ANNUAL HIV/STI REPORT
Health Commission, October 6, 2020
Ling Hsu
Hyman Scott
Susan Philip
HIV Diagnoses, Deaths, and Prevalence, 2006-2019

- Decrease in new diagnoses
  - 2018-2019: -19%
  - 2017-2018: -13%
- Deaths remained relatively stable
  - HIV-related causes continued to decline
- Nearly 16,000 persons living with HIV
  - 69% > 50 years
  - Out-migration greater than in-migration
White men, 26/100,000
Black men, 79/100,000
Latino men, 61/100,000
API men, 12/100,000

Black women, 22/100,000
Latina women, 50/100,000
API women, 0/100,000

Diagnosis rates in 2019 declining among all groups except API men
Trends in New Diagnoses in Select Populations

- Latinx
- Black/African American
- Homeless
- PWID/MSM-PWID

Aged 50+, 20%
Trans women, 7%
Latinx, 54
Homeless, 30
Black, 28
MSM-PWID, 16
PWID, 12

Number of Cases

Year of HIV Diagnosis

2015 2016 2017 2018 2019
0 20 40 60 80 100 120
Trends in Underlying Causes of Death among Persons with HIV

- HIV: 49% in 2007-2010 (N=1,062), 41% in 2011-2014 (N=944), 35% in 2015-2018 (N=972)
- Non-AIDS Cancer: 11% in 2007-2010, 15% in 2011-2014, 16% in 2015-2018
- Accidents (including overdose): 12% in 2007-2010, 12% in 2011-2014, 14% in 2015-2018
- Heart Disease: 8% in 2007-2010, 9% in 2011-2014, 11% in 2015-2018
Multiple Causes of Death among Persons with HIV, 2015-2018

- Including underlying/contributory causes of death, heart disease is the 2nd most common cause of death.
- Black/African Americans have higher proportions of deaths from all 4 common causes.
- PWID accounted for a higher proportion of HIV and drug overdose deaths.
Continuum of HIV Care among Persons Diagnosed with HIV

- **Timely linkage to care**
  - New diagnoses: 100%
  - Linked to care within 1 month of diagnosis: 81%, 83%, 81%, 90%, 95%
  - Retained in care for 3-9 months after linkage within 1 month of diagnosis: 65%, 72%, 64%, 71%
  - Viral suppression within 6 and 12 months among all new diagnoses: 78%, 84%, 79%, 81%

- Mostly suppressed within 6 months
Faster Time to Care Indicators

% started ART <= 7 days of diagnosis

- Diagnosis to Care: 16%, 25%, 36%, 46%, 59%
- Care to ART: 0%, 0%, 1%, 2%, 7%
- ART to VSP: 42%, 46%, 35%, 79%, 65%, 65%
- Diagnosis to VSP: 54%
Time to Viral Suppression

- Overall median days:
  - 2015: 61
  - 2016: 50
  - 2017: 43
  - 2018: 28

- By race:
  - White: 52, 47, 43, 28
  - Black: 42, 133, 55, 35
  - Latinx: 0, 40, 60, 100
  - API: 0, 50, 100, 150

- By median days:
  - MSM: 46, 43, 42, 35
  - PWID: 133, 133, 55, 42
  - MSM-PWID: 0, 100, 150, 200
  - Heterosexual: 61, 61, 43, 43

- By homelessness:
  - Homeless: 61, 61, 43, 43
  - Non-Homeless: 42, 133, 55, 35

- Median days for overall trend from 2015 to 2018:
  - 2015: 61
  - 2016: 50
  - 2017: 43
  - 2018: 28
Disparities in Viral Suppression

75% of PLWH in 2019 were virally suppressed
HIV Diagnosis Rates by Census Tract Level Social Determinants of Health

- Higher HIV diagnosis rates in areas with higher poverty level, lower education and lower household income level
- Highest diagnosis rates in 2018 among men, Black/African Americans, and aged 25-34 in poor areas

Poverty

- Men 75.4

Education

Income

Poverty

- % Below poverty level

- % Less than high school

- Median household income

Education

- 6-11%

- 11-18%

- >=19%

Income

- <72K

- 72-99K

- >=99K

- >=129K
People Experiencing Homelessness

- Accounted for 21% of new diagnoses in 2018 and 18% in 2019
- 8% of PLWH were homeless or lived in SRO during 2019
- A higher proportion of women, trans women, Black/African Americans, PWID, and younger age groups among new diagnoses or PLWH who were homeless, compared to non-homeless persons
- A higher proportion of deaths due to drug overdose, mental disorders due to substance abuse, viral hepatitis, renal disease, and AIDS among people with HIV ever experiencing homelessness
- Lower 3 years and 5 years survival after AIDS
- Lower linkage to care and viral suppression
## Disparities and Improvements in Care Outcomes by Housing Status

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<thead>
<tr>
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<tbody>
<tr>
<td>Linked to care within 1 month</td>
<td>73%</td>
<td>88% ✔️</td>
<td>83%</td>
<td>91% ✔️</td>
</tr>
<tr>
<td>VSP within 12 months</td>
<td>53%</td>
<td>68%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>Received ART</td>
<td>84%</td>
<td>94% ✔️</td>
<td>86%</td>
<td>93% ✔️</td>
</tr>
<tr>
<td>ART within 7 days</td>
<td>35% (2014-2018)</td>
<td>35% (2014-2018)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLWH in care</td>
<td>51%</td>
<td>56%</td>
<td>81%</td>
<td>82%</td>
</tr>
<tr>
<td>PLWH VSP</td>
<td>33%</td>
<td>39%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>PLWH in care VSP</td>
<td>64%</td>
<td>71%</td>
<td>92%</td>
<td>93%</td>
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* Year of most recently available data: 2018 for new diagnoses, 2019 for PLWH.
Impact of COVID-19 on HIV prevention and treatment services

• When Shelter-in-Place went into effect, many clinical and community-based services shut down or moved to a virtual platform

• Getting to Zero wanted to evaluate the impact of COVID-19 on provision of services

• Found dramatic declines in HIV and viral load testing (city-wide), decrease in viral suppression (Ward 86), potential to worsen disparities

• Some rebound in more recent months in HIV, VL, and STI testing, but more work to be done.
Laboratory-based HIV testing from 4 laboratories that report both positive and negative test results

<table>
<thead>
<tr>
<th>Month</th>
<th>No. HIV tests 2019</th>
<th>No. HIV tests 2020</th>
<th>% change 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>4544</td>
<td>4765</td>
<td>5%</td>
</tr>
<tr>
<td>February</td>
<td>4121</td>
<td>4424</td>
<td>7%</td>
</tr>
<tr>
<td>March</td>
<td>4488</td>
<td>3308</td>
<td>-26%</td>
</tr>
<tr>
<td>April</td>
<td>4561</td>
<td>2087</td>
<td>-54%</td>
</tr>
<tr>
<td>May</td>
<td>4561</td>
<td>2792</td>
<td>-39%</td>
</tr>
<tr>
<td>June</td>
<td>4110</td>
<td>3689</td>
<td>-10%</td>
</tr>
<tr>
<td>July</td>
<td>4471</td>
<td>3878</td>
<td>-13%</td>
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<th>No. (%) positive 2019</th>
<th>No. (%) positive 2020</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>4544</td>
<td>4765</td>
<td>5%</td>
<td>59 (1.3%)</td>
<td>56 (1.2%)</td>
</tr>
<tr>
<td>February</td>
<td>4121</td>
<td>4424</td>
<td>7%</td>
<td>64 (1.6%)</td>
<td>54 (1.2%)</td>
</tr>
<tr>
<td>March</td>
<td>4488</td>
<td>3308</td>
<td>-26%</td>
<td>67 (1.5%)</td>
<td>37 (1.1%)</td>
</tr>
<tr>
<td>April</td>
<td>4561</td>
<td>2087</td>
<td>-54%</td>
<td>66 (1.4%)</td>
<td>22 (1.1%)</td>
</tr>
<tr>
<td>May</td>
<td>4561</td>
<td>2792</td>
<td>-39%</td>
<td>58 (1.3%)</td>
<td>36 (1.3%)</td>
</tr>
<tr>
<td>June</td>
<td>4110</td>
<td>3689</td>
<td>-10%</td>
<td>50 (1.2%)</td>
<td>52 (1.4%)</td>
</tr>
<tr>
<td>July</td>
<td>4471</td>
<td>3878</td>
<td>-13%</td>
<td>49 (1.1%)</td>
<td>37 (1.0%)</td>
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## Community point-of-care HIV testing

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<th>No. HIV tests 2020</th>
<th>% change 2019-2020</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>2016</td>
<td>2002</td>
<td>-1%</td>
</tr>
<tr>
<td>February</td>
<td>1645</td>
<td>1864</td>
<td>13%</td>
</tr>
<tr>
<td>March</td>
<td>1986</td>
<td>886</td>
<td>-55%</td>
</tr>
<tr>
<td>April</td>
<td>1808</td>
<td>166</td>
<td>-91%</td>
</tr>
<tr>
<td>May</td>
<td>1917</td>
<td>409</td>
<td>-79%</td>
</tr>
<tr>
<td>June</td>
<td>2068</td>
<td>662</td>
<td>-68%</td>
</tr>
<tr>
<td>July</td>
<td>1974</td>
<td>891</td>
<td>-55%</td>
</tr>
</tbody>
</table>
Viral load testing in 2020 by laboratory

% change since Jan 2020

SFGH -33%
LabCorp -35%
Kaiser -42%
UCSF -32%
Quest +27%
CPMC -32%
DPH -23%
Viral Suppression at Ward 86

• Of 1776 patients with visits, excluding POP-UP clinic visits
• Compared January-February 2020 with April 2020
• Modeled probability of not being virally suppressed pre- vs. post-COVID, taking into account demographic and clinical factors
• **Odds of not being virally suppressed were 32% higher in post-COVID period**
• Disparities:
  • Homeless were 2 times more likely than housed to be unsuppressed before COVID, increased to 3 times more likely post-COVID (excludes POP-UP)
  • Black patients had worse viral suppression, but did not change after COVID

Matthew Spinelli, UCSF
Magnet services during COVID
San Francisco Getting to Zero’s Response: Communications

Maintain continuous communication with the SF community in real time as new information, opportunities and resources become available.

• Since early March, we post daily bulletins to the homepage of the Getting to Zero website

• Published *Guidance on COVID-19 for People Living with HIV* early in the response (with updates as needed) and distributed widely

• Sponsored a community forum on safer sex and COVID-19 organized by Bridge HIV

• Sponsored a virtual Town Hall in collaboration with Ward 86 at San Francisco General Hospital on COVID-19 specifically for people living with HIV and to address concerns of the community
Gathering data on HIV and STI testing and services
Created a new GTZ steering committee subcommittee to address community and health provider concerns as the epidemic evolves
Identified that CBOs were unclear about whether HIV/STI/HCV testing and treatment were considered essential services, and how to provide them in the safest manner possible
  • Working with City Attorney, through Information & Guidance in CCC, to define HIV/STI/HCV services as essential
  • Developing resource list of home testing options for HIV/STI
Identifying low barrier, novel approaches to delivering services
  • Include people experiencing homelessness
  • Consider mental health, substance use services
Planned September Consortium meeting to review data, discuss Consortium members’ experiences with HIV/STI/HCV services, brainstorm solutions to drop in service delivery
San Francisco Getting to Zero’s Response: Policy

• Assisting Adolescent/Young Adult Committee in GTZ on issues of health access of youth
  • In March, all CHPY clinics closed due to Environmental Health and COVID activation
    • 3rd Street, Larkin St, Cole/Huckleberry, Balboa High School, Burton High School
  • Dimensions Clinic cut to 1 half-day session
  • New Generations Health Center (staffed by UCSF) was to take CHPY referrals, but unable to see patients for next few months
    • Started to provide “curbside care” (home pregnancy and STI testing)
  • Need expanded services for youth, including non-clinical services (housing/food/jobs)
• Continued Housing Task Force to address issues on homelessness
  • Interactions with the UCSF Benioff Homelessness and Housing Initiative, SF MOHCD, SF Department of Housing and Supportive Services
  • Evaluating data to better understand the effect of homelessness/marginal housing on SF resident’s health outcomes (e.g. HIV, STI, Hep C prevention and treatment)
  • Ongoing advocacy on behalf of patients experiencing homelessness/marginal housing during the COVID-19 pandemic.
SAN FRANCISCO ENDING THE HIV/HCV/STI EPIDEMICS
Goal: reduce new HIV infections by 75% by 2025 and by 90% by 2030

Five Guiding Principles:

- Advance health equity and racial justice
- Integrate HIV, HCV, and STI prevention, care and harm reduction
- Eliminate HIV/HCV/STI-related stigma and discrimination
- Ensure that services are as low barrier as possible
- Value lived experience and fund peer-delivered services
Current activities: PS19-1906 planning

- Finalizing SF EtE Plan, a collaborative effort:
  - HIV Community Planning Council
  - SF Getting to Zero Consortium
  - End Hep C SF
  - Several health department sections and community programs

- Expanded community engagement (EtE grantees):
  - Black/African Americans: AIDS Project of the East Bay
  - Latinos/Latinas/Latinx: Cause Data Collective
  - Trans Women: San Francisco Community Health Center (SFCHC)
  - People Who Use Drugs (San Francisco Drug Uses Union (SFDUU)
  - People Experiencing Homelessness (PEH): SFCHC and SFDUU
An update on CDC ETE funding

Prevention dollars (CDC)

- 5 years starting August 1, 2020
- CDC PS-20-2010: “Integrated HIV Program for Health Departments to Support Ending the HIV Epidemic in the United States”
- $2.7 million per year (+)
  - Comp A: $2,290,288
  - Comp C: $450,000
  - Project Expand and Elevate (ExEl) will enhance and expand integration of STI and HIV prevention care services at San Francisco City Clinic (SFCC)
Planned activities:

**Diagnose**
- ZSFGH Clinical champion
- Public Health Detailing Staff
- Integrated Mobile Health Access Points (MHAPS)
- “Take Me Home” HIV/STI Testing program
- Expanded texting, web-based and tele-health services

**Treat**
- Street Medicine: Expanded services for PEH
- Jail Health: Expanded post-incarceration services
- Gender Health: support people seeking gender-affirming surgery
- Novel HIV/HCV/STI stabilization rooms with support team
Planned activities cont.

**Prevent**

- Youth Sexual Health Ambassador and Youth Advisory Council
- Incentivized, mobile PrEP
- Inpatient testing/PrEP champion: scale-up hospital testing and PrEP initiation
- Expand PrEP program at SFCC
- Mobile contingency management
- Increase availability of comprehensive SSPs in the Bayview Hunters Point neighborhood
- Expand syringe services, overdose prevention and education at shelters, navigation centers, supportive-housing sites, and SROs
- Develop regional PrEP approach
Planned activities cont.

**Respond:**
- LINCS EtE disease control investigator
- Ending the Epidemics epidemiologist
- Add language regarding cluster response to new contracts
- Identify flexible funding mechanisms to respond to an HIV outbreak
- Develop a data system to rapidly analyze, integrate, and visualize cluster data
- Develop a HIV cluster and outbreak response plan
- Multi-jurisdictional investigations of transmission clusters
- Community engagement to develop education materials
STD Update

- Impact of COVID-19
- Congenital Syphilis Prevention, including 2019 ICS Activation
- Innovation
STD Clinical Services

Sexual Health Services at City Clinic and SF AIDS Foundation Magnet Clinic were reduced with Health Officer Orders to shelter in place; services have been ramping back up since late May, but are not back to pre-SIP levels. Both sites are critical for both STI and HIV Prevention and Care.

- Focus on urgent sexual health care
- Limited asymptomatic STI screening
- Extended refills for HIV PrEP and ART
- Tele-health with ‘syndromic’ management when possible
Visits to City Clinic fell during and after SIP
Reported Cases Citywide also Decreased

CT: 184 cases/week
GC: 118 cases/week

CT: 65 cases/week
GC: 47 cases/week

CT: 63 cases/week
GC: 48 cases/week

Week of diagnosis
National Shortage of Testing Components

- City Clinic and Public Health Laboratory have been able to order alternate kits, so testing has not been interrupted

- Working with SFHN, other health systems and key CBO partners to assess for shortages

- Recommended priority groups: women, MSM, patients with certain symptomatic syndromes

- Planning a Health Advisory pending local partner assessment and additional updates from CDC

"There is a current shortage of…chlamydia and gonorrhea nucleic acid amplification tests (CT/GC NAAT) – CDC Dear Colleague Letter. September 8, 2020"
Decreased Access may Worsen Sexual Health Disparities
Innovations to Extend Sexual Health Services

- Telehealth
- Self collection of swabs/specimens
- Home testing
- Work with SFHN to incorporate self collected screening in primary care visits that do occur (e.g. Chlamydia screening annually in women <26)
- CDC Guidance on syndromic management
Top Priority is Preventing Congenital Syphilis

• This devastating outcome of syphilis can result in stillbirth or neonatal death

• CS cases are increasing in the U.S and CA
  • 40% increase in newborn syphilis in 2018 vs. 2017
  • 25% of those cases in 2018 from CA

• Associated with high vulnerability
  • Substance use
  • Experiencing homelessness
  • Lack of prenatal care
From 2017 to 2018 the number of syphilis cases among women increased 84%.

These data led to the DPH ICS activation in 2019.
Black/African American Women are Disproportionately Diagnosed with Syphilis

Preliminary Data as of 9/8/2020
Treatment with penicillin cures syphilis and prevents congenital syphilis – our goal is to ensure treatment for 100% of infected women.

Linkages, Integration and Navigation to Care (LINCS) is the expert disease investigation team that ensures care for patients with syphilis and HIV and their partners.

Preliminary Data as of 9/8/2020
Cases of CS are Low but Rising, Requiring new Approaches and Resources
Pregnant Female Syphilis Cases: 2018 – Q2 2020

Preliminary Data as of 9/8/2020

*Cases are identified by the year of the pregnant woman’s diagnosis date.
Averted cases of congenital syphilis were the result of efforts by clinical providers, public health nurses, and LINCS disease intervention services.

v1.0 Pre

v1.0 Preliminary Data as of 9/8/2020
April 2019 – initial discussion with Health Officer, and decision for partial activation
May 22 – Health Alert to providers
June 3 – Start of Activation Period 1
July 17 – Case Conference
Sep 4 – started Activation Period 2
Activation was a partnership between many areas in DPH
What did ICS accomplish? Not everything, but a start...

- New partnership with UCSF Team Lily serving pregnant women with barriers to traditional prenatal care
- Rapid syphilis testing in Jail Health, Street Medicine
- Established multidisciplinary case conferences to review missed opportunities in CS cases
- Field tested information and approaches with women experiencing homelessness
What did ICS accomplish? Not everything, but a start…

• Improve syphilis screening in ZSFG Emergency Department and Urgent Care (limited by new EHR implementation)

• New quarterly standardized Epi reports focused on syphilis in women

• In process of switching from ICS to an A3 response led by Drs. Ayanna Bennett, Deb Borne and me when COVID-19 arose
Innovation: STI PEP

• Biomedical Approaches to STD prevention are desperately needed!

• Sites in San Francisco and Seattle

• Enrolling at San Francisco City Clinic and UCSF Ward 86.

• City Clinic Team is led by Dr. Stephanie Cohen

• Drs. Hyman Scott and Susan Buchbinder from Bridge HIV and Oliver Bacon from City Clinic are also study investigators.

**Doxy PEP Study Schema**

- **Aim 1:** STI reduction & safety/tolerability
- **Aim 2:** Impact on antimicrobial resistance (GC, commensal Neisseria, S. Aureus) Exploratory CT, syphilis, gut resistome

**Intervention:** Open label doxycycline 200 mg taken as PEP after condomless sexual contact

**1st endpoint:** Combined incidence of GC, CT & syphilis
Innovation: SF Reproductive Justice Summit
January 2021

- **Objective:** To bring together more than 150 SF community members and health providers for 4 days of virtual workshops. Attendees will engage in substantive conversations resulting in the development of concrete recommendations for how institutions can become anti-racist, client-focused, and embrace reproductive justice in their services from patient-provider interactions to policy.

- **Leadership**
  - Judy Young; Black Women’s Health & Livelihood Initiative of the UCSF National Center of Excellence in Women’s Health
  - Shivaun Nestor; Maternal, Child, & Adolescent Health of SFDPH
  - Daphina Melbourne; UCSF Preterm Birth Initiative
  - Micaela Zaragoza-Soto; Disease Prevention & Control of SFDPH

- **Additional Sponsors include**
  - SFDPH, Preterm Birth Initiative, Expecting Justice, Anthem Blue Cross, SF Health Plan, and Exegy
Thank You