HIV AND STDs IN SAN FRANCISCO

Health Commission Meeting
Sept 4, 2018
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

Number of Cases

Year of HIV Diagnosis


4 21 22 8 6 0
Continuum of HIV care among persons diagnosed with HIV, 2012-2016, San Francisco

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>New diagnoses</td>
<td>457</td>
<td>399</td>
<td>330</td>
<td>296</td>
<td>265</td>
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<tr>
<td>Linked to care within 1 month of diagnosis</td>
<td>77%</td>
<td>72%</td>
<td>84%</td>
<td>79%</td>
<td>83%</td>
</tr>
<tr>
<td>Retained in care for 3-9 months after linkage within 1 month of diagnosis</td>
<td>288</td>
<td>233</td>
<td>220</td>
<td>63%</td>
<td>71%</td>
</tr>
<tr>
<td>Viral suppression within 12 months among all new diagnoses</td>
<td>226</td>
<td>220</td>
<td>244</td>
<td>190</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>288</td>
<td>233</td>
<td>220</td>
<td>63%</td>
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<td></td>
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<td>83%</td>
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<tr>
<td></td>
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<td>68%</td>
<td>71%</td>
<td>68%</td>
<td>65%</td>
</tr>
</tbody>
</table>

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Faster Time to Care Indicators

- 2013 Diagnosis
- 2014 Diagnosis
- 2015 Diagnosis
- 2016 Diagnosis
# Underlying causes of death among persons with HIV infection, 2006-2017, San Francisco

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

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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

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

Af. Am.  Asian  Women  PWID  MSM-PWID  Homeless

2012  2013  2014  2015  2016  2017

0  10  20  30  40  50  60
Annual rates of men diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2017, San Francisco

- AA men (116/100,000)
- Latino men (68/100,000)
- White men (39/100,000)

Rates declining among Latino and white men; fluctuating among AA men.
Annual rates of women diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2017, San Francisco

- Rate of new diagnoses highest in AA women (43/100,000)
- Slightly higher than white men
Health Disparities
Survival After AIDS

![Bar chart showing survival probabilities for different demographics and risk groups.](chart.png)
Disparities in Viral Suppression

Percentage Virally Suppressed

- **Women Trans Women**: 68% 68%
- **African American**: 69% 70%
- **Latinx**: 69% 70%
- **13-24**: 66% 68%
- **25-29**: 68%
- **30-39**: 66%
- **40-49**: 67% 67%
- **PWID**: 32%
- **MSM-PWID**:
- **Homeless**

**All Population Viral Suppression Rate**: 74%
## Characteristics of homeless persons compared to all persons diagnosed with HIV in 2006-2017, San Francisco

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

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

<table>
<thead>
<tr>
<th>Year of HIV Diagnosis</th>
<th>Median days from diagnosis to viral suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>133, 154</td>
</tr>
<tr>
<td>2014</td>
<td>91, 187</td>
</tr>
<tr>
<td>2015</td>
<td>75, 148</td>
</tr>
<tr>
<td>2016</td>
<td>57, 71</td>
</tr>
</tbody>
</table>

Legend:
- Red: Homeless
- Blue: Housed
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

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**Drug user health**
- Syringe access and disposal

**Mental health/Substance use/Housing as HIV prevention**
- Health ed/risk reduction

**Linkage to care and partner services (LINCS)**
- STD testing & treatment

**Treatment as prevention**
- Prevention with positives

**Primary care HIV screening**
- 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

- African American: ↑10%
- Latino: ↑32%
- White: ↑16%
- Asian: ↑31%
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”
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>
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<tr>
<td>Homelessness</td>
<td>30</td>
</tr>
<tr>
<td>Any of the 3</td>
<td>68</td>
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</table>
Project OPT-IN

- **O**utreach and engage homeless individuals
- **P**revent new HIV and HCV infections by scaling up access to HIV/HCV/STD testing and PrEP to at-risk homeless individuals
- **T**reat HIV, STDs, and HCV infections aggressively among target populations
- **I**mplement a series of data-based strategies to identify and reach those with the greatest need for PrEP and HIV/HCV treatment
- **N**etwork 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

1. **Operational Planning**
   - What is needed to move our strategies and actions forward? “How”

2. **Stakeholder Input**
   - What is the communities’ input on plausibility and needed action?

3. **Strategy Development**
   - What actions / strategies will we take to address future scenarios? “What”

4. **Focus Question**
   - What is the problem we are trying to solve?
   - What outcomes do we want to achieve?

5. **Data Collection**
   - What is our current reality and future considerations?

6. **Scenario Development**
   - What are four scenarios that reflect critical uncertainties and describe possible futures? “What if”
San Francisco PrEP Services

- DPH Primary Care/Community Health Prgms for Youth
- Private physicians/Kaiser
- Pharmacy delivered PrEP
- SF City Clinic
- Community based clinics
<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>Count</th>
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<tbody>
<tr>
<td>Total # starting PrEP</td>
<td>12</td>
</tr>
<tr>
<td># Black MSM</td>
<td>0</td>
</tr>
<tr>
<td># Latino MSM</td>
<td>3</td>
</tr>
<tr>
<td># young MSM</td>
<td>3</td>
</tr>
<tr>
<td># trans women</td>
<td>1</td>
</tr>
</tbody>
</table>

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

San Francisco
Department of Public Health

PrEP SUPPORTS THE POWERFUL
Enjoy the freedom to be powerful.
Ask your healthcare professional about PrEP.

To Learn More Visit
www.AskAboutPrEP.org
Text "AskPrEP" to 21133

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 21133
## Number Starting PrEP as of 7/31/18

<table>
<thead>
<tr>
<th></th>
<th>Community Sites</th>
<th>Clinical Sites</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Total # starting PrEP</td>
<td>513</td>
<td>879</td>
<td>1378</td>
</tr>
<tr>
<td># Black MSM</td>
<td>40</td>
<td>94</td>
<td>133</td>
</tr>
<tr>
<td># Latino MSM</td>
<td>116</td>
<td>265</td>
<td>376</td>
</tr>
<tr>
<td># young MSM</td>
<td>59</td>
<td>156</td>
<td>214</td>
</tr>
<tr>
<td># trans women</td>
<td>33</td>
<td>21</td>
<td>53</td>
</tr>
</tbody>
</table>

*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
STD Increases Continue Even as HIV Diagnoses Decline
STDs increasing in CA, U.S., and Beyond
Reported Condom Use is Declining in HIV- MSM in SF

Chen Y-H et al. in press.
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

<table>
<thead>
<tr>
<th></th>
<th>Number of Inmates</th>
<th>% Screened</th>
<th>% Positive for Chlamydia</th>
<th>% Positive for Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females, ages 15-30</td>
<td>1004</td>
<td>24%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Males, ages 15-30</td>
<td>3602</td>
<td>28%</td>
<td>8%</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>JHS % Not Treated</th>
<th>City Clinic % Not Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>29.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>27.6%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

JHS and ARCHES STD Surveillance Data, 2016
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
Updated City Wide Provider Reporting forms Improve Health

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

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
First Name/Middle Name (or Initial)
Address: Number, Street
City/Town

DOB
Month
Day
Year

Age

Social Security Number

Gender (Please Check One)

□ Male
□ Female
□ Trans Male
□ Trans Female
□ Unknown

Updated City Wide Provider Reporting forms Improve Health

Revised June, 2017
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
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