“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
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

PARTNERS
- SF City and County
- SFDPH
- UCSF, Other universities, Schools
- CBOs
- SF Foundation
- HIV Care and Prevention Planning Councils
- Community clinics, Kaiser, private providers

CONSORTIUM
Includes representatives from
- SFDPH
- UCSF
- Project Inform
- SF AIDS Foundation
- Kaiser Permanente
- API Wellness
- Positive Resource Center
- HIV Care and Prevention Councils
- HIV/AIDS Provider Network
- AIDS Legal Referral Panel
- Let’s Kick Ass
- Local and national government
- Community organizers

SAN FRANCISCO COMMUNITIES

Steering Committee
- D Havlir
- S Buchbinder
- D Van Gorder
- N Giuliano
- J Sheehy

Private Sector Advisory Group
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

- More HIV positives aware of infection in SF
- More HIV positives linked to care in SF
- More HIV positives virally suppressed in SF

San Francisco: AWARE THAT HIV POSITIVE = 94%, LINKED TO CARE = 72%, VIRALLY SUPPRESSED = 63%
United States: AWARE THAT HIV POSITIVE = 82%, LINKED TO CARE = 66%, VIRALLY SUPPRESSED = 25%
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
OCTOBER 1, 2013

THE NEW YORKER

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

POSTED BY CHRISTOPHER GLAZEK

[Image of prescription bottles]
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

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.

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.

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

ROVING LINCS COORDINATOR
Stationed @ Magnet/SFAF
Serving Multiple Test Sites

Testing Sites
- Magnet
- City Clinic
- Other Testing Sites (GLIDE, API Wellness, AHP)

Rapid ART Hubs
- SFCC
- SFGH
- Kaiser
- Private
- Other Insurance Mandated Clinics
Retention in Care: What is Needed?

- Interface of surveillance and providers
- Expand housing, mental health, substance treatment
- Cloud-based appointment system
- Pt transfer SOP
- Care navigation hotline
- LINCS
Synergy with VMMC plus behavior change

Hallett et al, PLOS One 2008