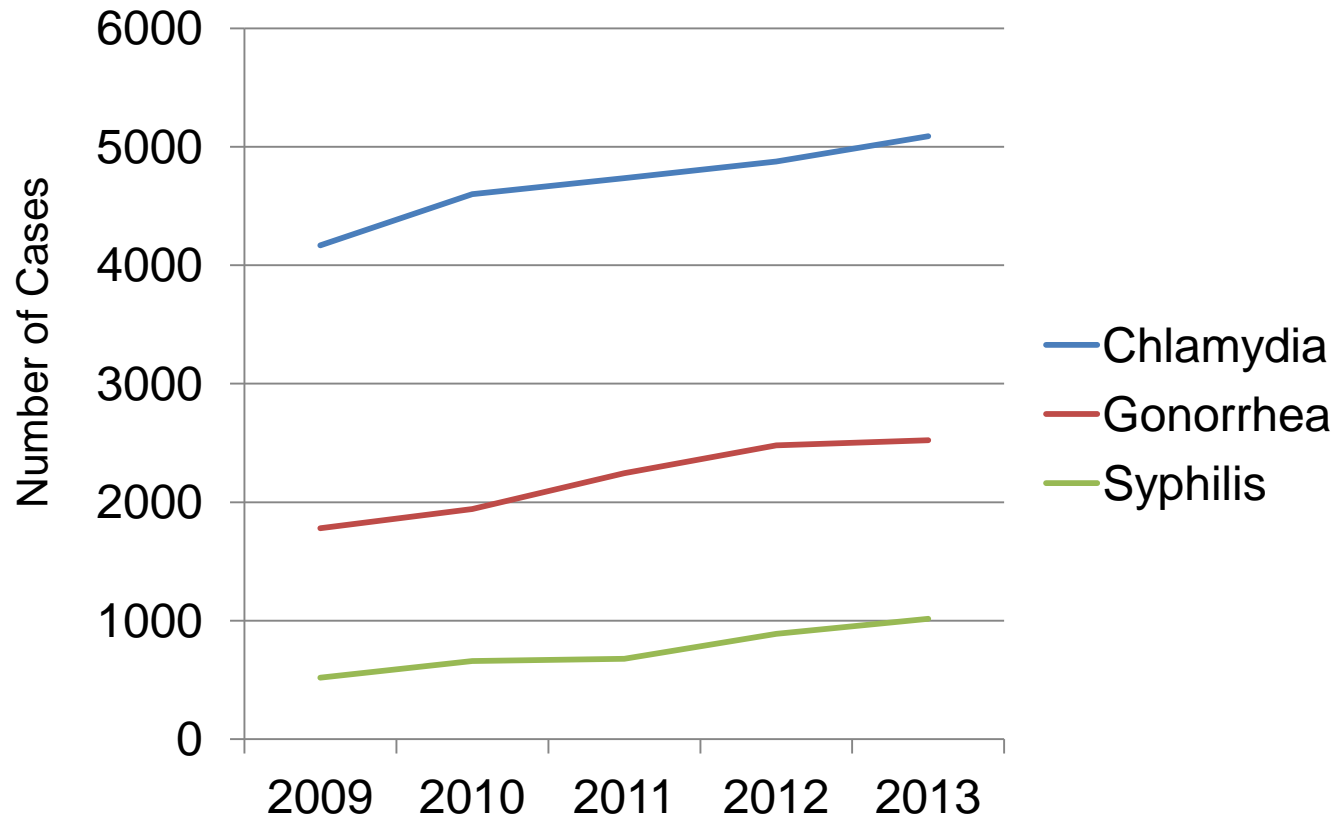


Why So Many STDs? Understanding the Prevention Paradox in San Francisco



Susan S. Philip MD, MPH
Director, Disease Prevention and Control Branch
Population Health Division
San Francisco Department of Public Health

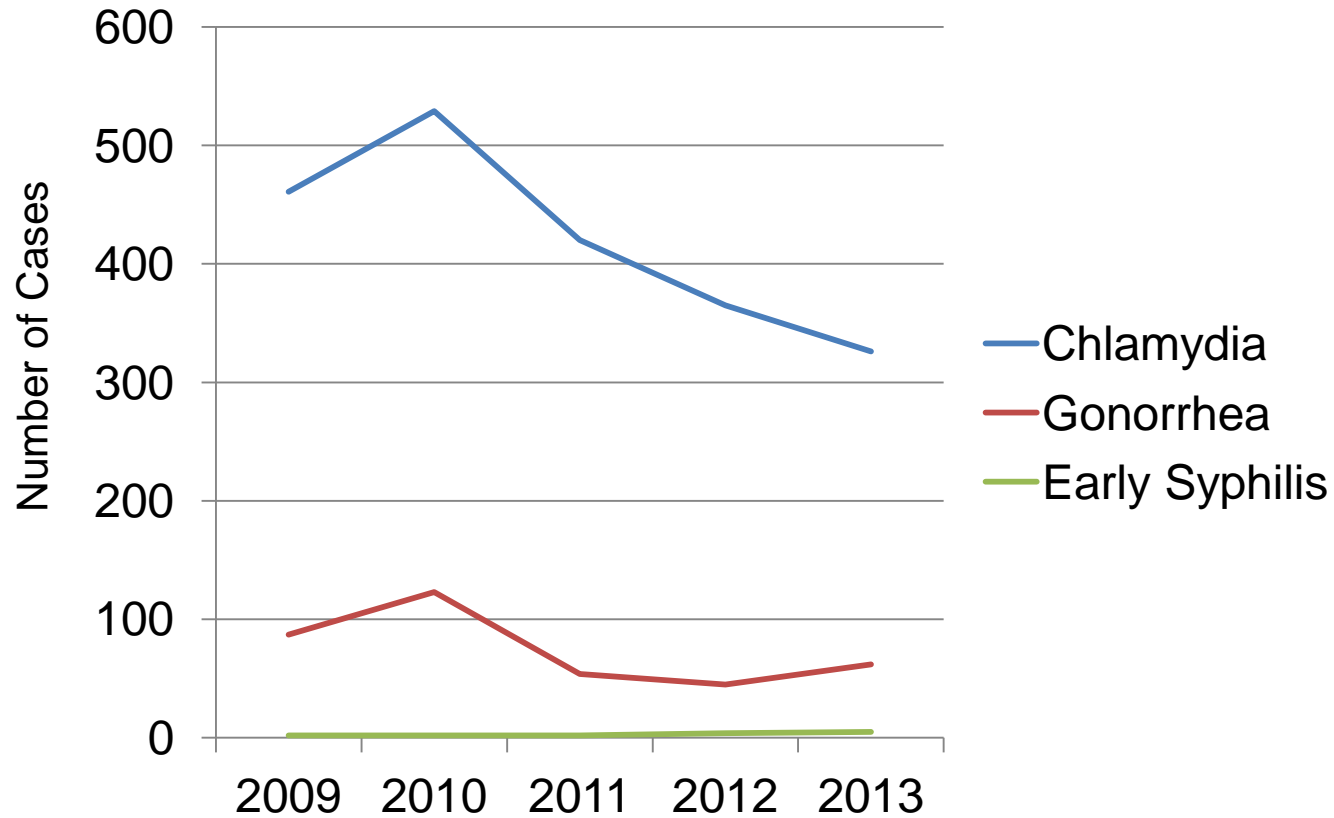
Reported STDs 2009-2013



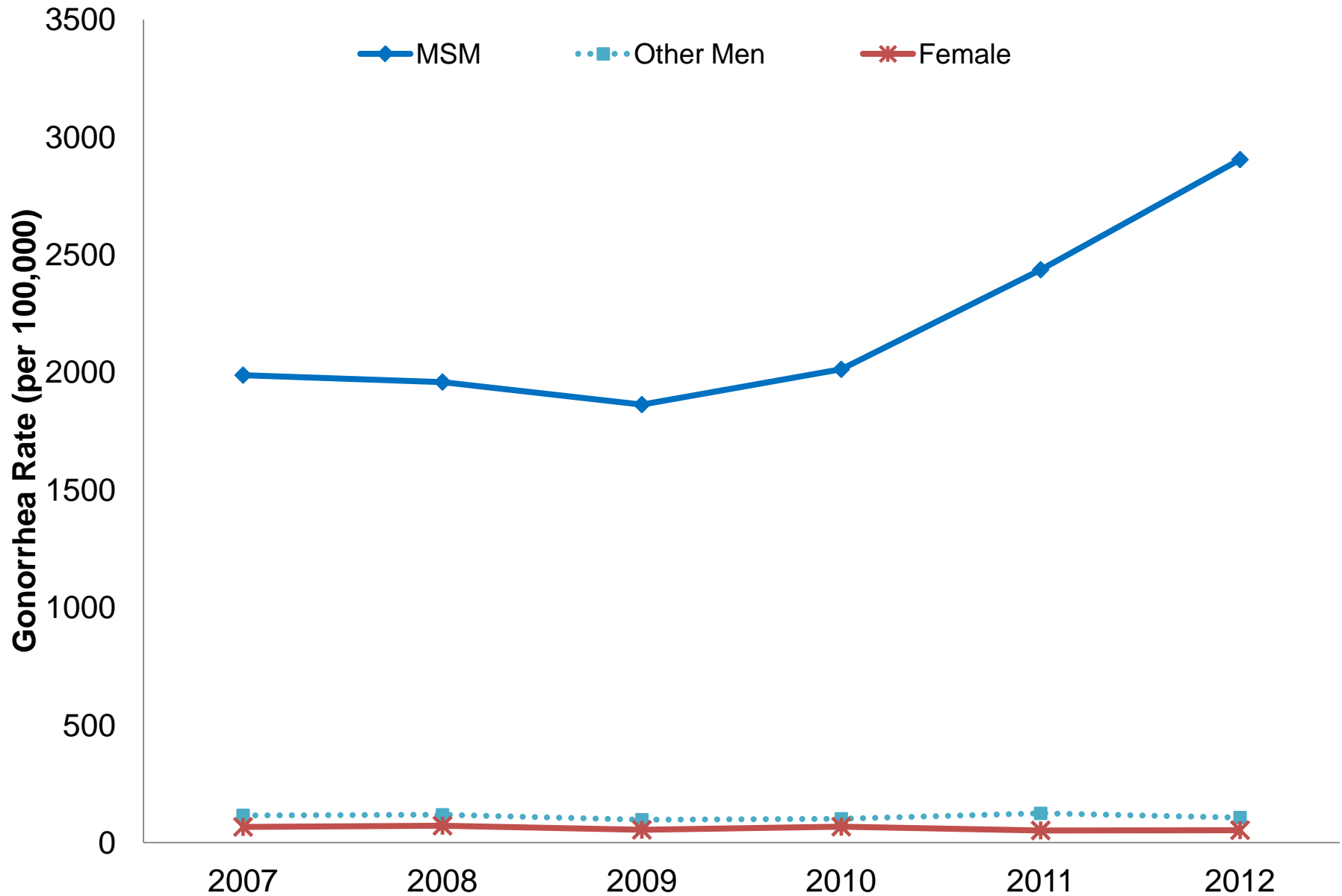
Populations Disproportionately Affected by STDs in San Francisco Have not Changed

- Gay men and other men who have sex with men (MSM)
- African American Adolescents (<25 years)
- Transgender individuals (but some limitations to identifying accurately when reviewing data)

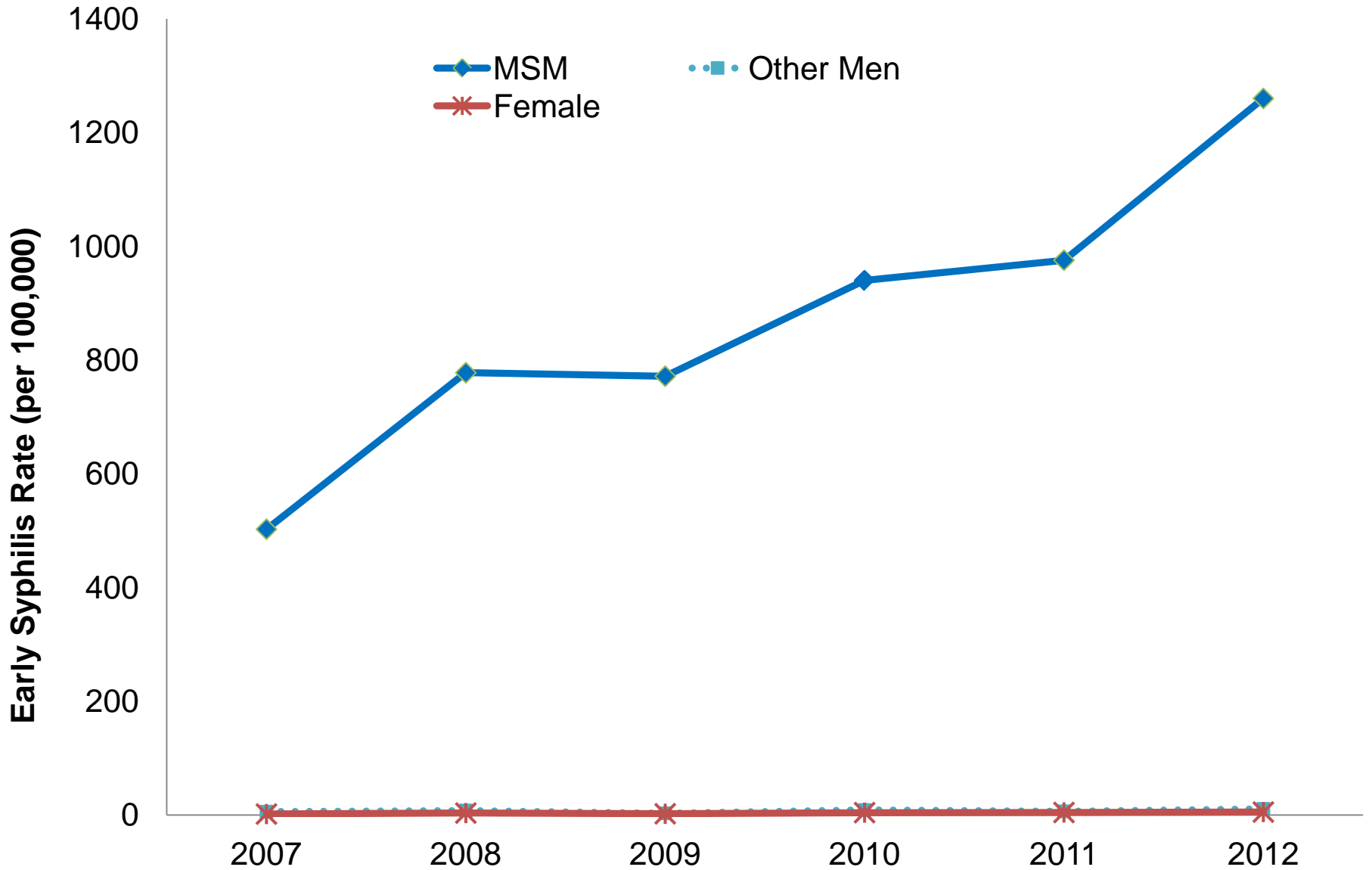
Reported STDs among African Americans <25



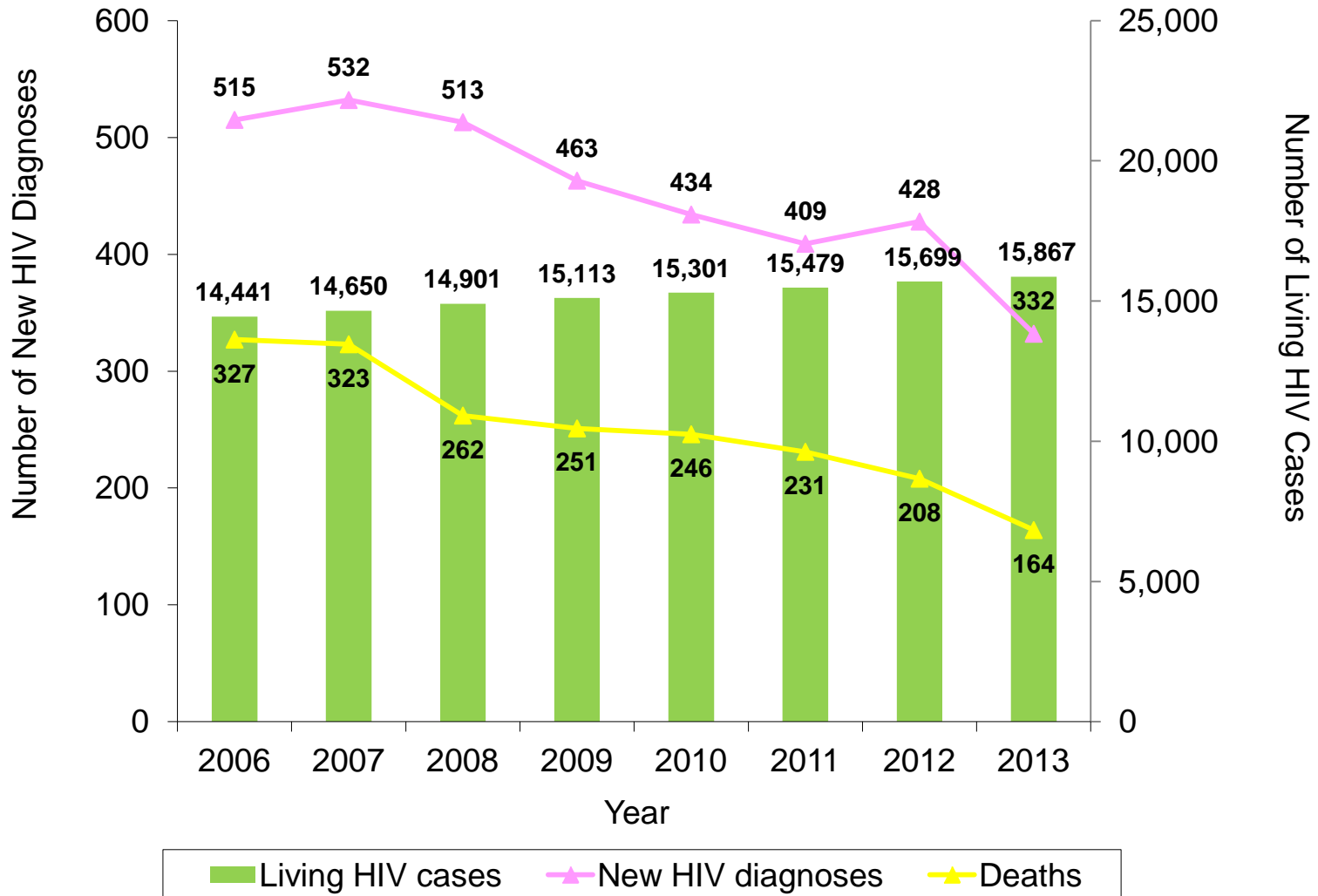
MSM have Disproportionately High Rates of Gonorrhea in San Francisco



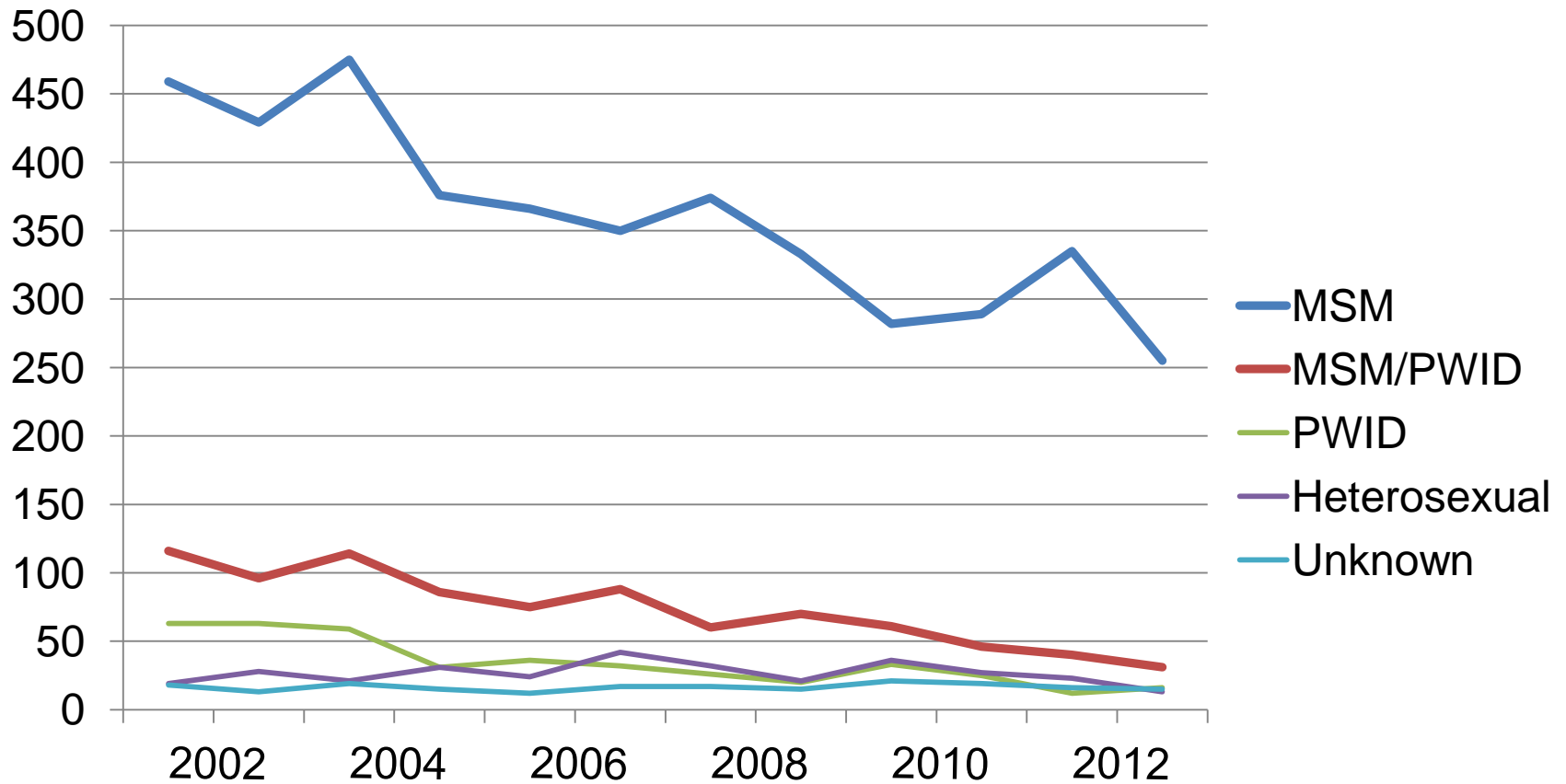
Early Syphilis Rates (per 100,000 population), San Francisco 2007-2012



New HIV diagnoses, deaths, and prevalence, 2006-2013, San Francisco



New HIV Diagnoses by Risk, San Francisco



The HIV Prevention Paradox

- HIV Prevention methods likely have stabilized transmission, but also can lead to more sex without condoms → increased STDs
 - Early HIV Treatment for all dx with HIV (2010)
 - Serosorting (choosing same HIV-infection status partners) or Seropositioning (choosing types of sex based on HIV-infection status of partners)
 - HIV PreExposure Prophylaxis

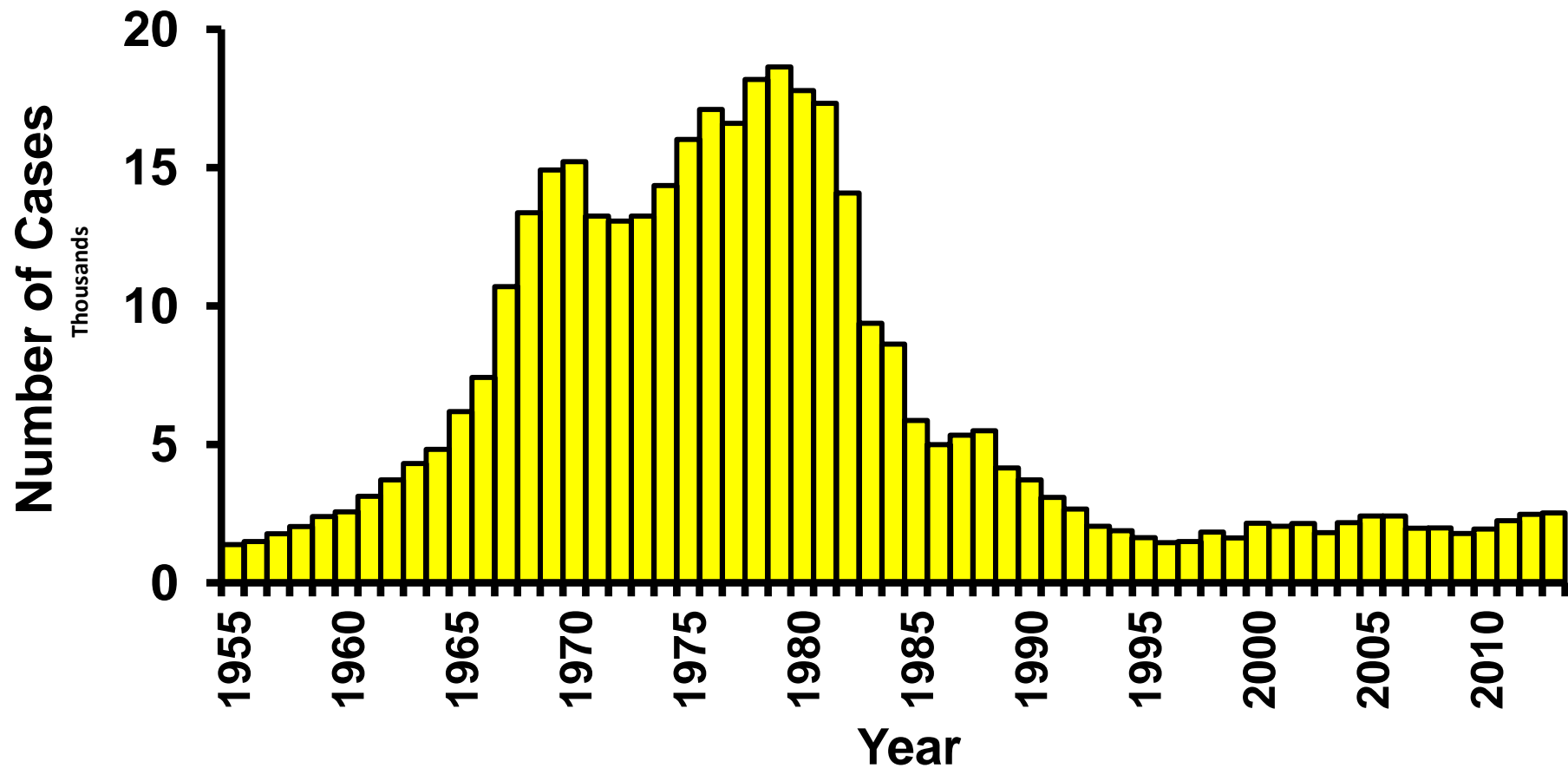


San Francisco as a Test Case for Divergence of HIV and STD Prevention Strategies

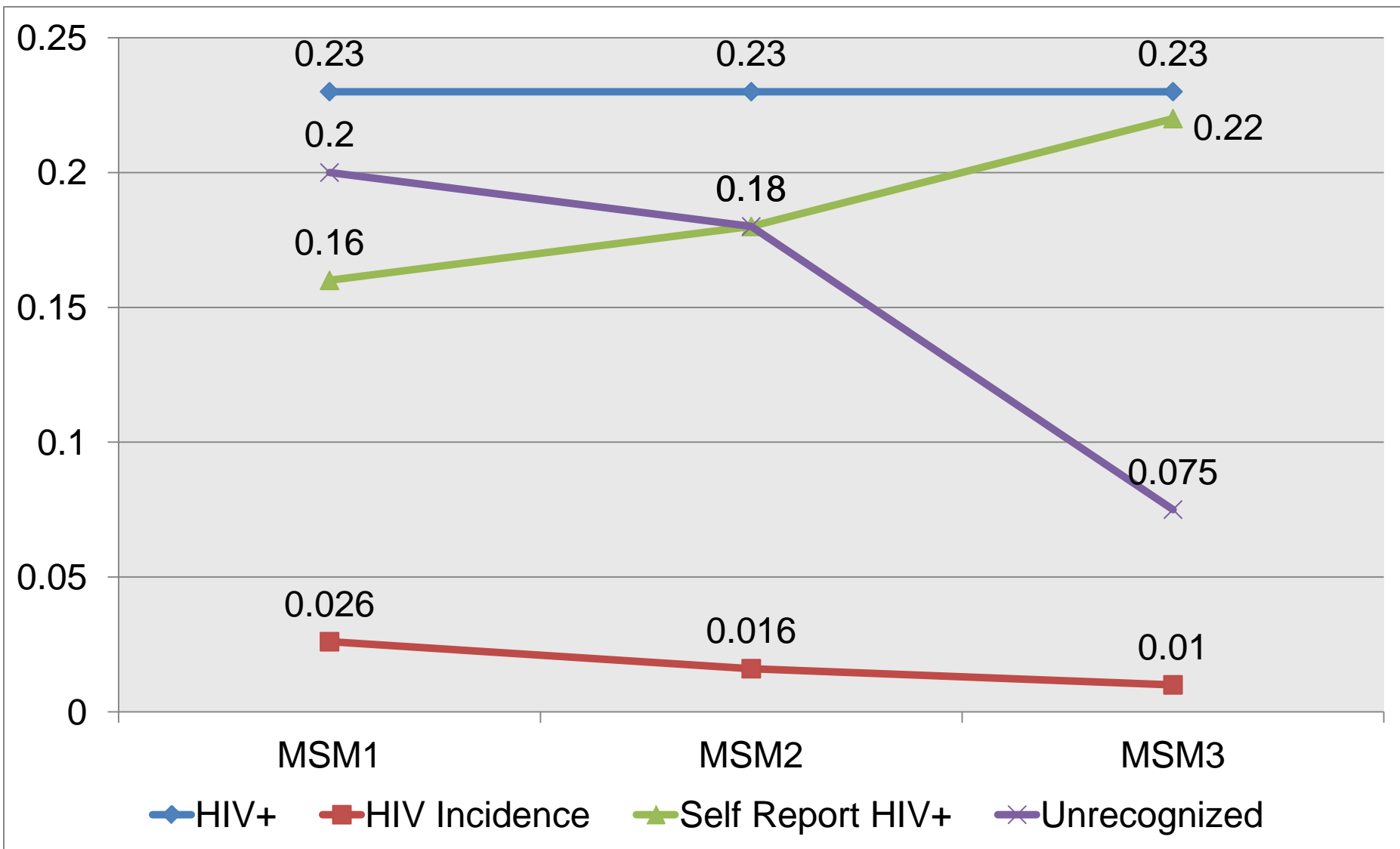


Gonorrhea

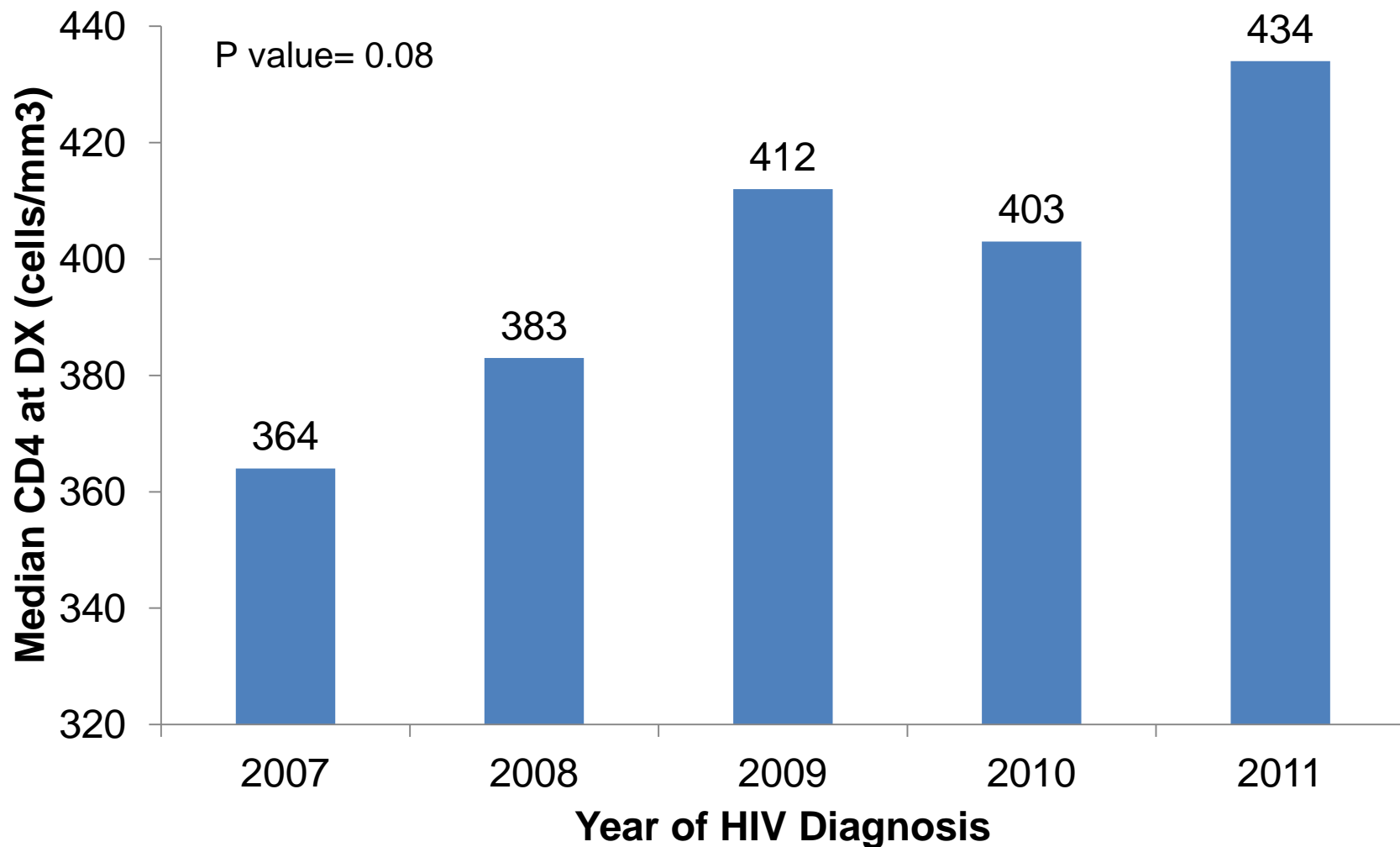
San Francisco, 1955–2013



HIV in MSM in San Francisco: National HIV Behavioral Surveillance 2004-2011



Trends in median CD4 count at time of diagnosis among persons newly diagnosed with HIV in San Francisco, 2007-2011



Care and prevention indicators among new HIV diagnoses, 2010-2012, San Francisco

Indicators	San Francisco			National
	2010	2011	2012	
Proportion linked to care within 3 months of diagnosis	84%	86%	89%	77%
Proportion virally suppressed ¹ within 12 months of diagnosis	56%	58%	68%	

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Universal OFFER of ART jointly recommended by UCSF Positive Health Program (SFGH Ward 86) and SFDPH: Jan 2010

“All patients, regardless of CD4 count, will be evaluated for initiation of antiretroviral therapy (ART)”
Decision to start ART made by the individual in conjunction with the provider

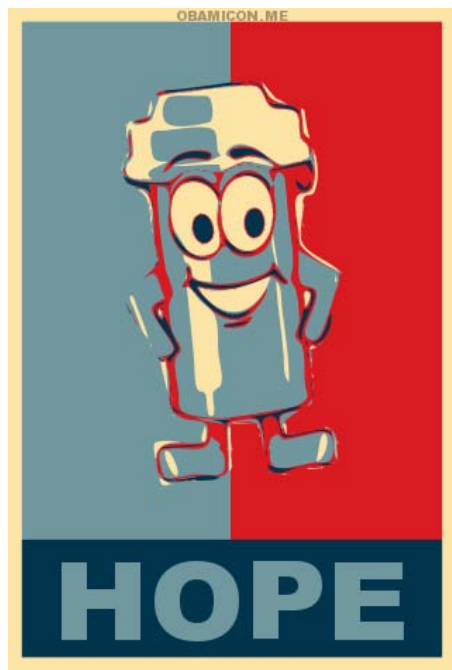
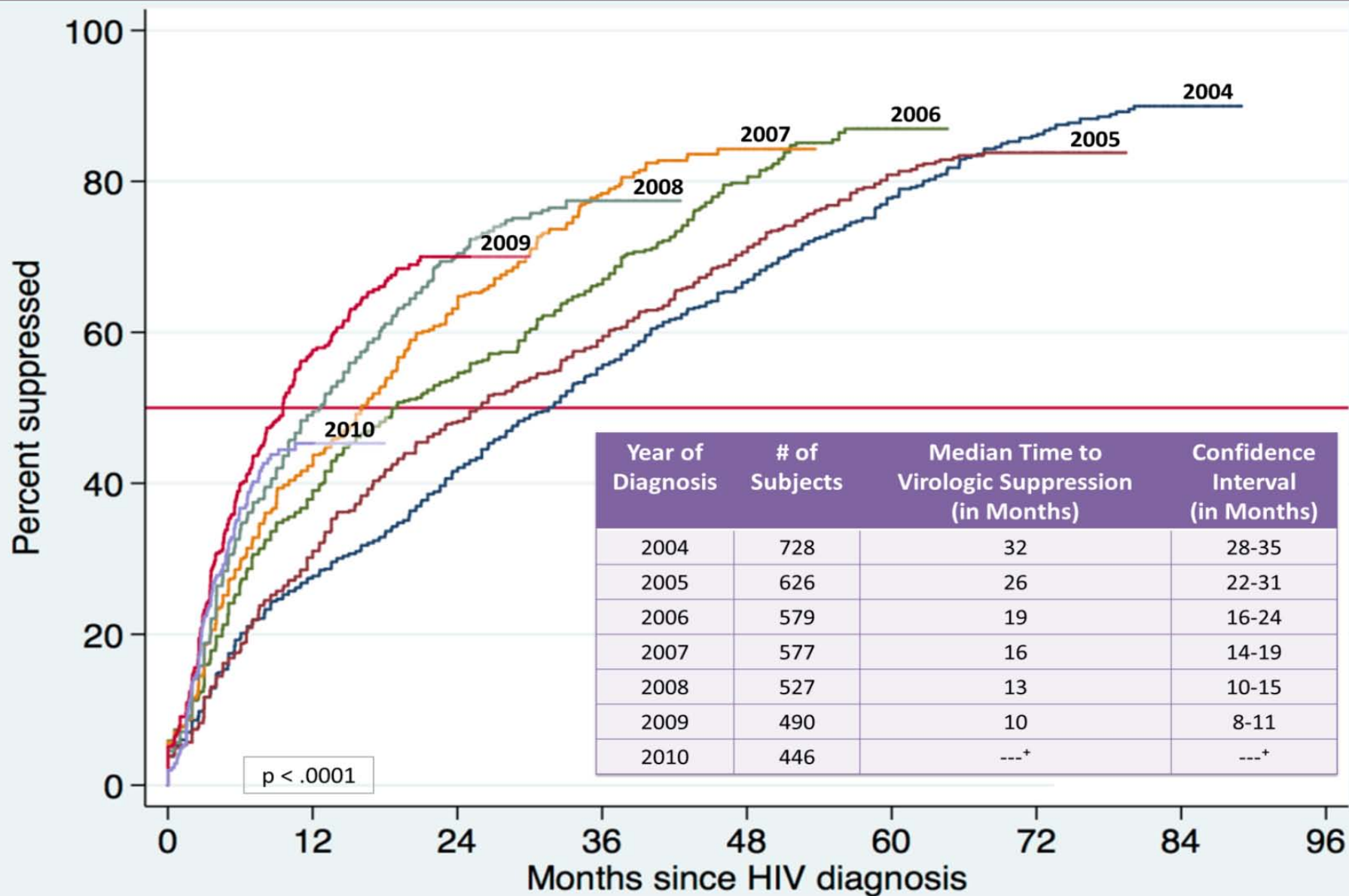
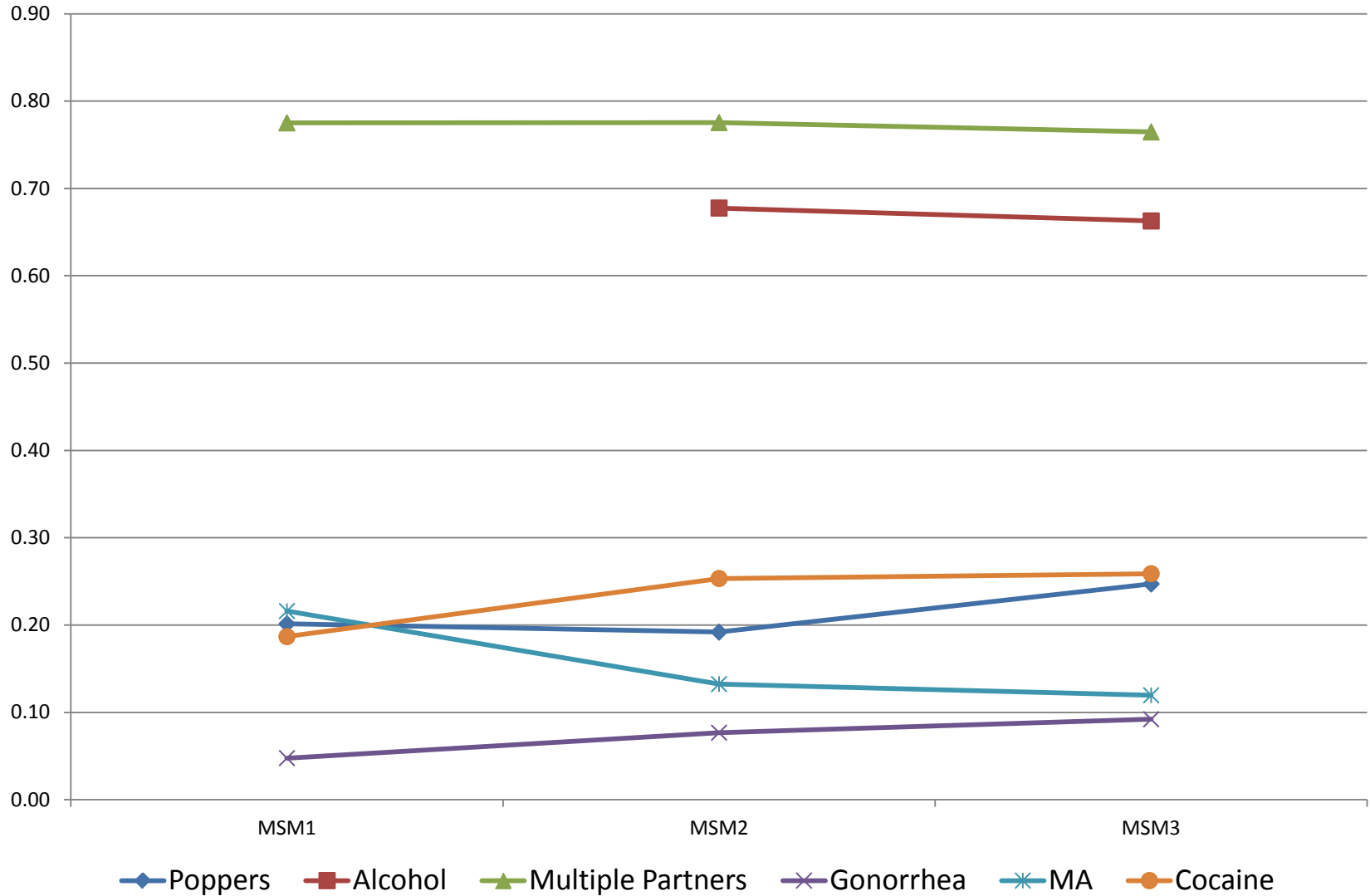


FIGURE 1: MEDIAN TIME IN MONTHS FROM HIV DIAGNOSIS TO VIROLOGIC SUPPRESSION AMONG PERSONS DIAGNOSED WITH HIV, 2004-2010, SAN FRANCISCO



*Median time to suppression was undefined for 2010 (the K-M curve does not cross 50%)

HIV related drivers: 2004-2011



Sexual Health Services for MSM



The Demo Project

- NIAID-funded, multisite, open-label PrEP Demonstration Project in 600 MSM and transgender women
- Key objectives:
 - PrEP uptake
 - Adherence / Persistence
 - Sexual behaviors
 - Side effects and toxicities
 - Resistance in seroconverters
 - Determine staff and space needed for PrEP delivery
- Launched in September 2012

San Francisco
demonstration
project



Pre-exposure
Prophylaxis (PrEP)
for HIV prevention

Why Do STDs matter if HIV is stable?

- STDs have potential to increase risk of HIV transmission and acquisition
- Syphilis can cause serious neurologic sequelae and other poor health outcomes, requiring hospitalization and high costs to the health system
- Relying on HIV treatment as prevention is highly dependent on maintaining high levels of status awareness and viral suppression
- San Francisco will likely be one of the first cities to see cases of antibiotic resistant gonorrhea

SFDPH responses to MSM STD rates

- Continue high quality, culturally responsive clinical and disease investigation services and sexual health information
 - City Clinic
 - Magnet
- Work to optimize screening and clinical management of STDs and HIV through clinical providers
 - Prevention with positives
 - Accurate data on sexual orientation, gender of sex partners
 - Standing orders for self-collected screening
 - Consultation or referral for complex cases

SFDPH responses to MSM STD rates

- How do we best engage gay men to find out more about their priorities and how we can work together
 - Street intercept surveys
 - focus groups
 - Consultation with CDC and academic ethnographers and other social scientists
 - Gay men's health summit?
- Reorganized Population Health Division of SFDPH supports broad sexual health framework addressing both HIV and STDs

Acknowledgements

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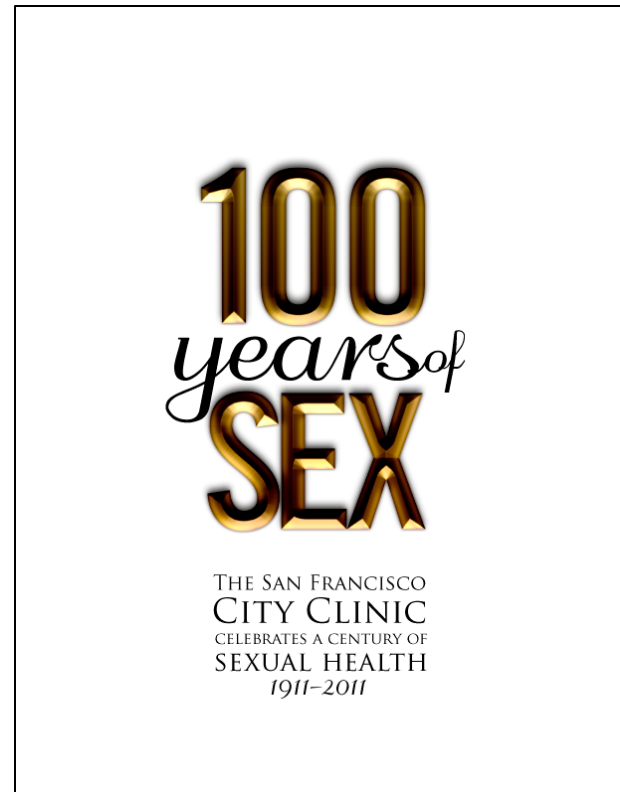
Willi McFarland

Magnet

Steven Gibson

CDC

Kyle Bernstein



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH