“Getting to Zero” in San Francisco:

Zero HIV infections
Zero HIV deaths
Zero HIV stigma

Population Health Division HIV Work Group

Susan Buchbinder: Bridge HIV

Susan Scheer: ARCHES

Susan Philip: Disease Control and Prevention

Tracey Packer: Community Health Equity and Promotion

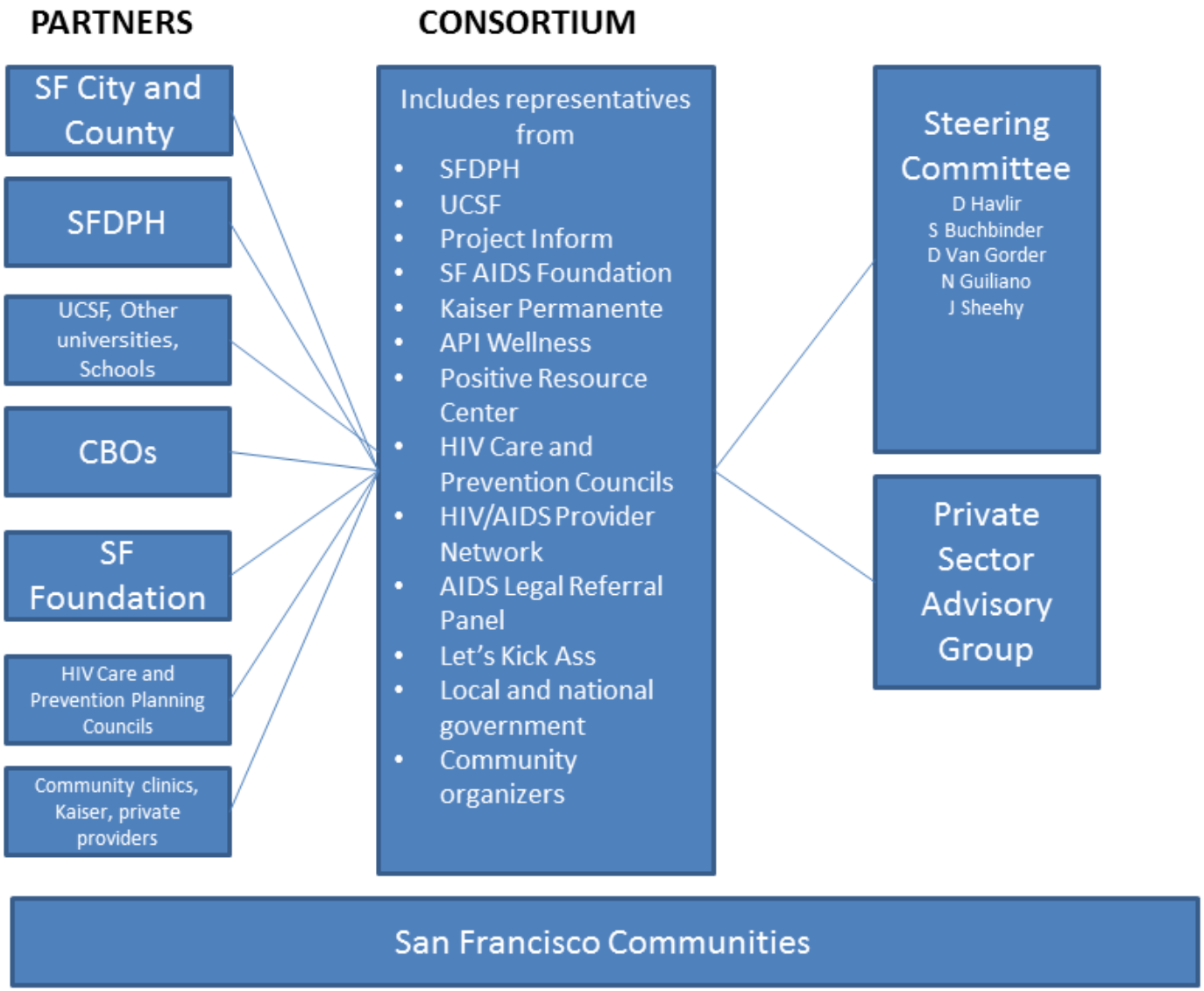
Willi McFarland: Center for Public Health Research

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CENTER FOR LEARNING & INNOVATION

Why this? Why now? Why us?

- San Francisco has
  - Best HIV surveillance program nationally (perhaps globally)
  - Extensive care networks (clinical, community-based, others)
  - Strong community involvement
  - Political will to help achieve our goals
- We now have better-than-ever tools for prevention and treatment
- The Affordable Care Act allows all San Franciscans increased access to care
- With coordinated effort, **we could be the first city in the US to achieve the vision of Getting to Zero**
- **BUT** we need better coordination among groups, collective effort to achieve this

Getting to Zero Consortium

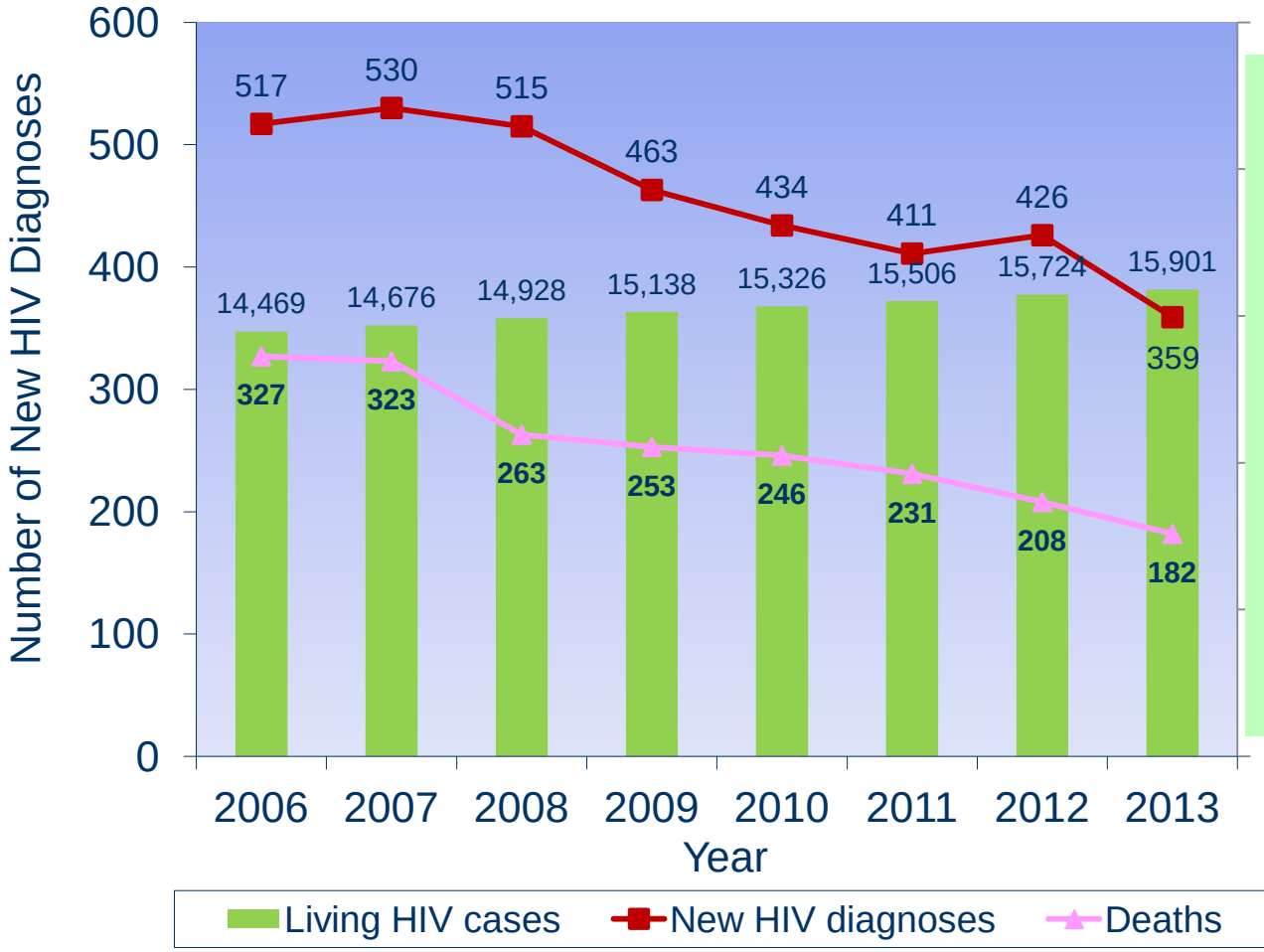


MISSION Statement

Coordinate a strategic plan to get San Francisco to zero new HIV infections, zero HIV-associated deaths and zero stigma

- Convey a sense of urgency and possibility among San Franciscans
- Empower and engage a broad diversity of stakeholders and create shared responsibility for achieving the vision
- Create communication and coordination amongst the various stakeholders to implement the strategic plan
- Mobilize all necessary resources to achieve the vision
- Develop robust metrics, and report progress annually on World AIDS Day
- Achieve this vision by ensuring the health and wellness of individuals and communities living with HIV and at risk for HIV

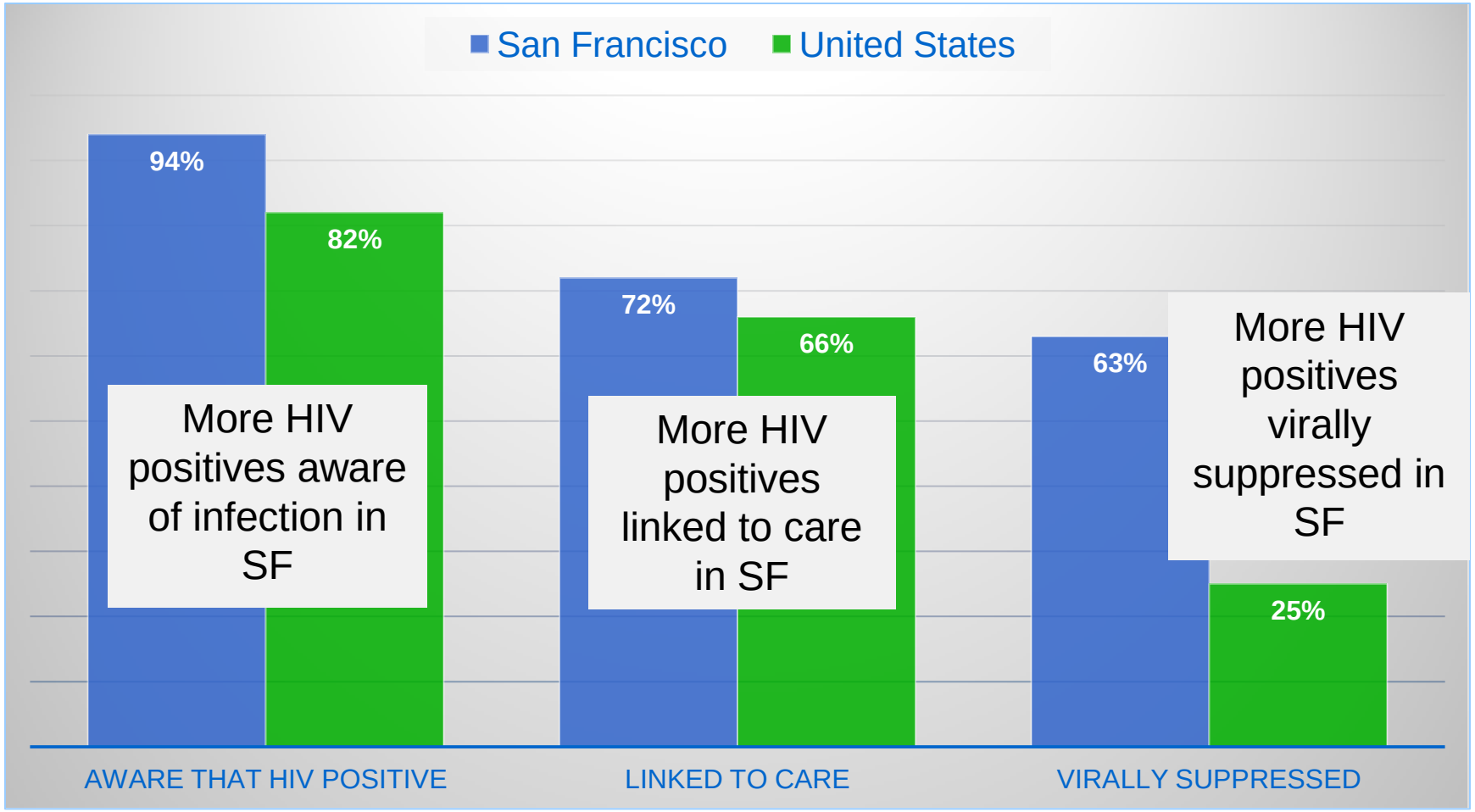
Overall decline in new HIV diagnoses and death in San Francisco, 2006-2013



Over the last 7 years:

- Decline in new HIV cases by 30%
- Decline in deaths by nearly half
- Increase in persons living with HIV

HIV Care Cascade, San Francisco vs. US 2012



Three Initiatives to Start

- Expand access to pre-exposure prophylaxis **(PrEP)** for San Franciscans at-risk for HIV infection
  - Daily Truvada taken can reduce HIV acquisition by >90%
- **RAPID ART**: Early diagnosis and treatment of HIV
  - Improved health of newly infected
  - Reduced risk of HIV transmission (reduce transmission >90%)
- **Retention** in HIV care

THE NEW YORKER

OCTOBER 1, 2013

WHY IS NO ONE ON THE FIRST TREATMENT TO PREVENT H.I.V.?

POSTED BY CHRISTOPHER GLAZEK

Fast vs. Slow Ideas

Anesthesia

- First demonstration Oct 1846
- First publication Nov 1846
- Mid-Dec: used in Paris, London
- Feb 1847: almost all Europe
- June 1847: most regions of the world
- Within 7 years, nearly every hospital US, Britain

Antiseptics

- First publication 1867
- 20 years later, surgeons used coats soaked in blood, re-used gauze without sterilization
- "It was a generation before Lister's recommendations became routine" – Guwande, New Yorker, July 29, 2003

PrEP Should Be a Fast Idea, Not a Slow One

-Evans and Van Gorder, Huffington Post, Oct 2013

"PrEP is an especially good option for people during "seasons of risk"…"

-James LoDuca, myprepexperience.blogspot.com

PrEP: What is Needed?

User

- Centralized website (SFAF)
- Hotline for users (PI)
- Navigators (SFCC)
- Access assistance (SFAF, PI)
- Education campaign (PrEP users speakers bureau, others)
- Increase provider capacity (SFDPH, others)

Provider

- Training (include Ob/Gyn, Peds, Psych)
- Warmline for consultations (SFGH)
- Online tools
- PrEP Programs (e.g., Kaiser, Magnet, City Clinic, Ward 86, BPAC, 360 clinic)

Measurement

- Uptake
- HIV infections in current/recent users
- ARV resistance
- Social harms
- HIV incidence
- STI incidence
- Cost

SF: Start Treatment Immediately

The New York Times

Monday, April 5, 2010 Last Update: 5:54 PM ET

City Endorses New Policy for Treatment of H.I.V.

By SABIN RUSSELL
Published: April 2, 2010

In a major shift of H.I.V. treatment policy, San Francisco public health doctors have begun to advise patients to start taking antiviral medicines as soon as they are found to be infected, rather than waiting — sometimes years — for signs that their immune systems have started to fail.

Enlarge This Image

Theo Rigby for The New York Times

Dr. Bradley Hare, an H.I.V.

The new, controversial city guidelines, to be announced next week by the Department of Public Health, may be the most forceful anywhere in their endorsement of early treatment against H.I.V., the virus that causes AIDS.

BAY AREA REPORTER

SF health officials advise early treatment for people with HIV

by Liz Highleyman

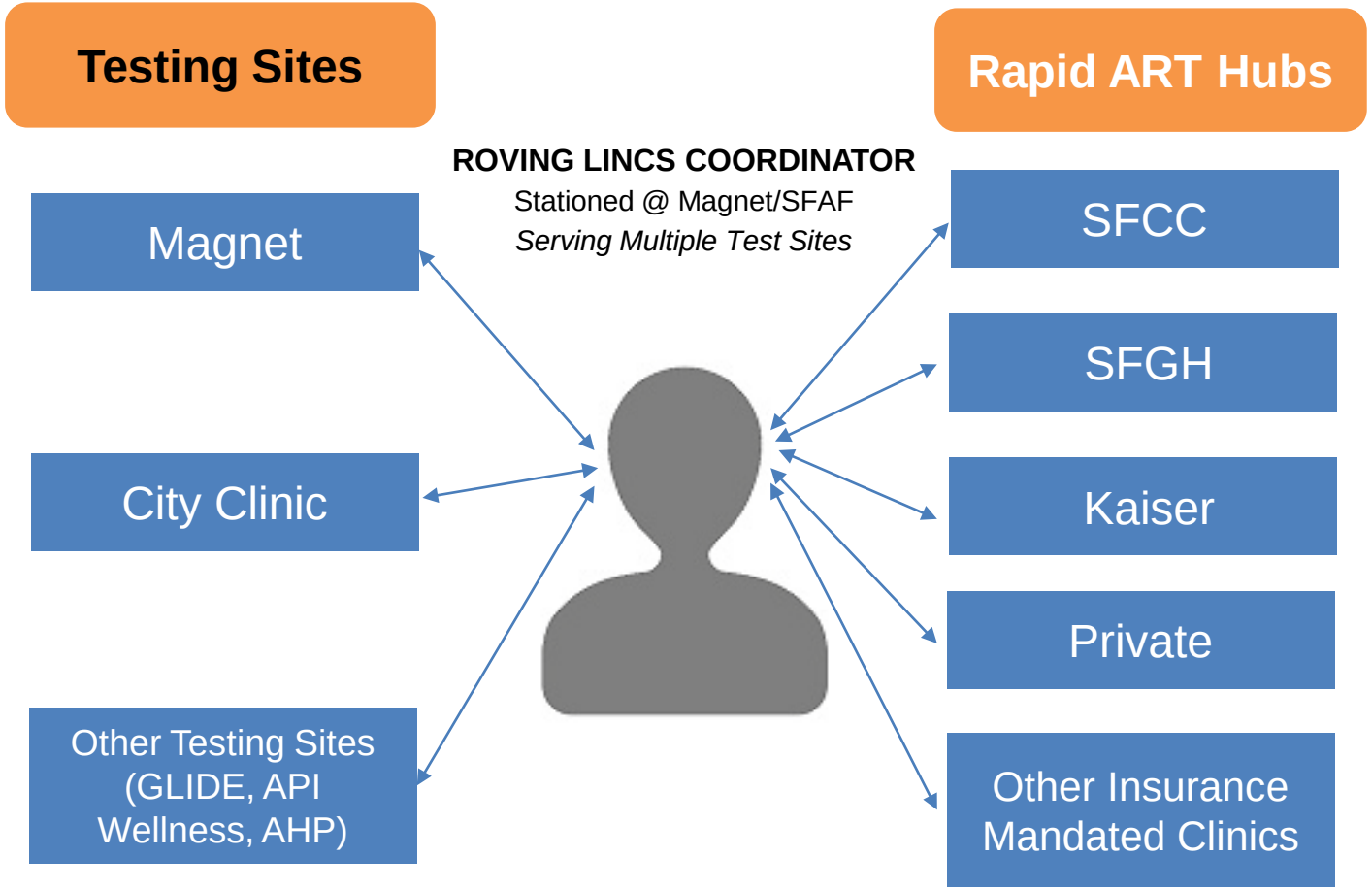
A standing-room only audience packed Carr Auditorium at San Francisco General Hospital on Tuesday to hear about the city's new policy recommending treatment for all people diagnosed with HIV regardless of CD4 T-cell count.

As first described in an April 2 article in the New York Times, the policy change reflects a shift from delaying antiretroviral therapy until a person's immune system sustains significant damage to encouraging everyone to receive treatment as soon as possible.

RAPID: What is Needed?

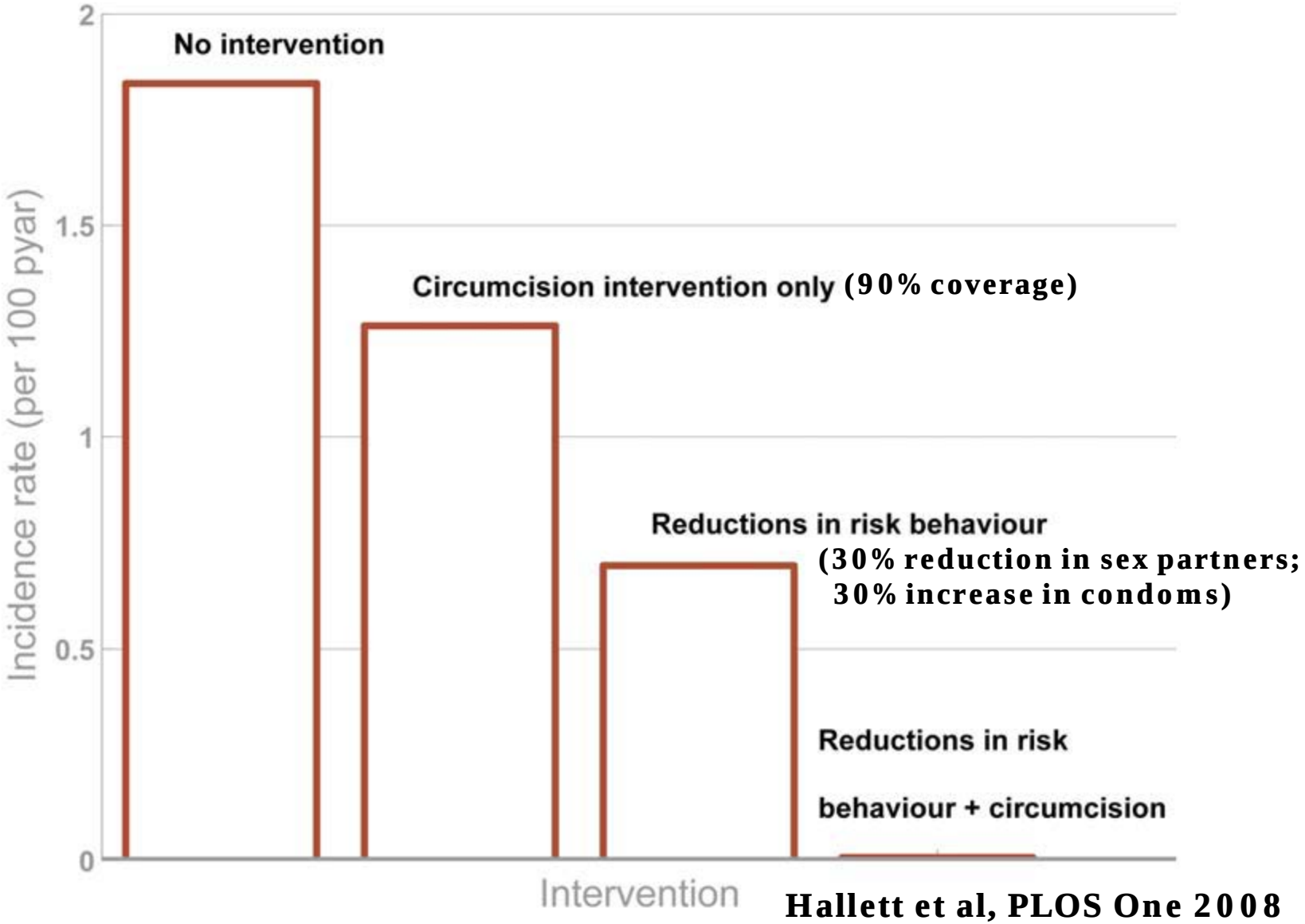
- Expand LINCS (Linkage, Integration, Navigation, Comprehensive Services)
- Emergency drug supply for start-up
- Clinical SOP for rapid start-up of ART
- Provider capacity building

Rapid ART Delivery



Retention in Care: What is Needed?

Synergy with VMMC plus behavior change



Hallett et al, PLOS One 2008