



HIV AND STDs IN SAN FRANCISCO



Health Commission Meeting
Sept 4, 2018



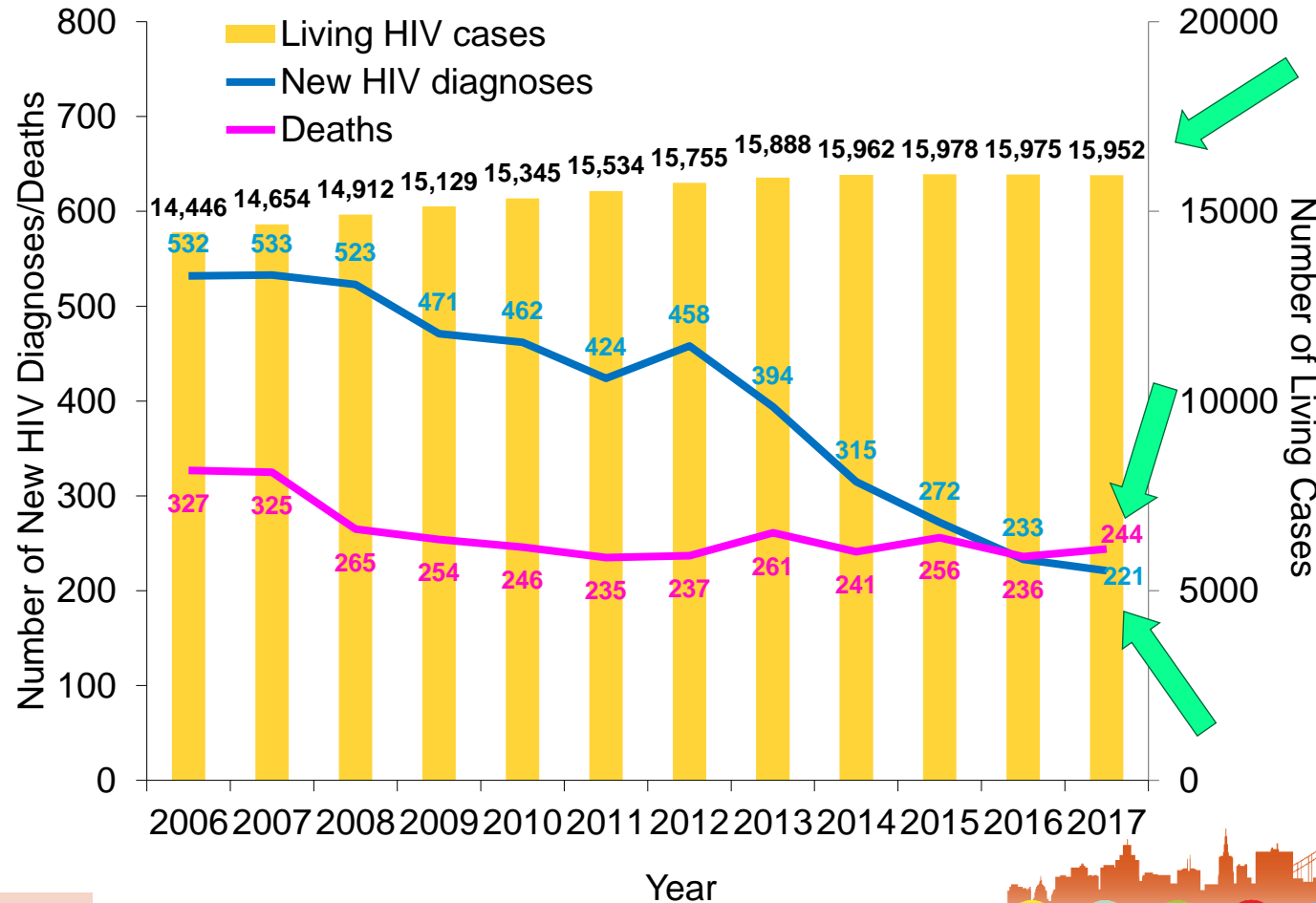
POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Outline of Presentations

1. Highlights from the Annual HIV Surveillance Report
2. Progress in HIV Getting to Zero
 - Pre-exposure prophylaxis
 - U=U (Undetectable equals Untransmittable)
 - Challenges of housing/mental health/substance use
3. Progress in addressing STDs



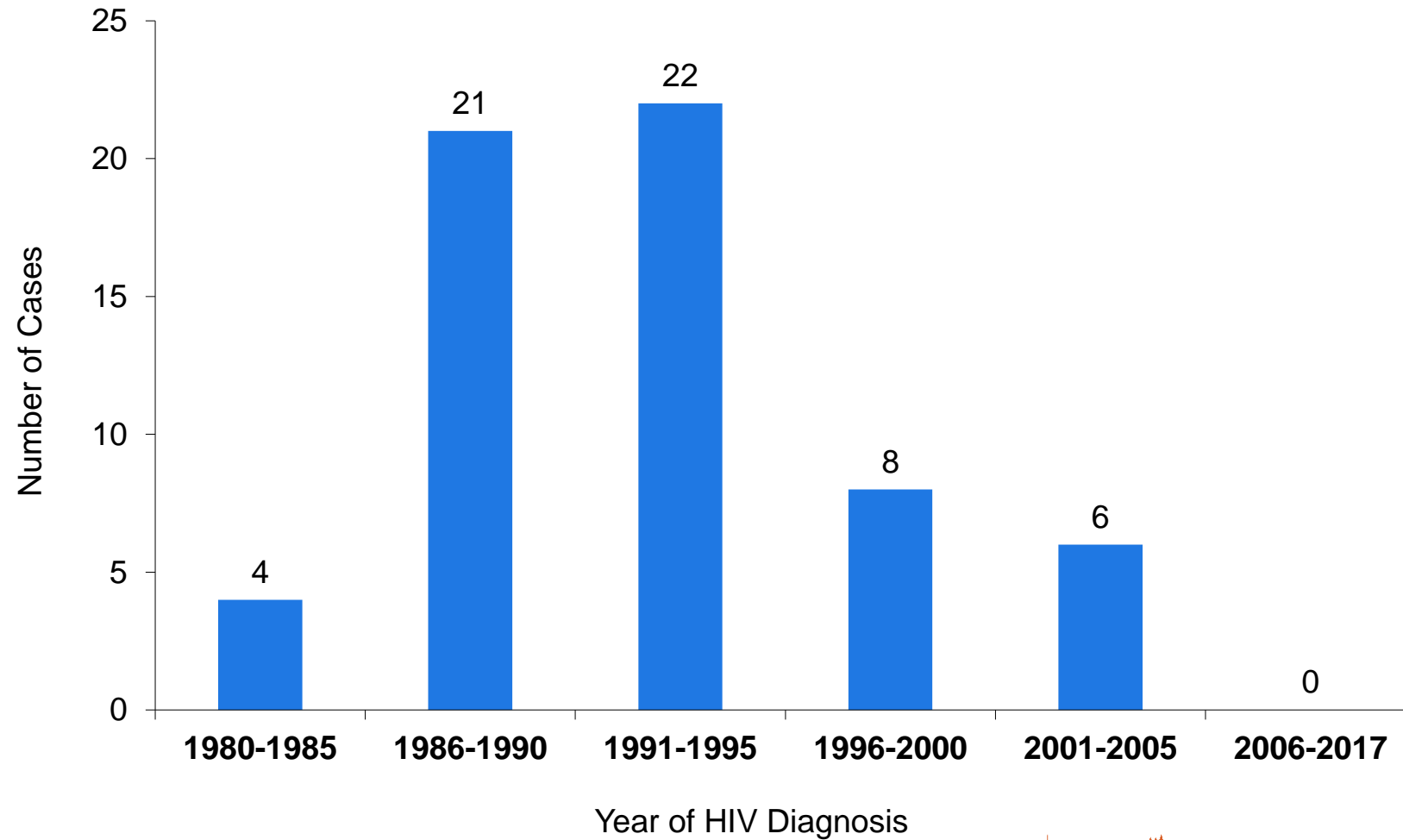
New HIV diagnoses, deaths, and prevalence, 2006-2017, San Francisco



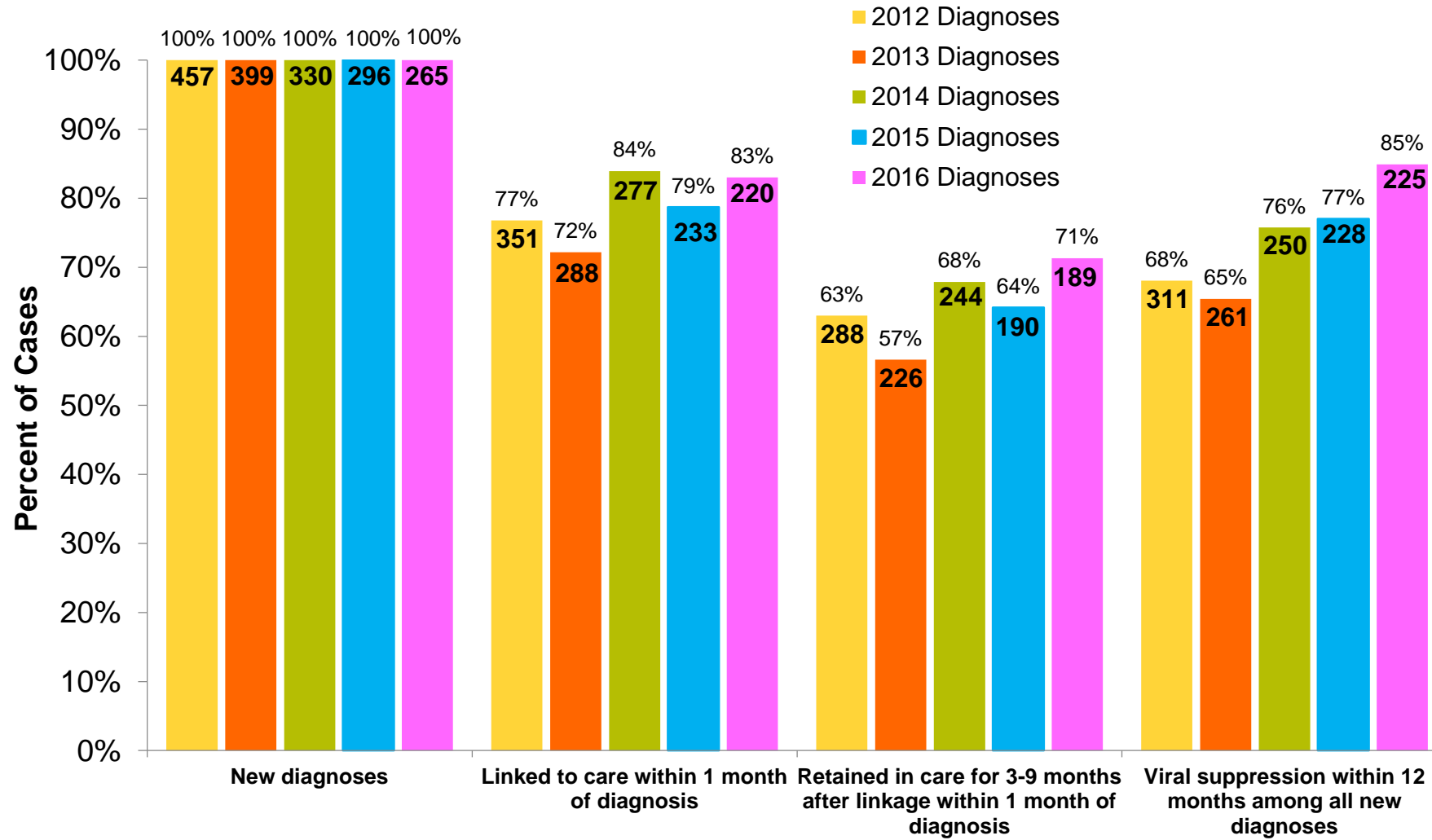
- Overall 94% of PLWH are aware of their HIV status
- New diagnoses **decreased** 5% between 2016-2017
- Number of deaths is level and may be slightly increasing
- Survival is **improving**; 65% of PLWH >50yrs
- Late diagnoses declined from 21% in 2012 to 11% in 2016



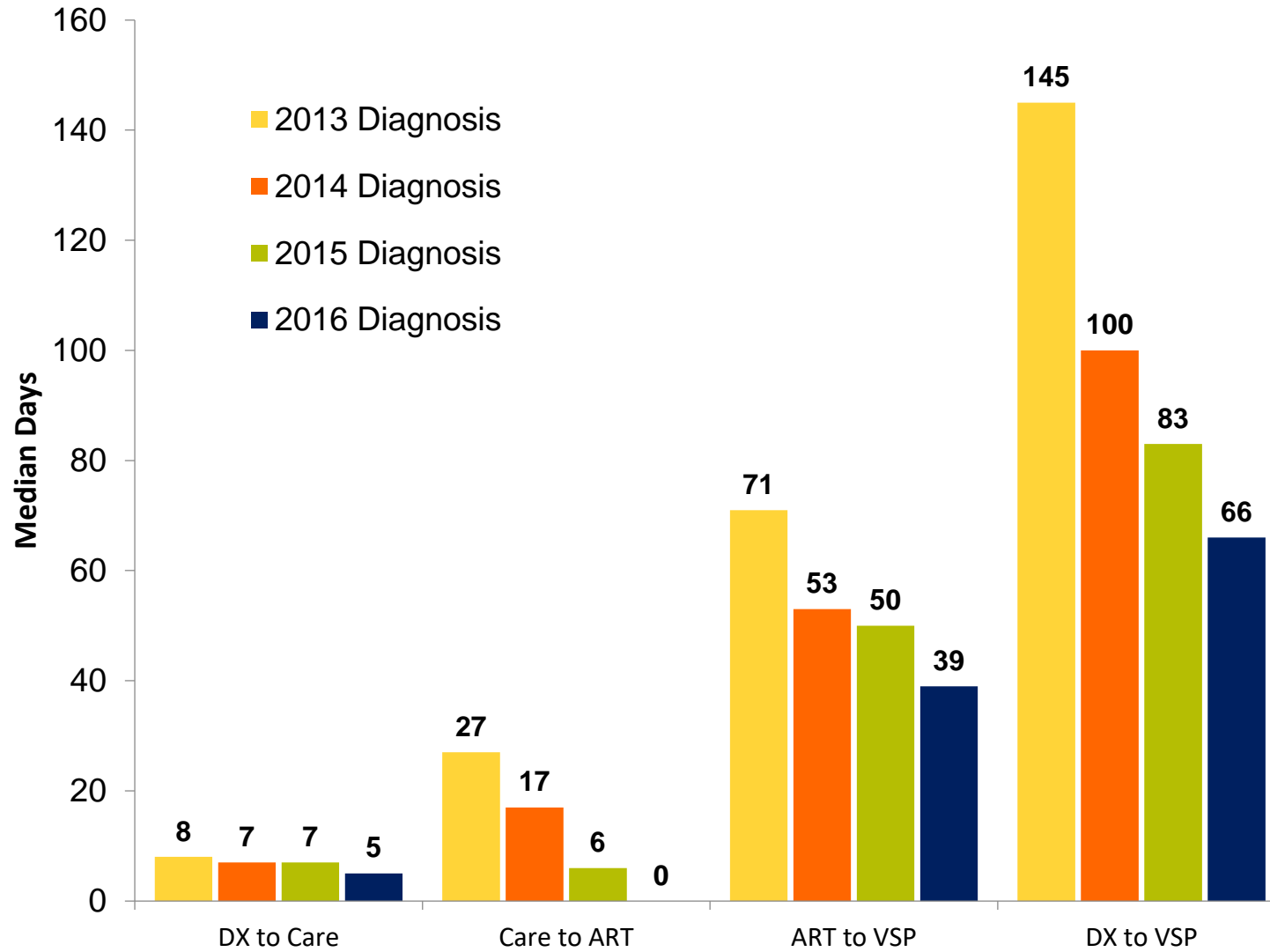
No Perinatal or Pediatric Cases (Age<13) Diagnosed Since 2005





Continuum of HIV care among persons diagnosed with HIV, 2012-2016, San Francisco



Faster Time to Care Indicators



Underlying causes of death among persons with HIV infection, 2006-2017, San Francisco

Underlying Cause of Death ¹	Year of Death						
	2006-2009		2010-2013		2014-2017		
	Number	(%)	Number	(%)	Number	(%)	
HIV	595	(51.8)	392	(41.2)	360	(37.8)	 HIV-related causes of death declining
Non-AIDS cancer	124	(10.8)	136	(14.3)	139	(14.6)	
Lung cancer	47	(4.1)	31	(3.3)	34	(3.6)	
Liver cancer	18	(1.6)	22	(2.3)	13	(1.4)	
Anal cancer	6	(0.5)	9	(0.9)	12	(1.3)	
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)	
Leukemia	0	(0.0)	6	(0.6)	1	(0.1)	
Hodgkins lymphoma	2	(0.2)	2	(0.2)	0	(0.0)	
Heart disease	87	(7.6)	83	(8.7)	101	(10.6)	 3 rd leading cause of death
Coronary heart disease	45	(3.9)	42	(4.4)	46	(4.8)	
Cardiomyopathy	6	(0.5)	4	(0.4)	8	(0.8)	
Accident	121	(10.5)	112	(11.8)	91	(9.5)	
Drug overdose	93	(8.1)	97	(10.2)	74	(7.8)	
Suicide	50	(4.4)	38	(4.0)	32	(3.4)	
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)	22	(2.3)	
Assault	8	(0.7)	9	(0.9)	12	(1.3)	
Cerebrovascular disease	8	(0.7)	10	(1.1)	12	(1.3)	
Mental disorders due to substance use	22	(1.9)	10	(1.1)	11	(1.2)	
Diabetes	1	(0.1)	11	(1.2)	10	(1.0)	
Viral hepatitis	10	(0.9)	8	(0.8)	7	(0.7)	
Renal disease	9	(0.8)	3	(0.3)	7	(0.7)	
Pneumonitis	2	(0.2)	2	(0.2)	5	(0.5)	
Septicemia	2	(0.2)	2	(0.2)	5	(0.5)	
Hyperlipidemia	2	(0.2)	2	(0.2)	4	(0.4)	
Undetermined intent	4	(0.3)	6	(0.6)	0	(0.0)	

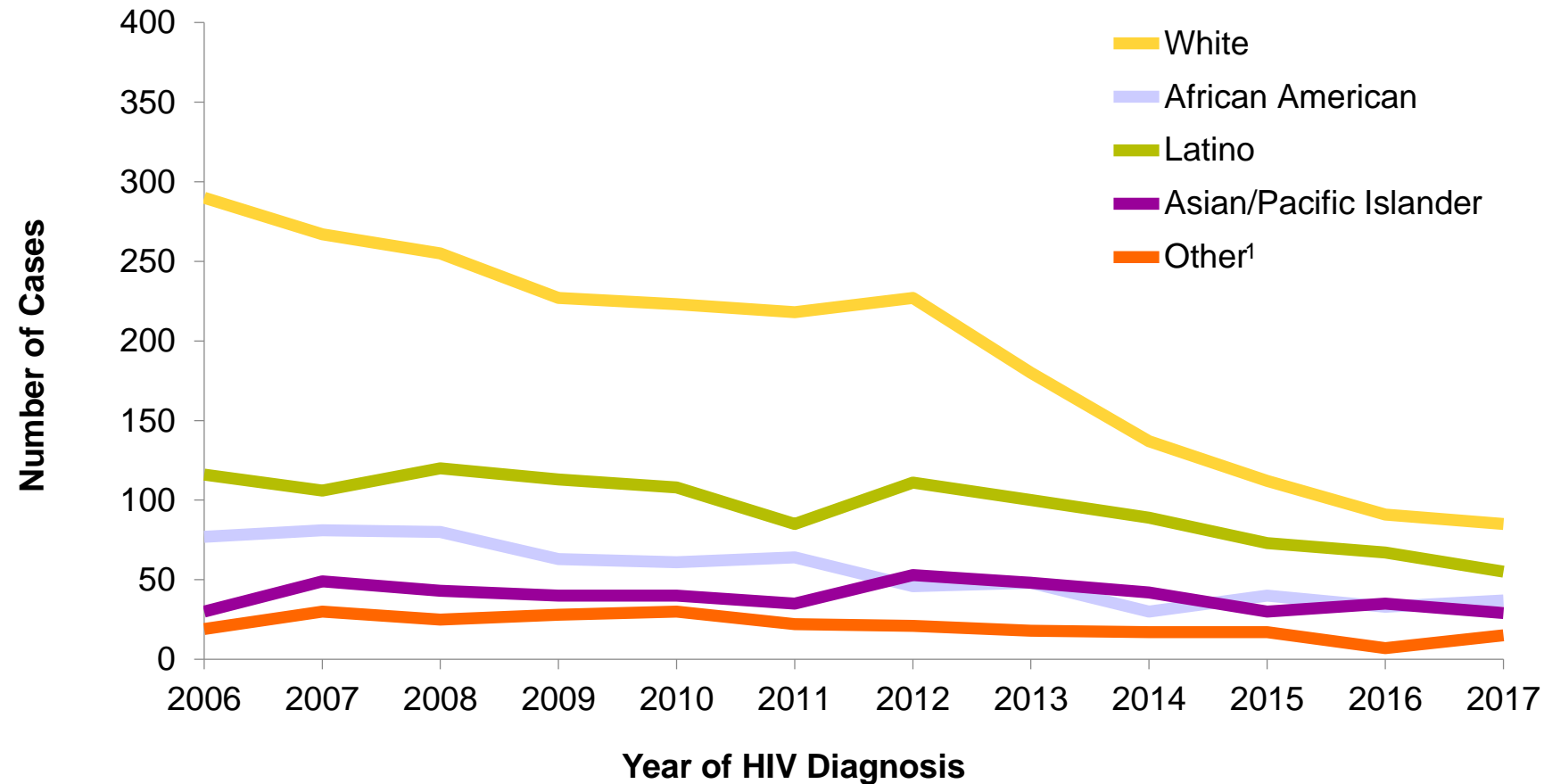


2nd leading cause of death



¹ Deceased HIV cases that lack cause of death information are not represented in this table.

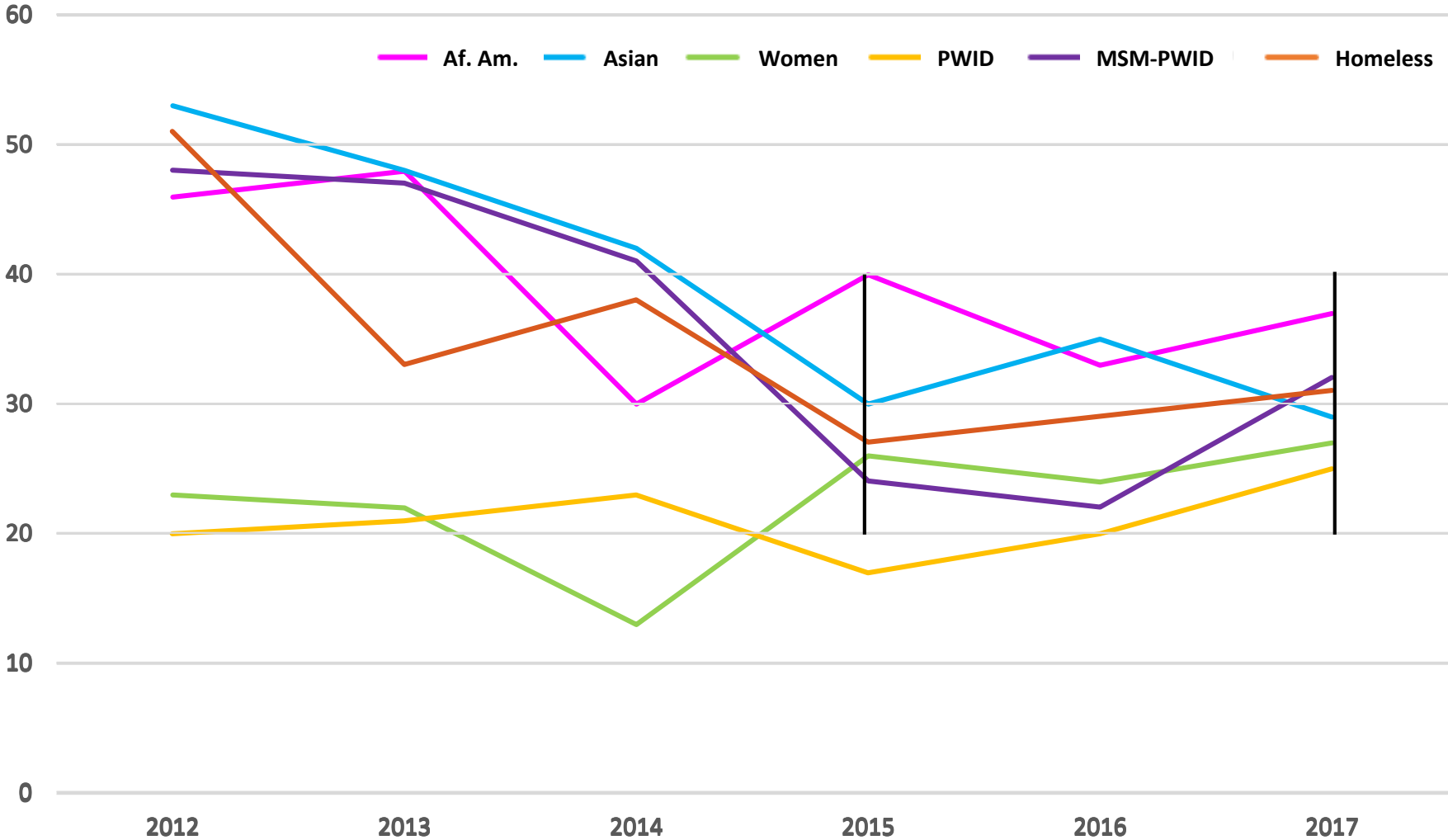
Number of persons diagnosed with HIV by race/ethnicity, 2006-2017, San Francisco



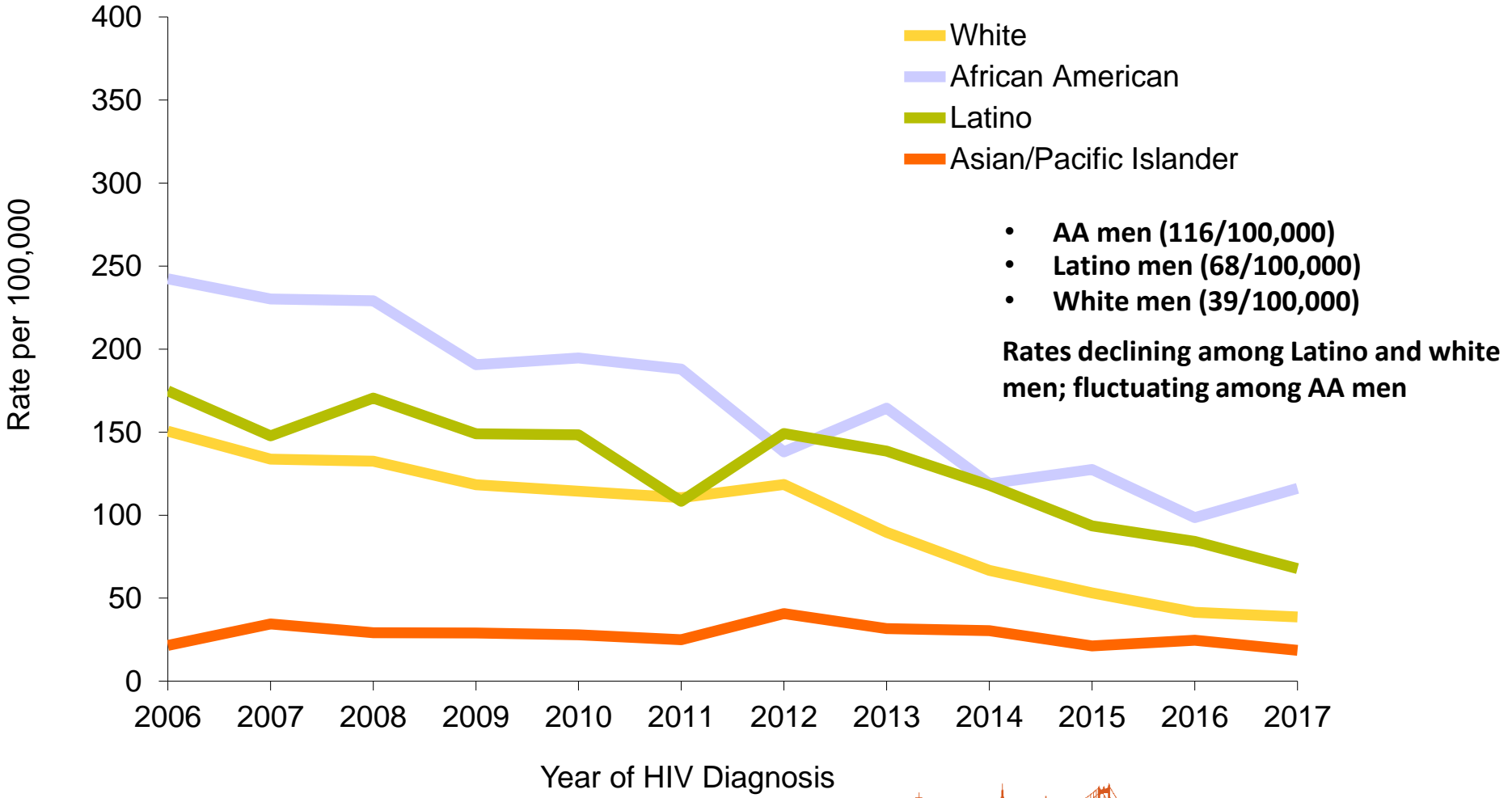
1 Cases in the "Other/Unknown" racial/ethnic category include 7% Native Americans, 90% multi-race, and 3% unknown.



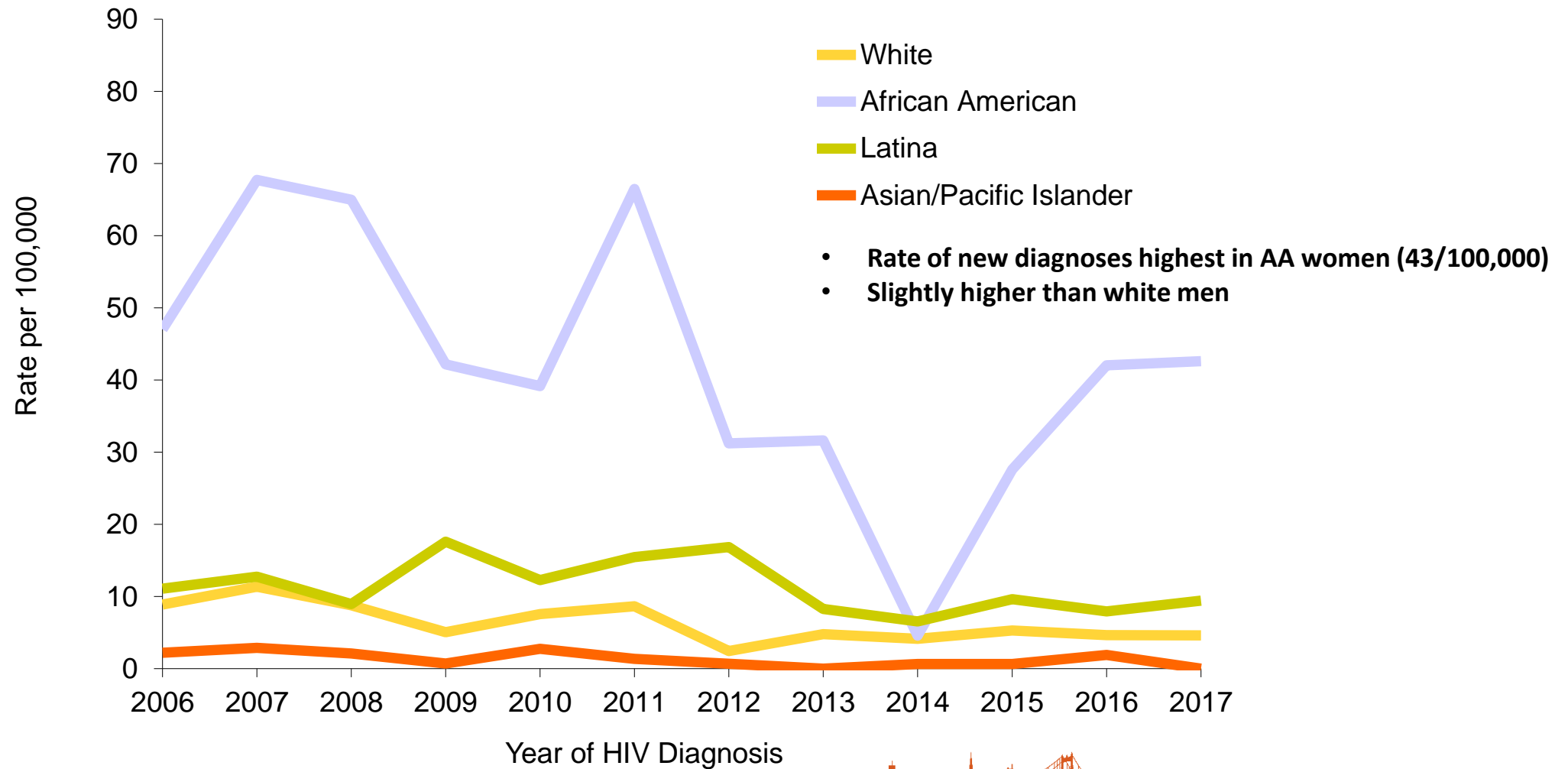
Number of New Diagnoses by Demographic Characteristics



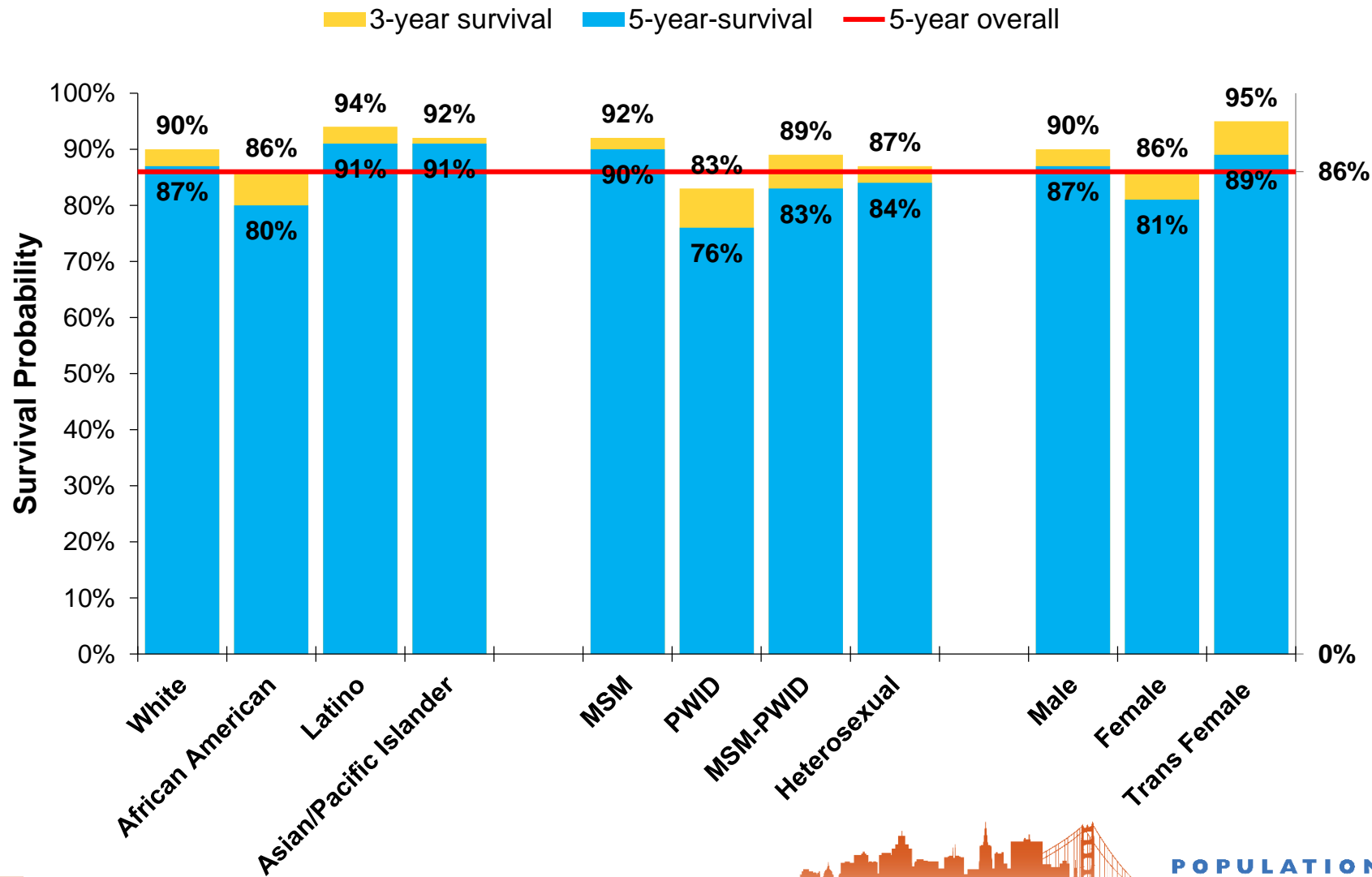
Annual rates of men diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2017, San Francisco



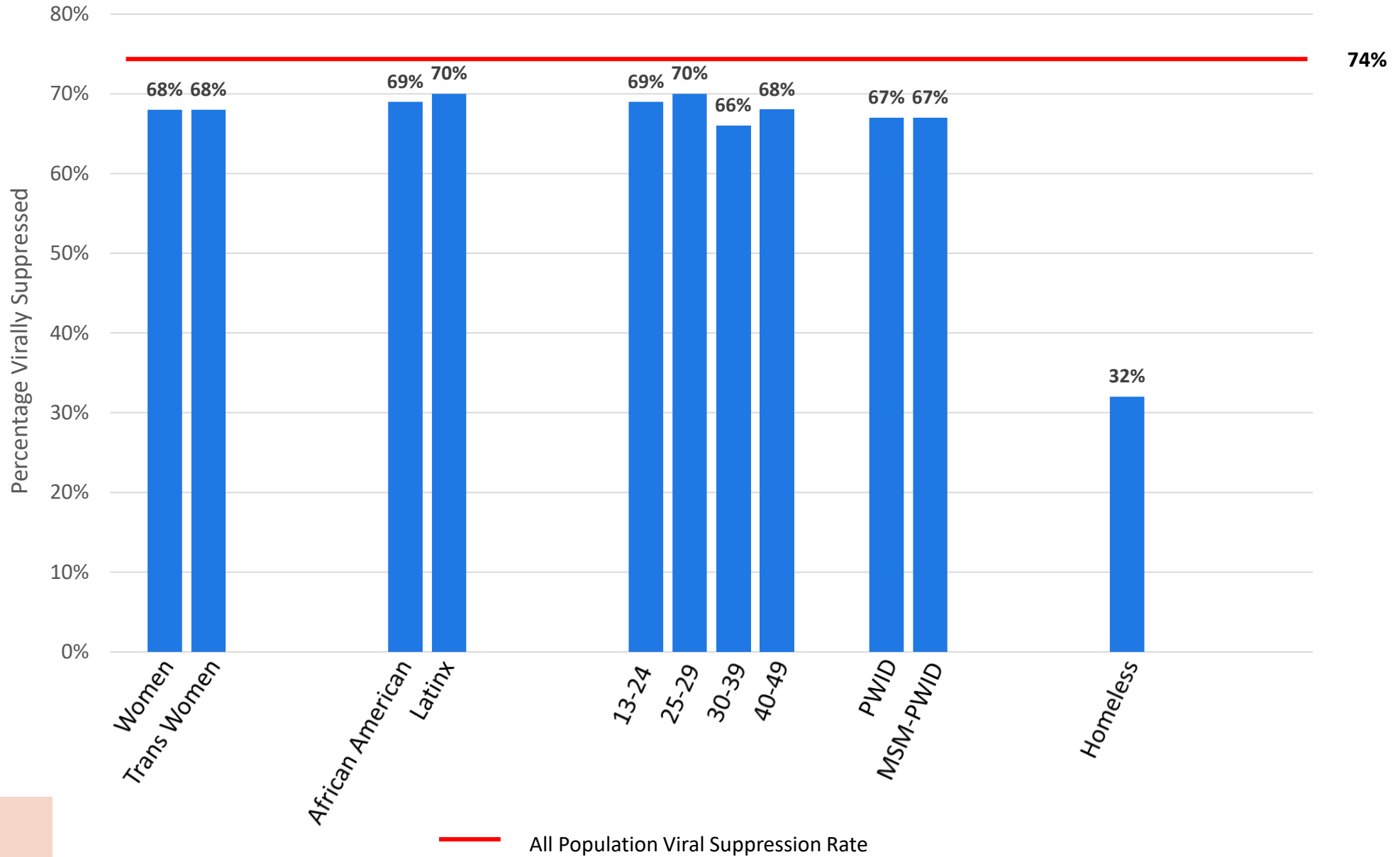
Annual rates of women diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2017, San Francisco



Health Disparities Survival After AIDS



Disparities in Viral Suppression

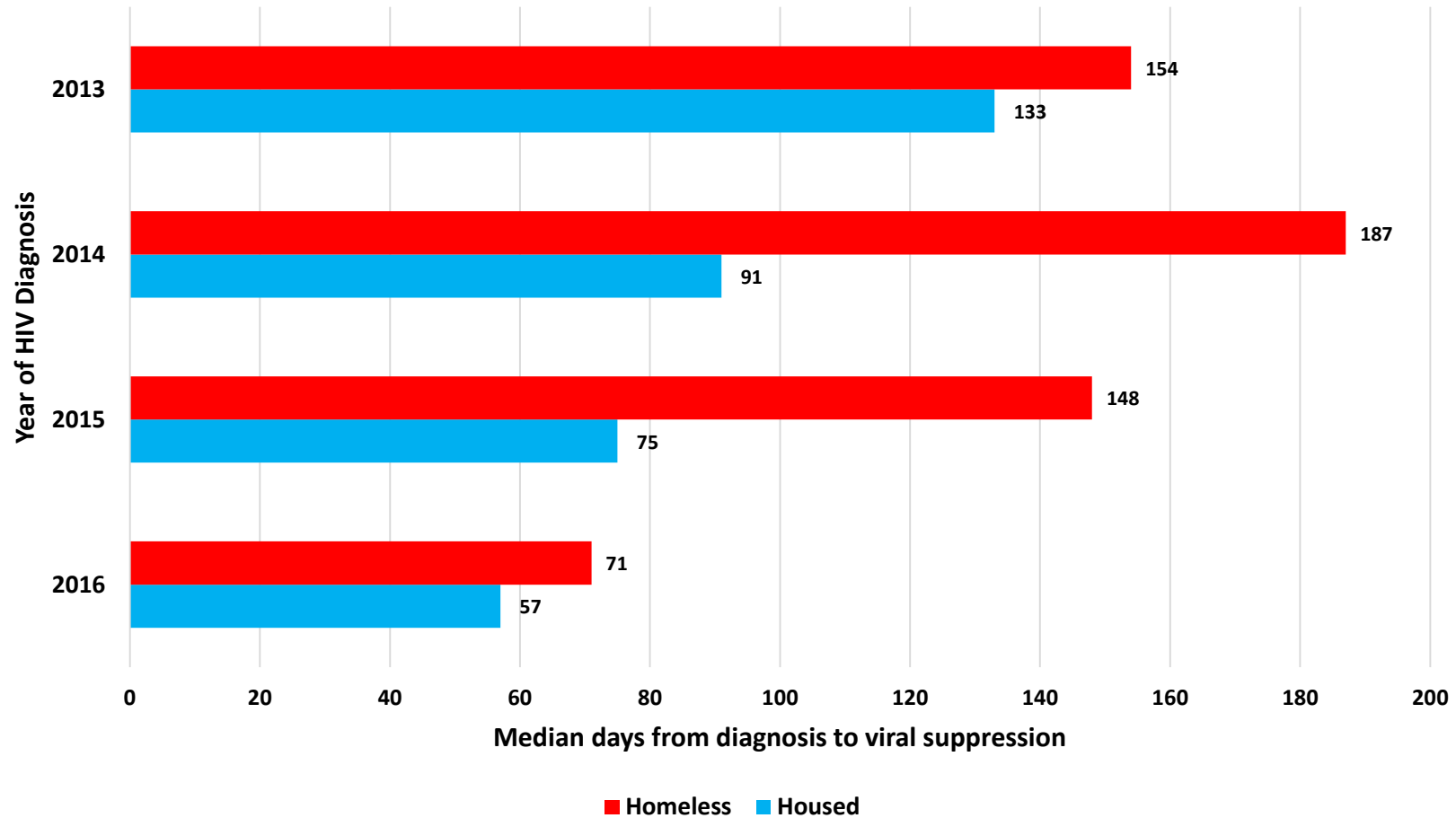


Characteristics of homeless persons compared to all persons diagnosed with HIV in 2006-2017, San Francisco

	Homeless HIV Cases 2006-2017		HIV Cases 2006-2017	
	Number	(%)	Number	(%)
Total	543		4,838	
Gender¹				
Men	412	(76)	4,313	(89)
Women	78	(14)	367	(8)
Trans Women	53	(10)	155	(3)
Race/Ethnicity				
White	232	(43)	2,312	(48)
African American	143	(26)	660	(14)
Latino	109	(20)	1,143	(24)
Asian/Pacific Islander	16	(3)	474	(10)
Other/Unknown	43	(8)	249	(5)
Transmission Category				
MSM	177	(33)	3,403	(70)
PWID	134	(25)	327	(7)
MSM-PWID	179	(33)	675	(14)
Heterosexual	40	(7)	294	(6)
Other/Unidentified	13	(2)	139	(3)
Age at Diagnosis (Years)				
0 - 17	1	(<1)	18	(<1)
18 - 24	85	(16)	580	(12)
25 - 29	100	(18)	812	(17)
30 - 39	141	(26)	1,523	(31)
40 - 49	130	(24)	1,253	(26)
50+	86	(16)	652	(13)

Closing the Gap

Time from HIV Diagnosis to Viral Suppression by Housing Status, 2013-2016, San Francisco



Getting to Zero Programs and Progress

PrEP

- Community programs
- PC navigators
- Access to Truvada for youth
- Pharmacy delivered PrEP

RAPID

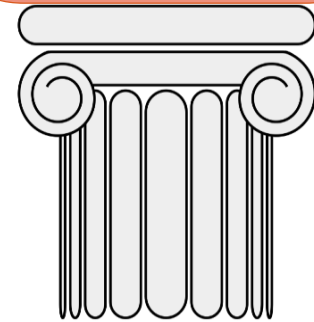
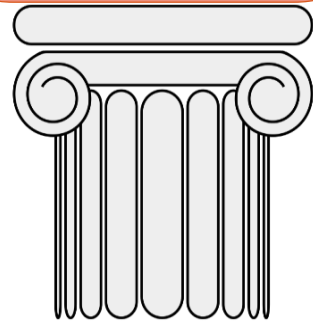
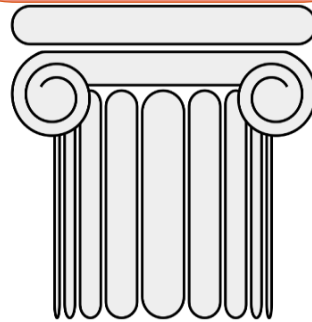
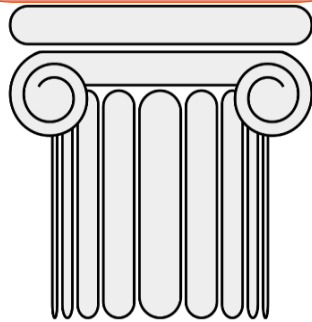
- RAPID detailing
- Protocol development & dissemination

Re-engagement & Retention

- Community programs to provide support
- Ward 86 staff and programs

Reducing Stigma

- Trauma informed care approach
- Systems change to reduce stigma
- U=U



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 and disposal

Health ed/risk reduction

STD testing & treatment

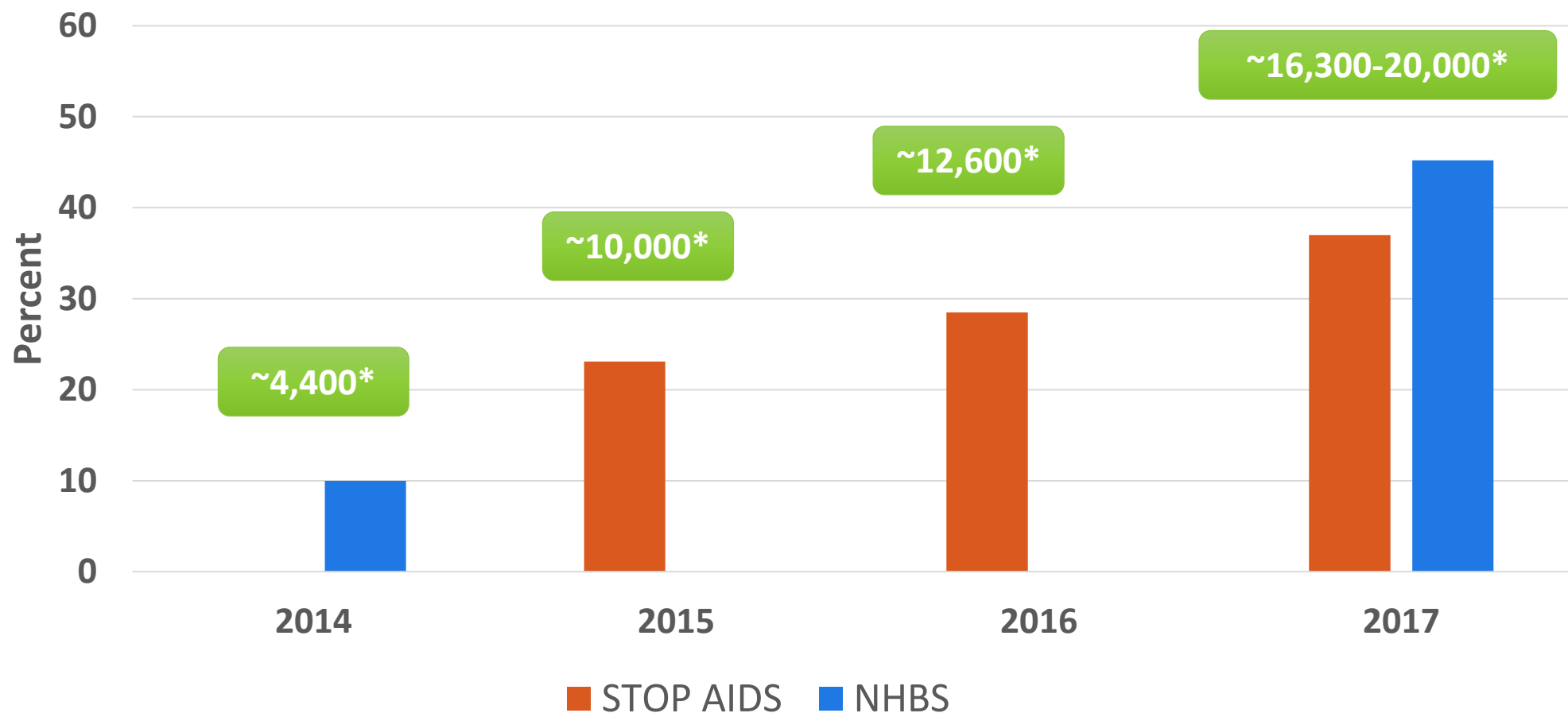
Prevention with positives

HIV testing



PrEP Use (Last Year) among HIV-negative MSM

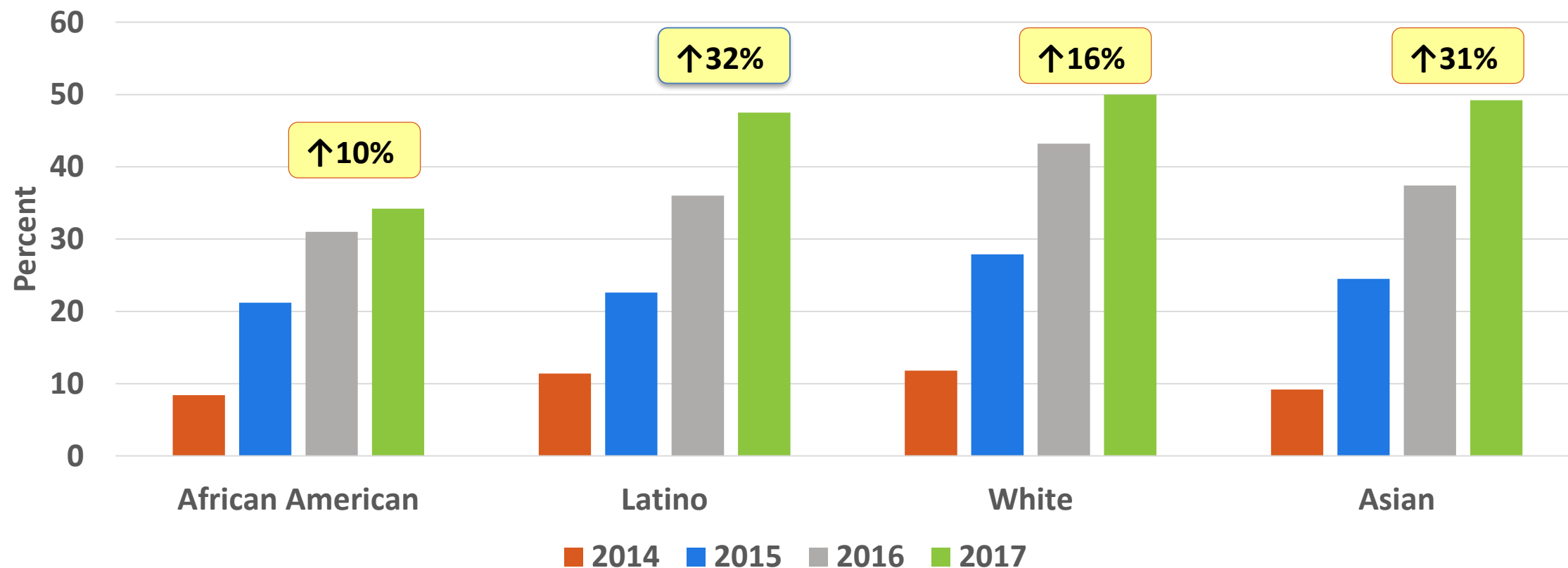
NHBS and STOP AIDS surveys



*Based on estimated sample size of 44,154 HIV negative MSM in SF in 2014
Hughes et al, J Urban Health 2017

% of MSM “PrEP Candidates” Currently on PrEP by Race/Ethnicity

San Francisco City Clinic



Undetectable = Untransmittable (U=U)

- Data from many studies have now shown that if a person living with HIV who is consistently on treatment has a persistently undetectable viral load, they cannot transmit to their uninfected sexual partner (“risk is so small as to be essentially zero”)
 - True for both heterosexuals and MSM
 - Don’t know about injection drug transmission, breastfeeding
- Big international campaign to get the word out that “U=U”
 - May be one of the most effective anti-stigma campaigns we can have
 - Also has legal implications (to try to decriminalize HIV infection)



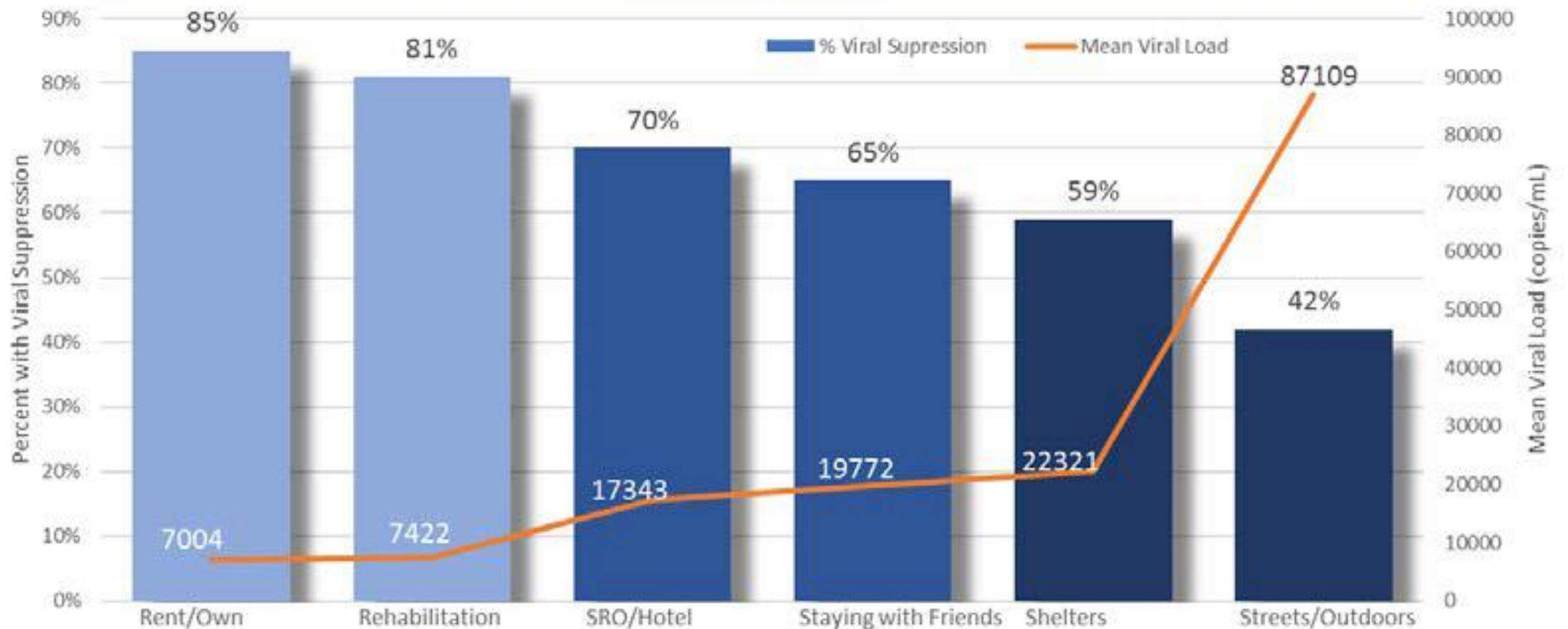
Challenges with Homelessness

- Proportion of people newly diagnosed with HIV who are homeless is 14%. National guidelines say should be no greater than 5%.
- People who are homeless have worse viral loads (worse for their health and risk of transmission to others)
- Homeless is a substantial contributor to deaths among people with HIV



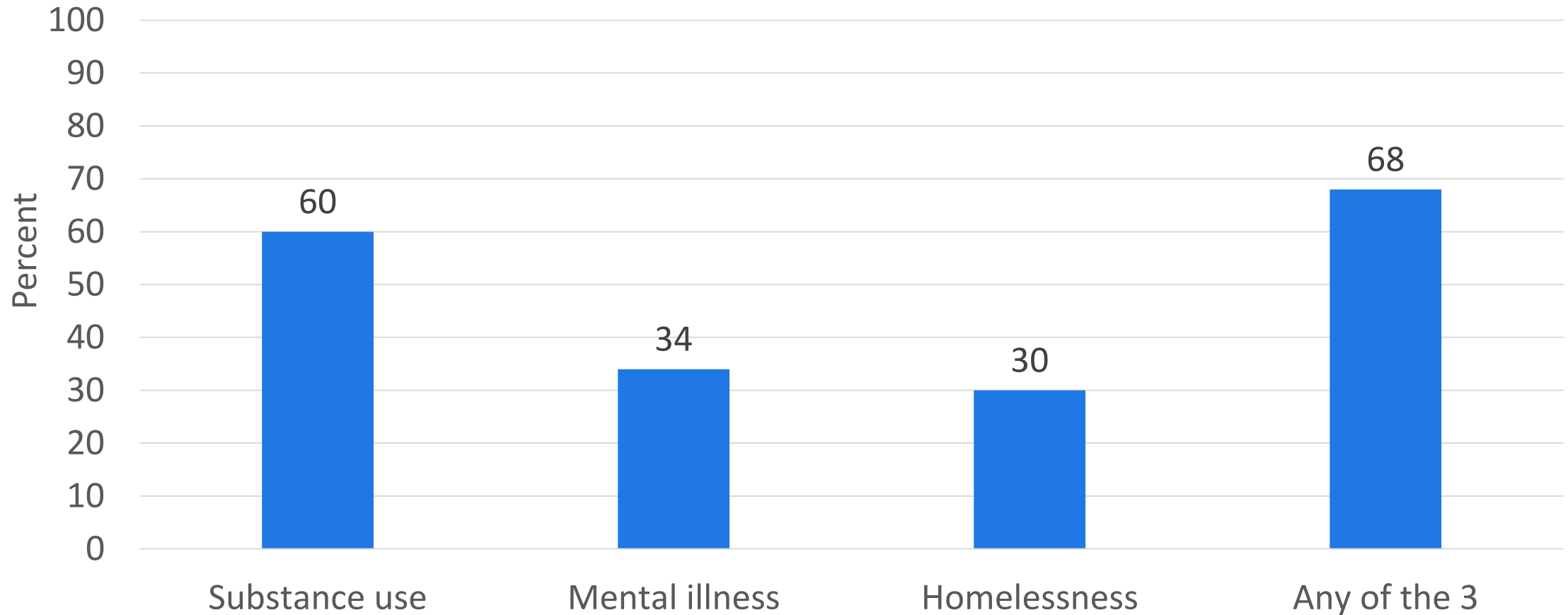
At Ward 86, relationship of viral suppression and “degree of homelessness”

Percent of Patients with Viral Suppression and Mean Viral Load by Living Arrangement among PLHIV at Ward 86 (N=1213)



Contribution to deaths among people with HIV

% of deaths in which these factors contributed to death

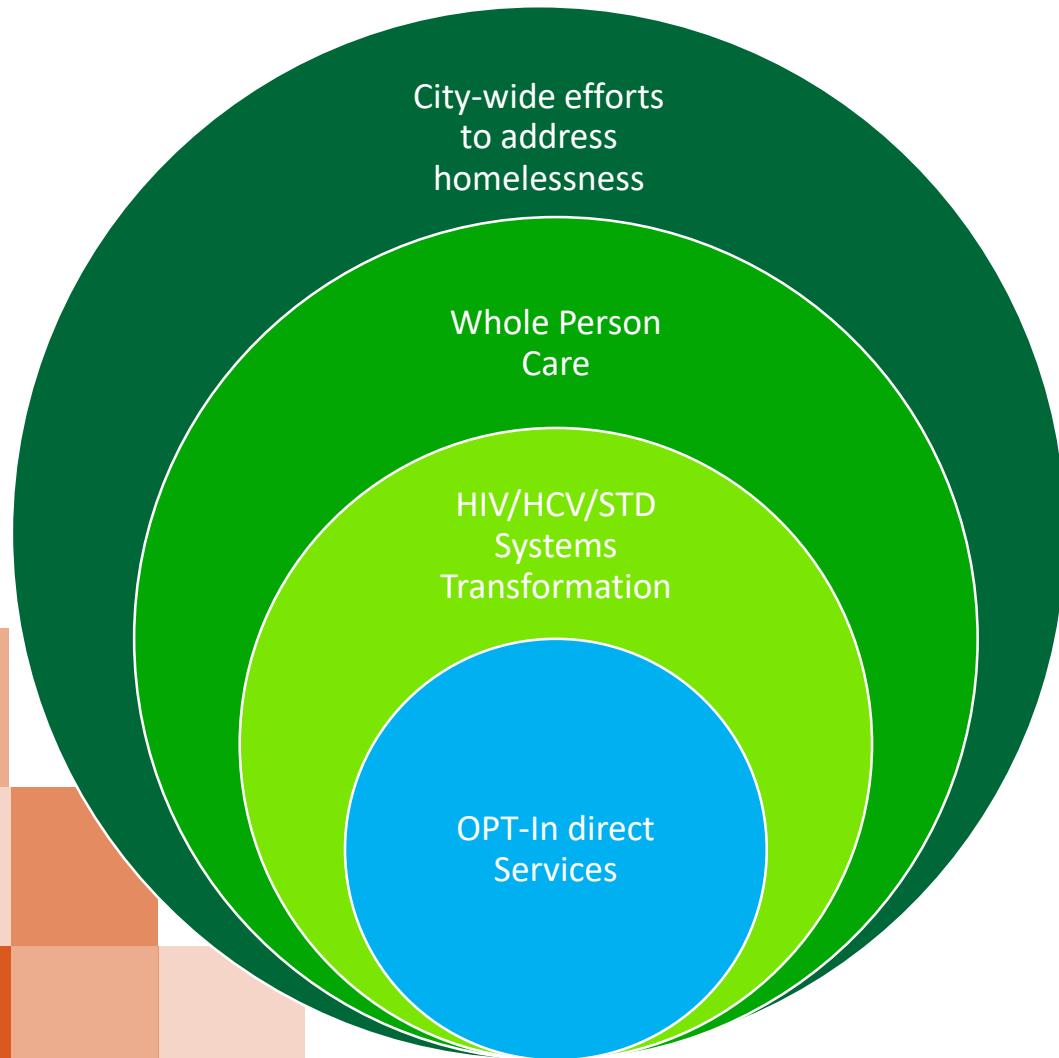


Project OPT-IN

- **Outreach** and engage homeless individuals
- **Prevent** new HIV and HCV infections by scaling up access to HIV/HCV/STD testing and PrEP to at-risk homeless individuals
- **Treat** HIV, STDs, and HCV infections aggressively among target populations
- **Implement** a series of data-based strategies to identify and reach those with the greatest need for PrEP and HIV/HCV treatment
- **Network** with existing service providers and ensure INtegrated, open-access to city-wide resources available to people who are homeless



OPT-In is a pilot project that builds off of existing work to improve health outcomes among homeless



Ensure city-wide efforts to address homelessness adequately incorporate the unique needs of PLWH and people at-risk for HIV

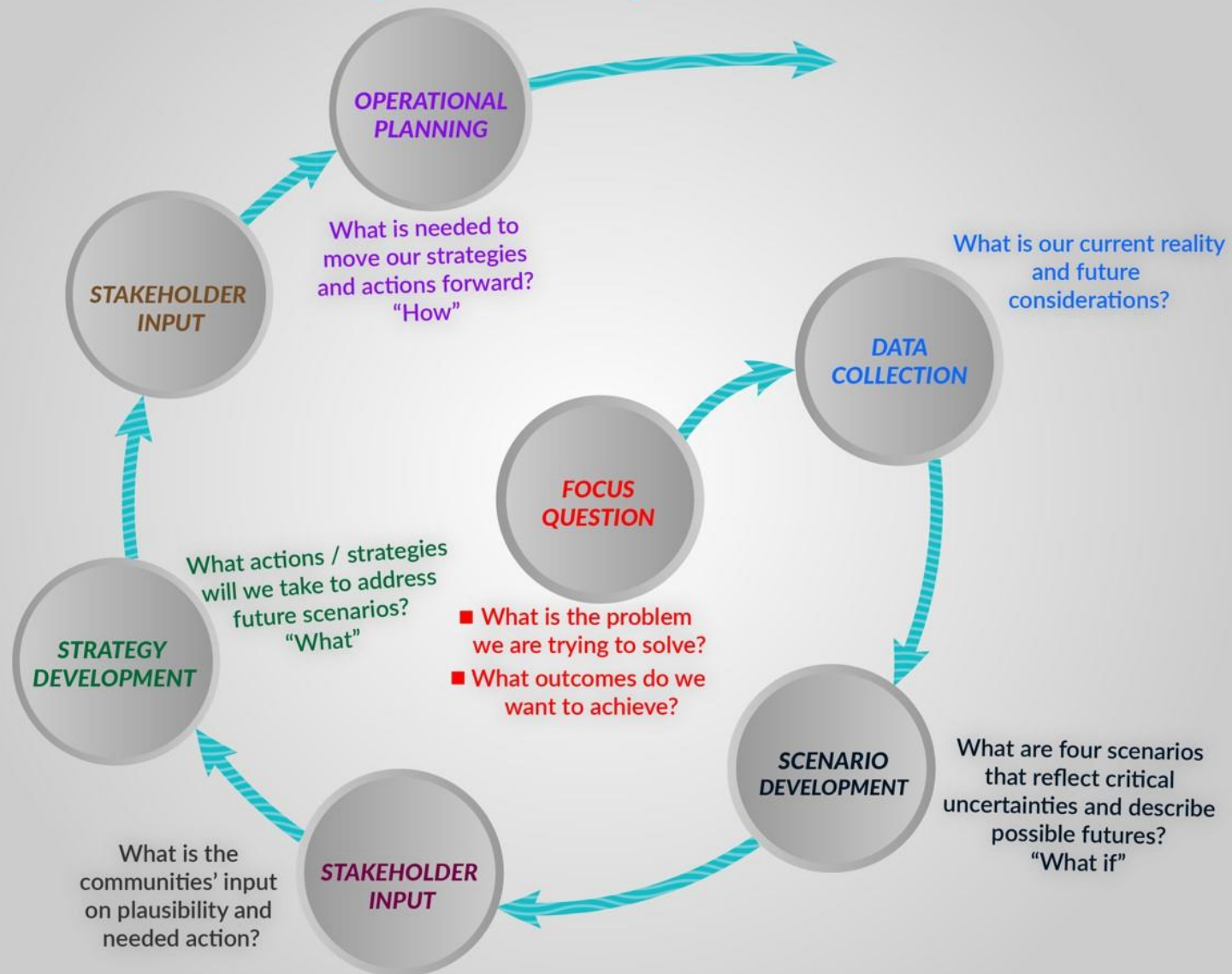
Leverage DPH-wide initiatives to improve care coordination and health outcomes among homeless by ensuring appropriate linkage to HIV/HCV/STD prevention and care services

Finalize HIV/HCV/STD roadmap strategy and ensure future resources align with community priorities and increasing health equity

Scale up direct HIV/HCV/STD outreach, prevention and treatment services for homeless individuals



Roadmap Development Process



San Francisco PrEP Services



Pharmacy Delivered PrEP Mission Wellness Pharmacy



One Stop PrEP At Mission Wellness Pharmacy	
Total # starting PrEP	12
# Black MSM	0
# Latino MSM	3
# young MSM	3
# trans women	1

Note: Subpopulations do not add up to total, because some people fall into more than one subpopulation, and additional populations not listed here are included in total.

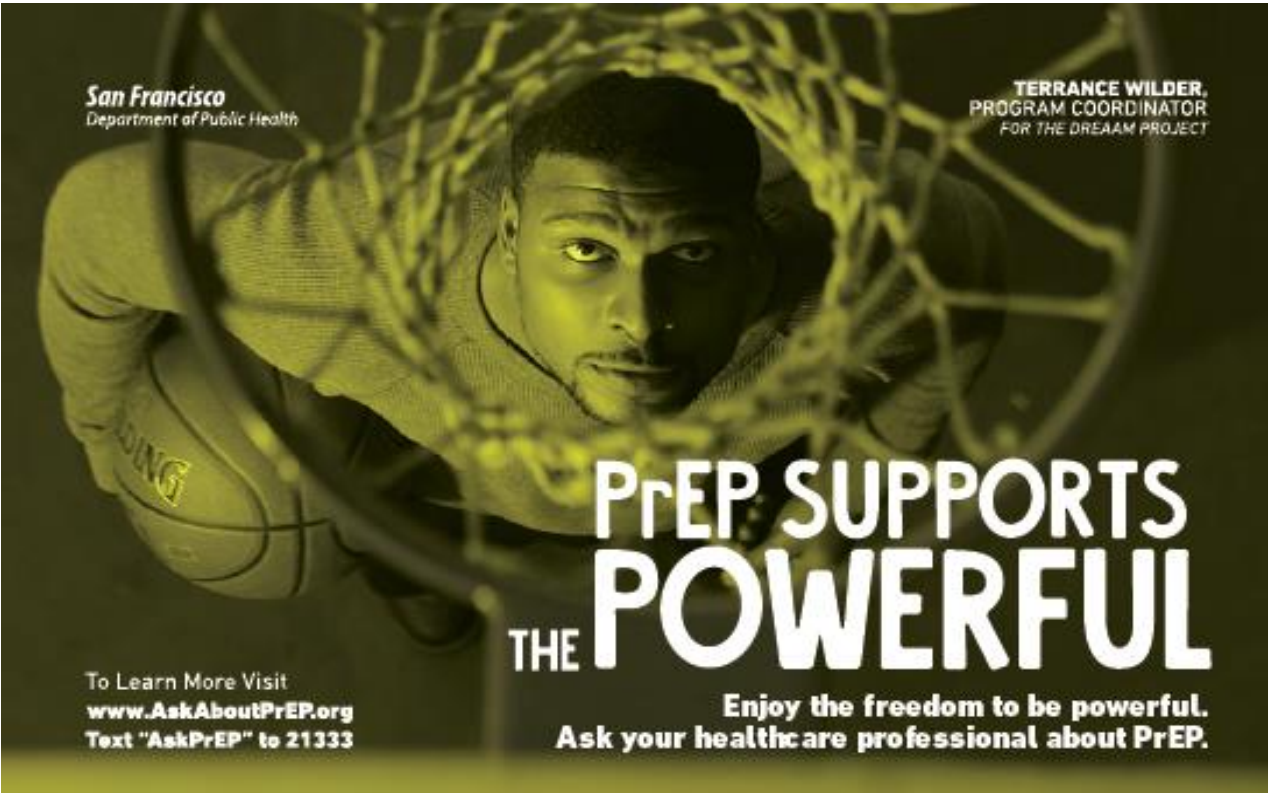


prepsupports
Mission Wellness





Your Freedom, Your Choice.
PrEP is here to support you.



San Francisco
 Department of Public Health

TERRANCE WILDER,
 PROGRAM COORDINATOR
 FOR THE DREAM PROJECT

**PrEP SUPPORTS
 THE POWERFUL**

To Learn More Visit
www.AskAboutPrEP.org
 Text "AskPrEP" to 21333

**Enjoy the freedom to be powerful.
 Ask your healthcare professional about PrEP.**



LEE RICKIE, FASHION DESIGNER
 SHAWN PURCELL-DAVENPORT, MODEL

San Francisco
 Department of Public Health

**PrEP SUPPORTS
 THE CREATIVE**

**Enjoy the freedom to be creative.
 Ask your healthcare professional about PrEP.**

PrEP is a once daily pill that can prevent HIV transmission. PrEP is now more than 99% effective at reducing the risk of getting HIV when taken as directed. PrEP is Safe and effective but doesn't protect against other STDs.

to learn more about how PrEP can support you visit
www.AskAboutPrEP.org or Text "AskPrEP" to 21333

IFR and SFDPH VIVA PrEP Collaboration: Latino Community

San Francisco Department of Public Health

INSTITUTO FAMILIAR DE LA RAZA, INC.

VIVA PrEP

"Mi hijo es mi orgullo y se protege."

UNA PASTILLA UNA VEZ AL DIA PREVIENE EL VIH

INFORMATE (415) 240-4104

San Francisco Department of Public Health

INSTITUTO FAMILIAR DE LA RAZA, INC.

VIVA PrEP

"Una herramienta mas."

UNA PASTILLA UNA VEZ AL DIA PREVIENE EL VIH

INFORMATE (415) 240-4104

San Francisco Department of Public Health

INSTITUTO FAMILIAR DE LA RAZA, INC.

VIVA PrEP

"Lista y preparada para triunfar."

UNA PASTILLA UNA VEZ AL DIA PREVIENE EL VIH

INFORMATE (415) 240-4104

Number Starting PrEP as of 7/31/18

	Community Sites	Clinical Sites	TOTAL
Total # starting PrEP	513	879	1378
# Black MSM	40	94	133
# Latino MSM	116	265	376
# young MSM	59	156	214
# trans women	33	21	53

Note: Subpopulations do not add up to total, because some people fall into more than one subpopulation, and additional populations not listed here are included in total.

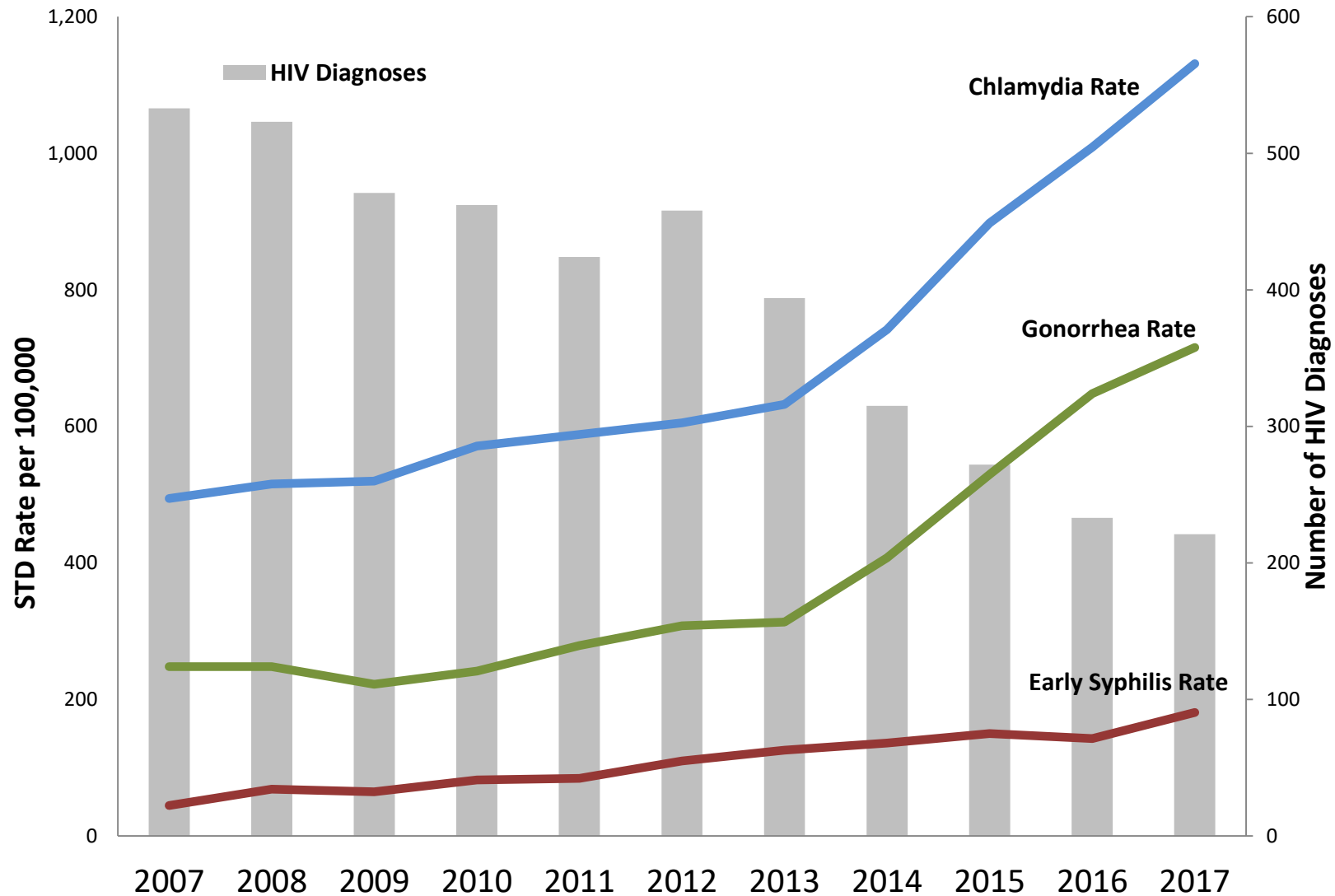


STD Prevention in San Francisco

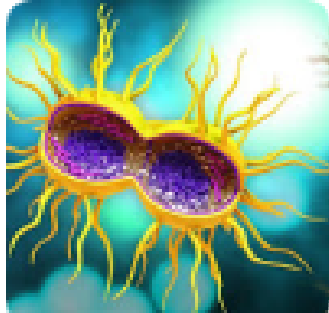


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STD Increases Continue Even as HIV Diagnoses Decline



STDs increasing in CA, U.S., and Beyond



N Newsweek

STDs: CDC Says More People in U.S. Are Getting Chlamydia, Gonorrhea and Syphilis Than Ever Before

STDs reach all-time high in California, leading to spike in stillbirths due to syphilis, state health authorities say

Christopher Weber, Associated Press Published 9:41 a.m. ET May 15, 2018

CNN Health » Food | Fitness | Wellness | Parenting | Vital Signs Live TV U.S. Edition +

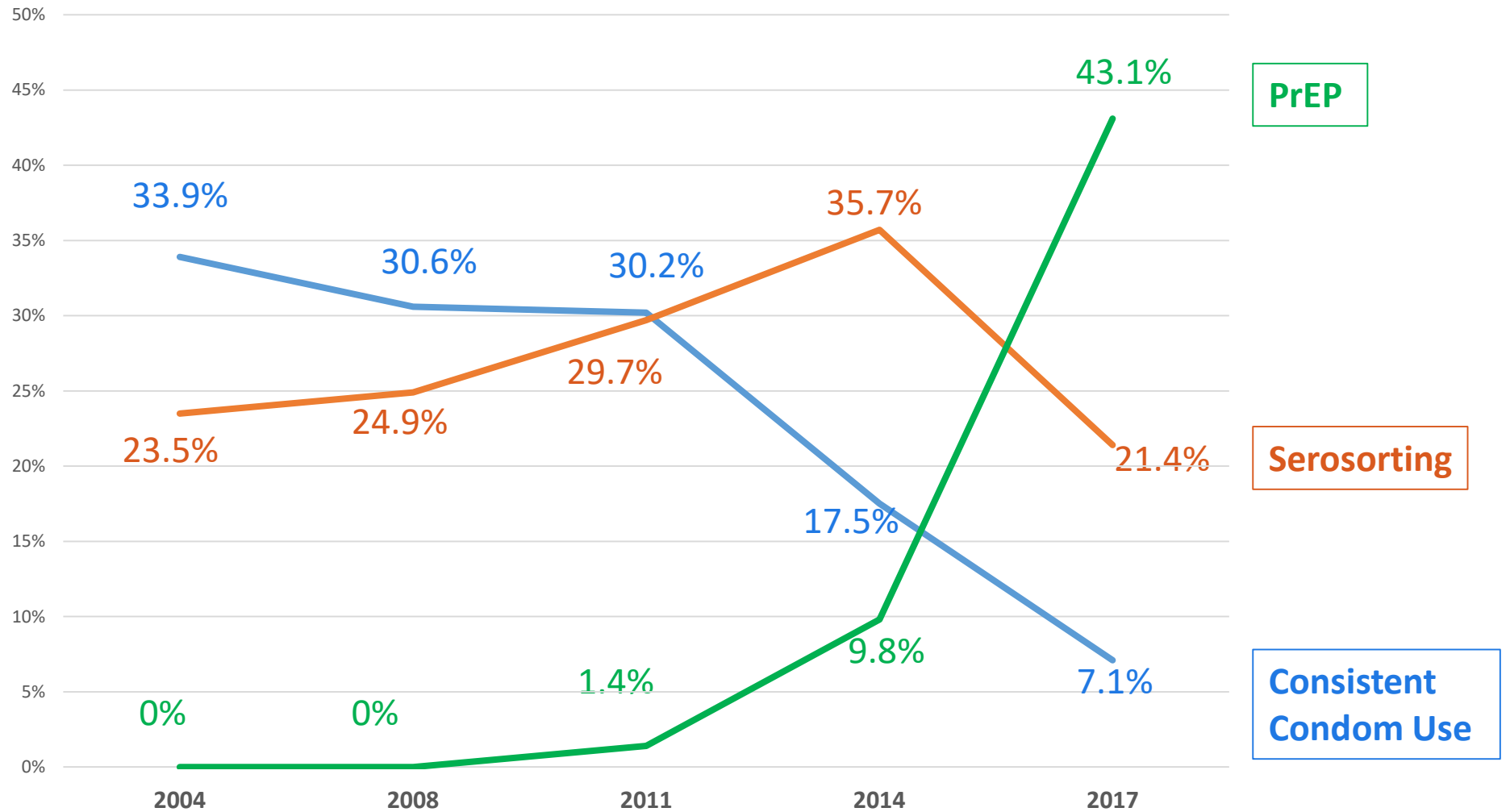
Syphilis cases hit highest level in almost 70 years in England

By Jessie Yeung, CNN
Updated 7:01 AM ET, Wed June 6, 2018



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Reported Condom Use is Declining in HIV- MSM in SF



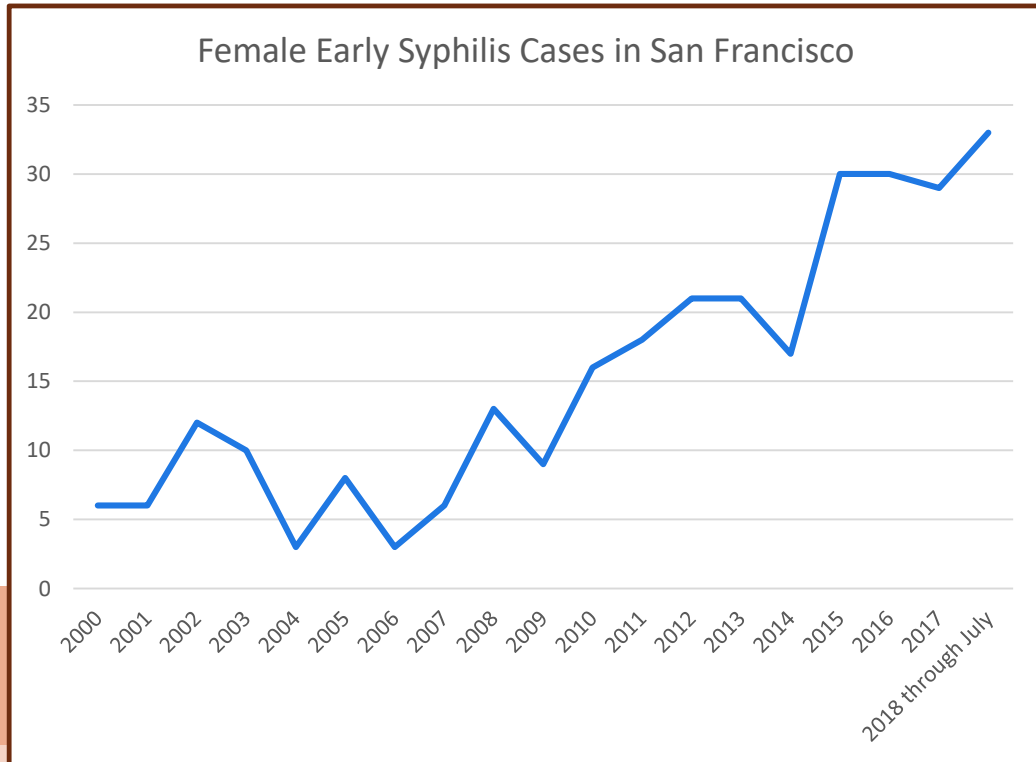
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Reducing STD Disparities: Priority Populations

- Gay and Bisexual Men and other Men who have sex with Men (MSM)
- Adolescents and Young Adults of Color
- Transgender persons
- Jail Health
- Pregnant women (preventing congenital syphilis)



Female Syphilis Cases are Increasing



- Congenital Syphilis (CS) can lead to severe abnormalities, stillbirth or neonatal death
- It can be prevented by screening and treating pregnant women who have syphilis
- Disease Intervention Specialists prioritize female patients with syphilis
- There was 1 case of CS in 2017 in San Francisco



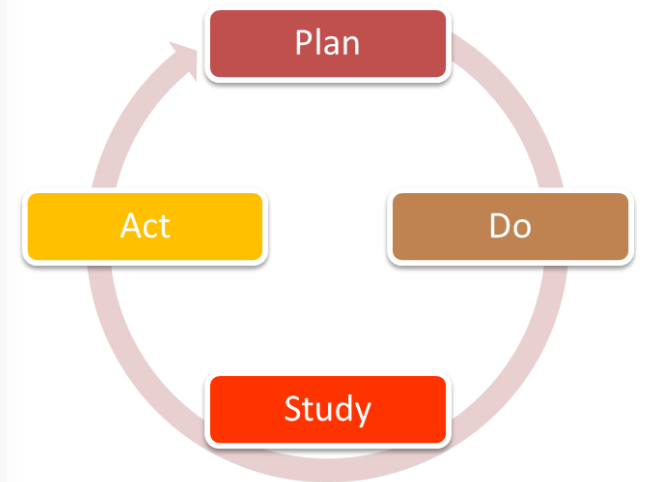
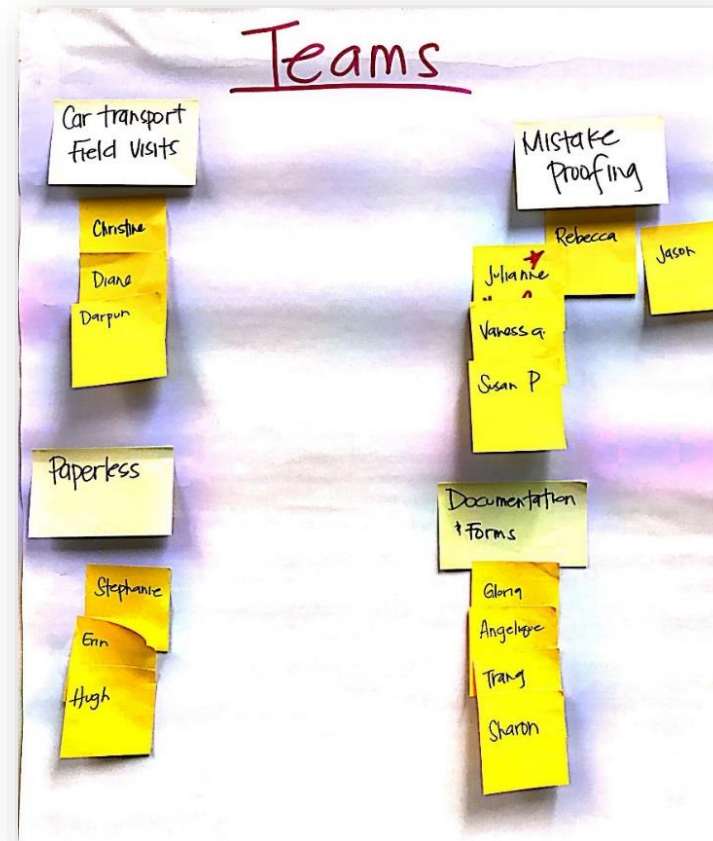
Maximize impact now; Innovate and Learn in Parallel

- Use Current Resources More Effectively
 - LEAN methods
 - HIV funding supports STD prevention
 - Technology to improve recommended STD screening and treatment for priority populations
 - EPIC as an opportunity for sexual Health
- New Approaches with Community Insight
 - Qualitative Interviews with Syphilis DIS staff, and patients
 - BAAHI and Young Women's advisory group
 - Innovation and Research
 - Strategic Planning



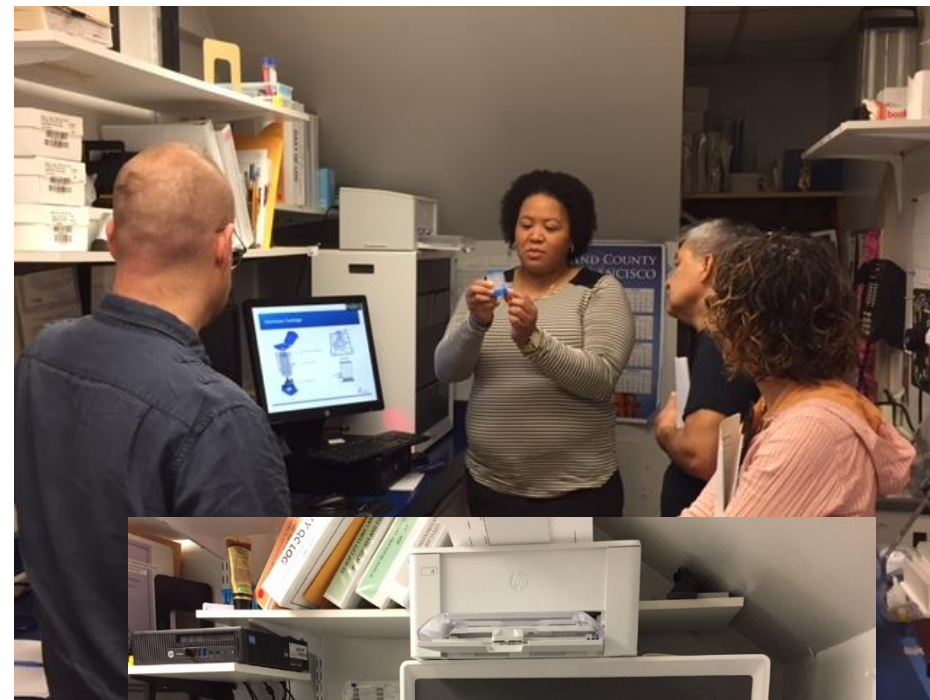
Patient Centered QI for Syphilis Partner Services: LEAN

- Goals: ✓ Reduce variability and redundancies in process
 ✓ Decrease errors in cases submitted for initial review



Faster Gonorrhea and Chlamydia Treatment for Patients and their Partners

- Point of Care Real Time PCR for Chlamydia and Gonorrhea testing at City Clinic
- Collaboration between City Clinic and Public Health Lab
- Results in 90 minutes
- Began May 2018
- May–July 2018, 92% of patients screened for CT using this platform received same day treatment (vs. >3 days for 75% of patients using lab based tests)



Reducing Sexual Health Disparities: Jail Health Services

	Number of Inmates	% Screened	% Positive for Chlamydia	% Positive for Gonorrhea
Females, ages 15-30	1004	24%	12%	6%
Males, ages 15-30	3602	28%	8%	2%

	JHS % Not Treated	City Clinic % Not Treated
Chlamydia	29.8%	2.1%
Gonorrhea	27.6%	3.3%



An Epic Opportunity for Sexual Health

- Working to ensure we can continue to use data from City Clinic for STD/HIV assessment and planning
- Improved measures of Sexual Orientation/Gender Identity and STD screening in SFHN. How well do we follow national and local recommendations?
- Clinical support for clinicians managing syphilis and complex STD cases



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



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Updated City Wide Provider Reporting forms Improve Health

CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING REPORTED: _____

Patient's Last Name		Social Security Number		Ethnicity (✓ one)	
First Name/Middle Name (or initial)		DOB	Age	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
Address: Number, Street		Month	Day	Race (✓ one)	
City/Town		Year	Years	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander (✓ one)	
State		ZIP Code	Country of Birth	<input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____	
Phone Number		Gender (Please Check One)		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	
Area Code	Primary Phone Number	<input type="checkbox"/> Male	<input type="checkbox"/> Genderqueer/Gender Non-Binary	Estimated Delivery Date	
Area Code	Secondary Phone Number	<input type="checkbox"/> Female	<input type="checkbox"/> Not Listed (Specify): _____	Month	Day
		<input type="checkbox"/> Trans Male	<input type="checkbox"/> Patient's Occupation/Setting		Year
		<input type="checkbox"/> Trans Female	<input type="checkbox"/> Food service <input type="checkbox"/> Day care <input type="checkbox"/> Health care <input type="checkbox"/> School		
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Correctional facility <input type="checkbox"/> Other _____		
				<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White: _____ <input type="checkbox"/> Other: _____	

- Gender (Please Check One)
- Male
 - Female
 - Trans Male**
 - Trans Female**
 - Unknown
 - Genderqueer/Gender Non-Binary**
 - Not Listed (Specify)



How to Improve Syphilis services? Ask STD Staff and Patients

- Goal is to understand how SFDPH can better offer Syphilis Partner Services, to ensure patient's sexual partner(s) are tested and treated
- Collaboration with UCSF Qualitative Researchers
- In 2018, completed interviews with:
 - 8 former/current DIS and DIS supervisors
 - 36 clients with syphilis diagnosed Jan 2017 – June 2018
- Beginning data analysis phase



Planned Young Women's Sexual Health Advisory Board

- Follow up on 2017 pilot interviews of B/AA young adults and parents in partnership with Dr. Cherrie Boyer
 - Condoms available, but not always acceptable
 - Most not worried about STDs or HIV
- Advisory Board leads for SFDPH will be Jacque McCright and Nikole Trainor, Community Health Equity and Promotion Branch
- Dovetails with BAAHI Chlamydia Workgroup (co-chair Shivaun Nestor, MCAH)
- One goal will be development of a Sexual Health social marketing campaign for young people of color



Research into Better STD Prevention Tools



A Vaccine for Gonorrhea?



PrEP for Syphilis and Chlamydia?

Unfortunately, not yet....But City Clinic will be involved when these important ideas are ready to be tested in San Francisco





THANK YOU!

Susan Buchbinder

Tracey Packer

Susan Philip

Susan Scheer

Nikole Trainor



Design by Mehroz Baig v. 2017-4-14



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