HIV AND STDs IN SAN FRANCISCO

Health Commission Meeting
Sept 17, 2019
Outline of Presentations

1. Highlights from the Annual HIV Surveillance Report

2. Progress in HIV Getting to Zero

3. Progress in addressing STDs
HIV Diagnoses, Deaths, and Prevalence, 2006-2018

- Overall 94% of PLWH are aware of their HIV status
- New diagnoses decreased 13% between 2017-2018
- No children were diagnosed since 2005
- Nearly 16,000 living HIV cases
- Aging epidemic: 67% of PLWH > 50 years; 30% > 60 years
Continuum of HIV Care among Persons Diagnosed with HIV

Timely linkage to care

- 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

- 2013 Diagnoses
- 2014 Diagnoses
- 2015 Diagnoses
- 2016 Diagnoses
- 2017 Diagnoses
- 2018 Diagnoses

- 100% 100% 100% 100% 100% 100%
# Faster Time to Care Indicators

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</thead>
<tbody>
<tr>
<td>Diagnosis to Care</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Care to ART</td>
<td>19</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>ART to VSP</td>
<td></td>
<td></td>
<td>76</td>
<td>54</td>
<td>53</td>
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<tr>
<td>Diagnosis to VSP</td>
<td></td>
<td></td>
<td></td>
<td>42</td>
<td>46</td>
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</tbody>
</table>

**Median Days**

- **Diagnosis to Care**: 8 days (2013), 7 days (2014), 7 days (2015), 5 days (2016), 4 days (2017)
- **Care to ART**: 19 days (2013), 7 days (2014), 1 day (2015), 0 days (2016), 0 days (2017)
- **ART to VSP**: 76 days (2013), 54 days (2014), 53 days (2015), 42 days (2016), 46 days (2017)
- **Diagnosis to VSP**: 135 days (2013), 94 days (2014), 79 days (2015), 65 days (2016), 62 days (2017)
Underlying Causes of Death among Persons with HIV

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<thead>
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<tbody>
<tr>
<td>HIV</td>
<td>591(51.7)</td>
<td>391(41.2)</td>
<td>366(38.0)</td>
</tr>
<tr>
<td>Non-AIDS cancer</td>
<td>2nd leading cause of death</td>
<td>2nd leading cause of death</td>
<td>2nd leading cause of death</td>
</tr>
<tr>
<td>HIV- related causes of death</td>
<td>declining</td>
<td>declining</td>
<td>declining</td>
</tr>
<tr>
<td>Women 42%</td>
<td>2nd leading cause of death</td>
<td>2nd leading cause of death</td>
<td>2nd leading cause of death</td>
</tr>
<tr>
<td>Latinx 46%</td>
<td>2nd leading cause of death</td>
<td>2nd leading cause of death</td>
<td>2nd leading cause of death</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>591(51.7)</td>
<td>391(41.2)</td>
<td>366(38.0)</td>
</tr>
<tr>
<td>Liver cancer</td>
<td>123(10.8)</td>
<td>136(14.3)</td>
<td>144(15.0)</td>
</tr>
<tr>
<td>Anal cancer</td>
<td>5(0.4)</td>
<td>9(0.9)</td>
<td>12(1.2)</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>9(0.8)</td>
<td>5(0.5)</td>
<td>6(0.6)</td>
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<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>
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<tr>
<td>Hodgkins lymphoma</td>
<td>2(0.2)</td>
<td>2(0.2)</td>
<td>1(0.1)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>0(0.0)</td>
<td>6(0.6)</td>
<td>1(0.1)</td>
</tr>
<tr>
<td>Heart disease</td>
<td>87(7.6)</td>
<td>83(8.7)</td>
<td>103(10.7)</td>
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<tr>
<td>Coronary heart disease</td>
<td>45(3.9)</td>
<td>42(4.4)</td>
<td>49(5.1)</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>6(0.5)</td>
<td>4(0.4)</td>
<td>7(0.7)</td>
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<tr>
<td>ACCIDENTS</td>
<td>121(10.6)</td>
<td>112(11.8)</td>
<td>120(12.5)</td>
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<tr>
<td>Suicide</td>
<td>50(4.4)</td>
<td>37(3.9)</td>
<td>32(3.3)</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>
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<tr>
<td>Liver cirrhosis</td>
<td>14(1.2)</td>
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<td>Chronic obstructive pulmonary disease</td>
<td>25(2.2)</td>
<td>17(1.8)</td>
<td>23(2.4)</td>
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<tr>
<td>Assault</td>
<td>8(0.7)</td>
<td>9(0.9)</td>
<td>14(1.5)</td>
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<tr>
<td>Cerebrovascular disease</td>
<td>8(0.7)</td>
<td>10(1.1)</td>
<td>13(1.4)</td>
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<tr>
<td>Diabetes</td>
<td>1(0.1)</td>
<td>11(1.2)</td>
<td>11(1.1)</td>
</tr>
<tr>
<td>Mental disorders due to substance use</td>
<td>22(1.9)</td>
<td>10(1.1)</td>
<td>11(1.1)</td>
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Number of Persons Diagnosed with HIV by Race/Ethnicity

Number of Cases

Year of HIV Diagnosis

0 50 100 150 200 250 300 350 400


White
African American
Latinx
Asian/Pacific Islander
Other/Unknown

1 Cases in the "Other/Unknown" racial/ethnic category include 9% Native Americans, 87% multi-race, and 3% unknown.
Number of New Diagnoses by Demographic Characteristics

- Latinx
- African American
- Homeless
- PWID
- MSM PWID
- Women
- API

Number of Cases vs. Year of HIV Diagnosis

- 2012: Latinx (120), African American (74), Homeless (42), PWID (40), MSM PWID (27), Women (20), API (17)
- 2013: Latinx (100), African American (40), Homeless (40), PWID (27), MSM PWID (16), Women (16), API (9)
- 2014: Latinx (80), African American (27), Homeless (20), PWID (17), MSM PWID (16), Women (16), API (9)
- 2015: Latinx (60), African American (20), Homeless (17), PWID (16), MSM PWID (16), Women (16), API (9)
- 2016: Latinx (40), African American (16), Homeless (16), PWID (16), MSM PWID (16), Women (16), API (9)
- 2017: Latinx (20), African American (16), Homeless (16), PWID (16), MSM PWID (16), Women (16), API (9)
- 2018: Latinx (74), African American (42), Homeless (20), PWID (16), MSM PWID (16), Women (16), API (9)
Annual Rates of Men Diagnosed with HIV by Race/Ethnicity

Rates increasing among African American and Latino men; declining among white and Asian/Pacific Islander men

- AA men: 145/100,000
- Latino men: 89/100,000
- White men: 27/100,000
- API men: 11/100,000
Annual Rates of Women Diagnosed with HIV by Race/Ethnicity

HIV diagnosis rates highest in African American women; slightly higher than white men

AA women 35/100,000
Health Disparities
Survival After AIDS, 2012-2016

3-year survival

- Overall 89%
- AIDS survival lowest among African Americans and PWID
Disparities in Viral Suppression

- Percentage Virally Suppressed
- Viral suppression rate
- 74% all PLWH viral suppression rate

Data: 66%, 68%, 70%, 69%, 67%, 67%, 65%, 68%, 64%, 33%
Number and Percent of Homeless Persons Diagnosed with HIV

The chart above illustrates the number and percent of homeless persons diagnosed with HIV from 2009 to 2018. The bars represent the number of cases, while the line graph indicates the percent of homeless individuals diagnosed with HIV each year. The data shows a general trend of increasing homeless cases diagnosed with HIV, with notable fluctuations in the percent of homeless individuals affected each year.
## Characteristics of Homeless Persons or SRO Residents with HIV

### Homeless at Diagnosis

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<thead>
<tr>
<th>Gender</th>
<th>Homeless</th>
<th>All Diagnoses</th>
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<tbody>
<tr>
<td>Total</td>
<td>422</td>
<td>3,488</td>
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<tr>
<td>Men</td>
<td>328 (78)</td>
<td>3,113 (89)</td>
</tr>
<tr>
<td>Women</td>
<td>56 (13)</td>
<td>260 (7)</td>
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<tr>
<td>Trans Women</td>
<td>38 (9)</td>
<td>115 (3)</td>
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<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Homeless</th>
<th>All Diagnoses</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>173 (41)</td>
<td>1,558 (45)</td>
</tr>
<tr>
<td>African American</td>
<td>104 (25)</td>
<td>477 (14)</td>
</tr>
<tr>
<td>Latinx</td>
<td>102 (24)</td>
<td>901 (26)</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>10 (2)</td>
<td>378 (11)</td>
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<tr>
<td>Other/Unknown</td>
<td>33 (8)</td>
<td>174 (5)</td>
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<table>
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<th>Transmission Category</th>
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<tr>
<td>MSM</td>
<td>127 (30)</td>
<td>2,408 (69)</td>
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<tr>
<td>TWSM</td>
<td>25 (6)</td>
<td>78 (2)</td>
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<tr>
<td>PWID</td>
<td>108 (26)</td>
<td>249 (7)</td>
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<tr>
<td>MSM-PWID</td>
<td>106 (25)</td>
<td>417 (12)</td>
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<tr>
<td>TWSM-PWID</td>
<td>13 (3)</td>
<td>35 (1)</td>
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<tr>
<td>Heterosexual</td>
<td>32 (8)</td>
<td>208 (6)</td>
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<tr>
<td>Other/Unidentified</td>
<td>11 (3)</td>
<td>93 (3)</td>
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<table>
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<th>Age at Diagnosis (Years)</th>
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<th>All Diagnoses</th>
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<tbody>
<tr>
<td>13 - 17</td>
<td>1 (&lt;1)</td>
<td>12 (&lt;1)</td>
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<tr>
<td>18 - 24</td>
<td>67 (16)</td>
<td>448 (13)</td>
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<tr>
<td>25 - 29</td>
<td>82 (19)</td>
<td>614 (18)</td>
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<tr>
<td>30 - 39</td>
<td>117 (28)</td>
<td>1,049 (30)</td>
</tr>
<tr>
<td>40 - 49</td>
<td>89 (21)</td>
<td>865 (25)</td>
</tr>
<tr>
<td>50+</td>
<td>66 (16)</td>
<td>500 (14)</td>
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### Homeless/SRO in 2018

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<thead>
<tr>
<th>Gender</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>601</td>
<td>7,849</td>
</tr>
<tr>
<td>Men</td>
<td>485 (81)</td>
<td>7,142 (91)</td>
</tr>
<tr>
<td>Women</td>
<td>70 (12)</td>
<td>509 (6)</td>
</tr>
<tr>
<td>Trans women</td>
<td>46 (8)</td>
<td>198 (3)</td>
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<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>261 (43)</td>
<td>4,516 (58)</td>
</tr>
<tr>
<td>African American</td>
<td>127 (21)</td>
<td>970 (12)</td>
</tr>
<tr>
<td>Latinx</td>
<td>152 (25)</td>
<td>1,548 (20)</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>31 (5)</td>
<td>505 (6)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>30 (5)</td>
<td>310 (4)</td>
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</table>

<table>
<thead>
<tr>
<th>Transmission category</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>242 (40)</td>
<td>5,723 (73)</td>
</tr>
<tr>
<td>TWSM</td>
<td>25 (4)</td>
<td>117 (1)</td>
</tr>
<tr>
<td>PWID</td>
<td>110 (18)</td>
<td>456 (6)</td>
</tr>
<tr>
<td>MSM-PWID</td>
<td>165 (27)</td>
<td>1,055 (13)</td>
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<tr>
<td>TWSM-PWID</td>
<td>20 (3)</td>
<td>74 (1)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>30 (5)</td>
<td>309 (4)</td>
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<tr>
<td>Other/Unidentified</td>
<td>9 (1)</td>
<td>115 (1)</td>
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<table>
<thead>
<tr>
<th>Age in years (as of 12/31/2018)</th>
<th>Homeless/SRO</th>
<th>All PLWH</th>
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<tbody>
<tr>
<td>13-24</td>
<td>7 (1)</td>
<td>69 (1)</td>
</tr>
<tr>
<td>25-29</td>
<td>34 (6)</td>
<td>224 (3)</td>
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<tr>
<td>30-39</td>
<td>134 (22)</td>
<td>899 (11)</td>
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<tr>
<td>40-49</td>
<td>130 (22)</td>
<td>1,522 (19)</td>
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<tr>
<td>50-59</td>
<td>192 (32)</td>
<td>2,781 (35)</td>
</tr>
<tr>
<td>60-69</td>
<td>87 (14)</td>
<td>1,830 (23)</td>
</tr>
<tr>
<td>70+</td>
<td>17 (3)</td>
<td>524 (7)</td>
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Getting to Zero San Francisco
GTZ is a multi-sector consortium that operates under principles of collective impact:

“Commitment of groups from different sectors to a common agenda to solve a specific problem.”
Getting to Zero: Built on Collective Impact
Free Standing Organization

- Department of Public Health
- HIV Community Planning Council
- Community-based organizations
- Private Sector e.g. Kaiser
- UCSF & other research institutions
- Advocates & Organizing Groups

Isolated Impact vs. Collective Impact
Strategic priorities for San Francisco Getting to Zero Consortium

- City-wide coordinated PrEP program
- Rapid ART start with treatment hubs
- Linkage-engagement-retention in care
- Reducing HIV stigma
- Adolescent & Young Adult

Committee for each initiative is developing action plan, metrics and milestones.

- 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
- Health ed/risk reduction
- STD testing & treatment
- Prevention with positives
- HIV testing
SF PrEP Cascade, MSM and Trans women

- Total HIV-Negative: 100% (MSM), 100% (Trans Women)
- PrEP Aware: 97% (MSM), 79% (Trans Women)
- Used PrEP: 40% (MSM), 15% (Trans Women)
- PrEP Adherent: 35% (MSM), 10% (Trans Women)
STAY
NOW THERE’S A PILL THAT CAN HELP PREVENT HIV INFECTION FOR TRANS PEOPLE. IT’S CALLED PrEP. IT’S SAFE. IT CAN HELP YOU STAY HIV-NEGATIVE.

STAY RESILIENT
STAY AWARE
STAY KNOWLEDGEABLE

Get PrEP for free, the support you need to take it every day and up to $375.

Text “STAY” to (617) 826-9932 to find out how or visit us at StayStudy.org
New strategies in PrEP delivery in development

• Pairing PrEP navigators with online tools to help providers with panel management

• Integrating PrEP support app components with online pharmacy delivery service

• Offering “on demand” PrEP with app support tools
“RAPID”: First-in-kind US program of treatment on diagnosis

Same day linkage and PrEP start leads to:
- Reduces HIV illness and death
- Reduces transmission
- Empowers patient for disclosure

Elements:
- Transportation to hub
- Meet with MD, social worker
- Baseline labs
- Counseling
- Medical/psychosocial assessment and linkage
- ART (starter pack)
Retention and Re-engagement: The Toughest Step in the Care Cascade

- Expanded “LINCS”: Linkage, Integration, Navigation, and Comprehensive Services for PLWH not in care
- Scale-up of intensive case management
- Food security
- Employment services
- Front-line organizing group
- Cell phone charging stations
Proportion Virally Suppressed

Overall vs. LINCS

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall</th>
<th>LINCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>68</td>
<td>59</td>
</tr>
<tr>
<td>13-24 year olds</td>
<td>80</td>
<td>50</td>
</tr>
<tr>
<td>25-29 year olds</td>
<td>69</td>
<td>60</td>
</tr>
<tr>
<td>Homeless</td>
<td>33</td>
<td>56</td>
</tr>
</tbody>
</table>
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%
Net Migration in 2014 (SF)

Top In-Migration from:
- Santa Clara: 1,663
- San Diego: 1,218
- Orange County: 759

Top Out-Migration to:
- Alameda: 5,031
- San Mateo: 4,465
- Contra Costa: 2293

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Conclusions

• Collective impact has been a fruitful mechanism for working together

• Great progress is being made but disparities remain
  – Must dig deeper into addressing poor outcomes for African Americans and Latinx
  – More programs for PWID including safe injection sites

• Integrating interventions for HIV with STI/HCV prevention and treatment

• Need Bay Area-wide efforts

• Next stage of programs must focus on homelessness, substance use, mental health
  – We will get to zero, but not without housing!
What systems of prevention, testing, care, and treatment does SF need to ensure that new HIV, HCV, and STD transmissions are rare, and every person needing assistance for HIV, HCV, or STDs will have timely access to patient-centered* state-of-the-art care?
“Health Access Points”

**Goal:** Reduce disparities by addressing vulnerabilities through focused community investment.

- An HIV, HCV and/or STD test
- Support with food, housing, employment
- PrEP
- Prevention information & education
- Health care
- Safer injection equipment, condoms & naloxone
- Treatment for substance use & mental health conditions
- Counseling & support
- Navigation

Clinic

CBO

Outreach
“Health Access Point” Attributes

- Stigma-free, welcoming, culturally appropriate environment
- “Status neutral”
- Population-specific
- Baseline standard of care, for all populations
- Low barrier access:
  - Mobile and field-based work
  - Consistent services offered at the same time, same place, same teams
  - Frequent recurring contacts
- Interdisciplinary
- Clinical and community-based elements
- Single location, multi-location network, or other approach
- Shared data, risk assessment, & care plans

Essential for sustainability:
- Accountability
- Workforce development
- Organizational capacity-building
Ending the HIV Epidemic

HHS Has Launched A New Initiative to End the HIV Epidemic in America

**GOAL:**

- **75%** reduction in new HIV infections in 5 years and at least **90%** reduction in 10 years.

- **Diagnose** all people with HIV as early as possible after infection.

- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.

- **Prevent** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

- **Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.

- **HIV Workforce** will establish local teams committed to the success of the Initiative in each jurisdiction.
STD Prevention in San Francisco
Increasing Syphilis in Women and Congenital Syphilis

- Cases of mother-to-child transmission of syphilis (Congenital Syphilis) are increasing in the United States and in California.
- Congenital syphilis can lead to stillbirth and neonatal death.
- Treating a pregnant woman with injectable penicillin cures her syphilis infection, and prevents transmission to her baby.
- Trends of increasing syphilis cases in women are often followed by increases in cases of congenital syphilis.
- Nationally and in San Francisco, congenital syphilis has been associated with methamphetamine use, homelessness and lack of prenatal care.
Total Female Syphilis Cases, San Francisco 2013-2019

71 cases Q1-Q2 2019:
20% experiencing homelessness
36% interviewed reported methamphetamine use
30% B/AA, 27% White, 19% Latinx, 12% API
43% diagnosed at SFHN; 28% ZSFG ED
Confirmation of Pregnancy Status and CS Prevention Efforts

Proportion of Female Cases by Pregnancy Status, age 12-49 only, San Francisco 2013 - June 2019

- **Total Cases**
  - 2013: 30
  - 2014: 30
  - 2015: 42
  - 2016: 36
  - 2017: 44
  - 2018: 91
  - Q1/Q2 2019: 61

- **Proportions**
### Pregnant Female Syphilis Cases in 2018 and through Q2 2019

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
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<tr>
<td>Methamphetamine Use</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### Pregnancy Outcome

| Baby born without congenital syphilis (7) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mother treated, Still Pregnant (1) | ✓ |
| Congenital Syphilis Case (2) | ✓ | ✓ |
SFDPH Response to Increasing Syphilis among Women

• 5/22/19 provider Health Alert: increase frequency of routine blood screening for syphilis in all pregnant women to 1st and 3rd trimester.

• Women with syphilis, and their sex partners, are highest priority for the City Clinic disease investigation specialists (LINCS) who ensure treatment and prevention.

• On 6/3/19, the SFDPH Incident Command System (ICS) was activated to prevent congenital syphilis in San Francisco
SFDPH Response to Increasing Syphilis among Women

Activation Period 1 (6/3-9/3) key accomplishments:

- New partnership: City Clinic LINCS and MCAH public health nurses
- New rapid syphilis testing in Jail Health Services and Street Medicine
- Training and updates with community partner agencies
- Multidisciplinary Case Conference on 7/17/19 to review public health and clinical missed opportunities in CS cases
- PHD ARCHES and DPH IT collaboration to measure syphilis screening in ZSFG Emergency Department and Urgent Care

Continued 12 week activation periods planned through Spring 2020
PHD STD Strategic Framework Process

• Feb-June 2019, consultants conducted key informant interviews and facilitated seven meetings of internal and external stakeholders.
• Key theme was working across PHD Branches effectively
• Final Documentation and Next Steps are in process

Vision
A San Francisco where all people have safe, healthy sexual lives.

Mission
To provide information, services, and policies that prevent STDs and HIV, promote sexual and reproductive health, and enable all people in San Francisco to have safe, healthy sexual lives.
Known for our expertise. Loved for our care.

San Francisco City Clinic is a trusted source for sexual health services and information, known for our experienced professionals and commitment to delivering compassionate, high-quality care for over 100 years.

Our Services

STD TESTING & TREATMENT

Walk-In Hours

Mon, Wed, Fri 8 a.m. - 4 p.m.
Tue 1 p.m. - 6 p.m. (1 p.m. symptoms only)
Faster Gonorrhea and Chlamydia Treatment for Patients and their Partners

• Rapid molecular testing for Chlamydia and Gonorrhea at City Clinic
• Collaboration between City Clinic and Public Health Lab
• Results in 90 minutes
• Began May 2018
• Goal is to more quickly treat the patient, for their health and to prevent sexual transmission to partners
Time to Treatment of Gonorrhea and Chlamydia: Pre vs. Post Implementation of the Rapid Test at City Clinic

Average time to treatment declined 74% from 6.4 to 1.7 days (p<0.0001)
Traditional lab based testing does not return results in time to treat many patients who may be released after screening.

Added new moderate complexity lab and same rapid GC/CT Testing at the Jail in March 2019.

Still in pilot phase.

Rapid Testing in the Jail Decreases the Proportion of Patients with GC or CT who leave without Treatment.

<table>
<thead>
<tr>
<th>Time</th>
<th>Proportion untreated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to Rapid Testing</td>
<td>18%</td>
</tr>
<tr>
<td>June 2019</td>
<td>0%</td>
</tr>
<tr>
<td>July 2019</td>
<td>7%</td>
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</table>
SLAY Council Goal:

• To develop and present recommendations to SFDPH for sexual health promotion and prevention strategies for maximum impact in the Southeastern communities of SF, created by Black women, for Black women.
Messages For Youth

• Respect Your Body
• STDs Can Happen To Anyone
• Sexual Health Is More Than Sex
• Communication Is Key
• Speak Your Truth
SLAY Recommendations for Connecting with Black/African American Young Women

MEET THEM WHERE THEY CONTINUOUSLY CHOOSE TO ENGAGE

- Use language they can understand
- Social media and an informative website
- Hone in on target neighborhoods and communities
- Gain analytics on what worked, what reached them, and what needs improvement

INSTAGRAM

- Establish a community
- Posts, polls, quizzes, questions, and Instagram Stories
- Instagram Live as a safe space to ask questions and have realistic conversations with their peers

WEBSITE

- Use terms they can understand
- Platform to find more programs and resources
- One-stop place for in-depth sexual health information
THANK YOU!

Ling Hsu
Susan Buchbinder
Tracey Packer
Susan Philip
Jacqueline McCright