluate and enhance client services.
National HIV/AIDS Strategy Recommended Actions: Increasing access to care and improving health outcomes for people living with HIV and reduce HIV-related disparities and health inequities

Direct linkages from testing site to HIV care service site
Sharing risk reduction activities and messages
Utilize current data for prioritizing service needs to targeted client populations
Prevention with Positives in community settings (and HHS CoEs)
Quality management trainings, refinement of Standards of Care/Best Practices
Utilize Quality Indicators to evaluate and enhance program performance
Prioritizing services for severe need and special target populations

SFDPH HIV/AIDS Strategy: HIV Health Services
HIV Epidemiology Efforts
“There is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.” In addition, it may be determined, “that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of healthcare services or access to or satisfaction with such services as compared to the general population.”

“All persons living with HIV should have access to tests that track their health, but more must be done to make sure that these tests are available to African Americans, Latinos, and gay and bisexual men.”

“Ensure that all high prevalence localities are able to collect data necessary to calculate community viral load, measure the viral load in specific communities, and reduce viral load in those communities where HIV incidence is high.”

**Recommended Actions:**
- Ensure that high-risk groups have access to regular viral load and CD4 tests
- Measure and utilize community viral load
Recommended Action

Measure and utilize community viral load: Ensure that all high prevalence localities are able to collect data necessary to calculate community viral load, measure the viral load in specific communities, and reduce viral load in those communities where HIV incidence is high.

Decrees in Community Viral Load Are Accompanied by Reductions in New HIV Infections in San Francisco

Moupali Das¹,², Priscilla Lee Chu¹, Glenn-Milo Santos¹, Susan Scheer¹, Eric Vittinghoff², Willi McFarland¹,², Grant N. Colfax¹,²
Overview of HIV Epidemiology in SF

Focus on evaluation of programmatic goals related to NHAS

Routinely evaluate/track goals and expected results of National HIV/AIDS Strategy:

- Reduction in new infections and new diagnoses
- Increases in proportion of newly diagnosed linked to care
- Increases in proportion of undetectable viral loads
- Reduction in HIV-related mortality
- Increases in proportion of clients in continual care
- Increases in proportion with permanent housing
- Decreases in proportion of HIV-positive persons unaware of their status
- Measure and utilize community viral load

Evaluation accomplished using the HIV/AIDS Surveillance system case registry with the following features:

- HIV/AIDS surveillance is a predominately active HIV/AIDS case reporting system
- Surveillance field staff visit medical facilities, review medical records and complete HIV/AIDS case report form; passive reporting from CTS/Kaiser
- Dual reporting (labs and providers) name-based HIV reporting system
- All HIV viral load, CD4 and confirmed HIV positive antibody tests are reportable by labs
- Follow-up information (treatment, vital status, OIs, homeless status) is collected through routine reporting of lab test results (VL and CD4) and periodic reviews of medical records for the living HIV/AIDS cases
- The number of cases Core Surveillance reports determines the amount of Ryan White care funding SF receives
- HIV Incidence Surveillance calculates a yearly population-based HIV incidence estimate
- Supplemental surveillance activities include Medical Monitoring Project and Behavioral Surveillance
National HIV/AIDS Strategy Recommended Actions: Develop improved mechanisms to monitor and report on progress

- Monitor community viral load
- Identify newly diagnosed cases for partner services
- Evaluate unknown HIV+ status (Behavioral Surveillance)
- Monitor trends in new diagnoses, HIV incidence, mortality, survival
- Evaluate time and linkage to care
- Evaluate proportion of PLWHA receiving treatment
- Evaluate unmet need
- Ryan White Care allocation
- Evaluate HIV care experiences (Medical Monitoring Project)
- Linkages to evaluate HIV/STD co-morbidities and risk factors
- Monitor trends in new diagnoses, HIV incidence, mortality, survival
- SFDPH HIV/AIDS Strategy: HIV Epidemiology

SFDPH HIV/AIDS Strategy: HIV Care and Support Services

- Surveillance Evaluation and Research
- Primary Care and Treatment

*THE WHITE HOUSE WASHINGTON*
HIV Research Efforts
“Current approaches to preventing HIV must be coupled with research on new and innovative prevention methods that can have a long-term impact. Vaccines and microbicides are two biomedical approaches that are promising, but safe and effective vaccines and microbicides are not yet available and investments in research to produce safe and effective vaccines and microbicides must continue. In addition, an important area to study is the feasibility and effectiveness of using treatment to prevent new infections. Such strategies include: 1) pre-exposure prophylaxis (PrEP), the use of antiretroviral therapy by high-risk uninfected populations, such as by HIV-negative individuals in committed relationships with HIV-positive individuals; and 2) potential prevention strategies known as ‘test and treat’ or ‘test, treat and link to care’ to determine whether a community-wide HIV testing program with an offer of immediate treatment can decrease the overall rate of new HIV infections in that community.”

“Additional research can also help identify new prevention strategies and the most effective combination approaches to prevent new HIV infections.”
Overview of HIV Research in SF

The HIV Research Section is a leader in HIV prevention research working with our community locally and globally to discover effective HIV prevention strategies that will reduce the impact of HIV/AIDS.

Broad range of HIV Prevention studies conducted across sections

- HIV vaccines [Research]
- Pre-exposure prophylaxis (PrEP) [Research] — results available late 2010
- HIV testing technologies [Prevention/STD]
- Behavioral studies (seroadaptation, counseling, linkages to care) [Epi/Prevention]
- Substance use [Prevention]
- Population health and disparities (UNITY, Rising Blackness, Black Men Testing) [Research/Prevention]
- Community Viral Load [Prevention/Epi]
- Combination HIV prevention (Prevention Umbrella for MSM in the Americas) [Research]

Leadership in HIV/AIDS prevention research and training locally and globally

- HIV Vaccine Trials Network (HVTN) and HIV Prevention Trials Network (HPTN) [Research]
- Microbicides Trial Network (MTN) [Research]
- National Institutes of Drug Abuse (NIDA) Clinical Trials Network [Prevention]
- Adolescent Trials Network [Prevention]
- PrEP Trialists Working Group [Research]
- Methods in E-learning for Translational Science (METiS) [Research]
- Online Collaborative Training for AIDS Vaccine Evaluation (OCTAVE) [Research]

Extensive community engagement

- Build sustainable partnerships with CBOs to increase knowledge and awareness of HIV Research
- Partner with community stakeholders to receive feedback about research
- Reach communities disproportionately affected by HIV/AIDS
- Implement innovative community education strategies
National HIV/AIDS Strategy Recommended Actions: Conducting additional research to help identify new prevention strategies and the most effective combination approaches to HIV prevention.
• San Francisco Office of AIDS Renovation Project (SOAR)
  • Barbara Garcia, PI

• 9.5M grant funded by National Center for Research Resources
  • Funds to support renovation of 1st, 3rd, 5th, and 6th floors at 25 Van Ness to support HIV research efforts

• Collaborative effort among research units
  • HIV Epidemiology
  • HIV Prevention
  • HIV Research

• Goals/Outcomes:
  • Increased capacity to recruit, enroll, and retain large, diverse populations of study participants
  • Increased security for confidential HIV/AIDS record-keeping
  • Increased interaction within and among research units and the larger HIV Research field
  • Increased capacity to train students and fellows
  • Increased collaboration with community stakeholders

• Timeline
  • Current phase: Design development review and approval
  • Construction: Mid-2011 to 2013