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

- 1980-1985: 4
- 1986-1990: 21
- 1996-2000: 8
- 2001-2005: 6
- 2006-2017: 0

Total number of cases diagnosed since 2005: 6
Continuum of HIV care among persons diagnosed with HIV, 2012-2016, San Francisco

- 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


Percent of Cases:
- 2012: 457, 77%
- 2013: 399, 72%
- 2014: 330, 84%
- 2015: 296, 68%
- 2016: 265, 63%
- 2012: 351, 79%
- 2013: 288, 79%
- 2014: 233, 84%
- 2015: 220, 83%
- 2016: 220, 100%
- 2012: 288, 63%
- 2013: 226, 57%
- 2014: 244, 68%
- 2015: 190, 68%
- 2016: 233, 68%
- 2012: 311, 83%
- 2013: 261, 76%
- 2014: 228, 77%
- 2015: 225, 85%
Underlying causes of death among persons with HIV infection, 2006-2017, San Francisco

<table>
<thead>
<tr>
<th>Underlying Cause of Death¹</th>
<th>2006-2009</th>
<th>Year of Death</th>
<th>2014-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=1,148</td>
<td>N=952</td>
<td>N=953</td>
<td></td>
</tr>
<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>

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

HIV-related causes of death declining

2nd leading cause of death

3rd leading cause of death
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
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

Survival Probability

- 3-year survival
- 5-year survival
- 5-year overall

<table>
<thead>
<tr>
<th>Category</th>
<th>3-year survival</th>
<th>5-year survival</th>
<th>5-year overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>90%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>African American</td>
<td>86%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>94%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Latino</td>
<td>92%</td>
<td>89%</td>
<td>87%</td>
</tr>
<tr>
<td>MSM</td>
<td>92%</td>
<td>83%</td>
<td>84%</td>
</tr>
<tr>
<td>PWID</td>
<td>90%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>MSM-PWID</td>
<td>90%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>87%</td>
<td>83%</td>
<td>84%</td>
</tr>
<tr>
<td>Male</td>
<td>90%</td>
<td>87%</td>
<td>88%</td>
</tr>
<tr>
<td>Female</td>
<td>86%</td>
<td>81%</td>
<td>89%</td>
</tr>
<tr>
<td>Trans Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Survival Probability Range:
- 0% to 100%

Surveyed Categories:
- White
- African American
- Asian/Pacific Islander
- Latino
- MSM
- PWID
- MSM-PWID
- Heterosexual
- Male
- Female
- Trans Female
Disparities in Viral Suppression

All Population Viral Suppression Rate 74%

Percentage Virally Suppressed

- Women: 68%, 68%
- Trans Women: 69%, 70%
- African American: 69%, 70%
- Latinx: 66%, 68%
- 13-24: 67%
- 25-29: 67%
- 30-39: 68%
- 40-49: 67%, 67%
- PWID: 32%
### 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>(%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>543</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>412</td>
<td>(76)</td>
</tr>
<tr>
<td>Women</td>
<td>78</td>
<td>(14)</td>
</tr>
<tr>
<td>Trans Women</td>
<td>53</td>
<td>(10)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>232</td>
<td>(43)</td>
</tr>
<tr>
<td>African American</td>
<td>143</td>
<td>(26)</td>
</tr>
<tr>
<td>Latino</td>
<td>109</td>
<td>(20)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>16</td>
<td>(3)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>43</td>
<td>(8)</td>
</tr>
<tr>
<td><strong>Transmission Category</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>177</td>
<td>(33)</td>
</tr>
<tr>
<td>PWID</td>
<td>134</td>
<td>(25)</td>
</tr>
<tr>
<td>MSM-PWID</td>
<td>179</td>
<td>(33)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>40</td>
<td>(7)</td>
</tr>
<tr>
<td>Other/Unidentified</td>
<td>13</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Age at Diagnosis (Years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 17</td>
<td>1</td>
<td>(&lt;1)</td>
</tr>
<tr>
<td>18 - 24</td>
<td>85</td>
<td>(16)</td>
</tr>
<tr>
<td>25 - 29</td>
<td>100</td>
<td>(18)</td>
</tr>
<tr>
<td>30 - 39</td>
<td>141</td>
<td>(26)</td>
</tr>
<tr>
<td>40 - 49</td>
<td>130</td>
<td>(24)</td>
</tr>
<tr>
<td>50+</td>
<td>86</td>
<td>(16)</td>
</tr>
</tbody>
</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>Homeless</th>
<th>Housed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>154</td>
<td>133</td>
</tr>
<tr>
<td>2014</td>
<td>187</td>
<td>91</td>
</tr>
<tr>
<td>2015</td>
<td>148</td>
<td>75</td>
</tr>
<tr>
<td>2016</td>
<td>71</td>
<td>57</td>
</tr>
</tbody>
</table>
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

- 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

- Substance use: 60%
- Mental illness: 34%
- Homelessness: 30%
- Any of the 3: 68%
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

- **Operational Planning**: What is needed to move our strategies and actions forward? "How"
- **Focus Question**: What is the problem we are trying to solve? What outcomes do we want to achieve?
- **Scenario Development**: What are four scenarios that reflect critical uncertainties and describe possible futures? "What if"
- **Data Collection**: What is our current reality and future considerations?
- **Stakeholder Input**: What is the communities' input on plausibility and needed action?
- **Strategy Development**: What actions / strategies will we take to address future scenarios? "What"
San Francisco PrEP Services

- DPH Primary Care/Community Health Prgms for Youth
- Private physicians/Kaiser
- Pharmacy delivered PrEP
- SF City Clinic
- Community based clinics

Other Organizations:
- Alliance
- SAN FRANCISCO AIDS FOUNDATION
- MNHC
- health RIGHTS 360
- ASIAN & PACIFIC ISLANDER WELLNESS CENTER
- INSTITUTO FAMILIAR DE LA RAZA, INC.
<table>
<thead>
<tr>
<th>One Stop PrEP At Mission Wellness Pharmacy</th>
<th></th>
</tr>
</thead>
<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.
IFR and SFDPH VIVA PrEP Collaboration: Latino Community
Number Starting PrEP as of 7/31/18

<table>
<thead>
<tr>
<th></th>
<th>Community Sites</th>
<th>Clinical Sites</th>
<th>TOTAL</th>
</tr>
</thead>
<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

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

Syphilis cases hit highest level in almost 70 years in England
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

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
DOB
Age
First Name/Middle Name (or Initial)
Month Day Year
Year
Address: Number, Street
Apt./Unit Number
City/Town
State ZIP Code
Country of Birth

Phone Number
Area Code
Primary Phone Number
Gender (Please Check One)
Male
Female
Trans Male
Trans Female
Unknown

Genderqueer/Gender Non-Binary
Not Listed (Specify)

Pregnant
Estimated Delivery Date

Patient’s Occupation/Setting
Food service Day care Home care School Correctional facility

Area Code
Secondary Phone Number

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
Planed 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