ANNUAL HIV/STI REPORT

Health Commission, Sept 21, 2021
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Eileen Loughran
Stephanie Cohen
Nikole Trainor
HIV/STI updates in the time of COVID-19

▪ Impact of COVID-19 on HIV and STI screening, prevention and care
▪ HIV and STI epidemiology
▪ Initiatives to address disparities:
  ▪ HIV Getting to Zero
  ▪ Services for people experiencing homelessness and people who use drugs
  ▪ Ending the HIV/HCV/STI Epidemics (ETE)
  ▪ STI Program
Impact of COVID-19 on HIV and STI Screening, Prevention and Care Services

- Communities with higher rates of HIV, HCV and STIs also disproportionately impacted by the structural effects of COVID-19

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

- Public health workforce re-directed to COVID-19

- There were dramatic declines in HIV antibody, HIV viral load and STI testing (city-wide) with potential to worsen existing disparities
HIV Screening Tests at Select Medical Facilities January 2020-March 2021 Compared to 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Tests</th>
<th>% Change from 2019 Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2020</td>
<td>4,745</td>
<td>+10%</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>4,398</td>
<td>+2%</td>
</tr>
<tr>
<td>Mar 2020</td>
<td>3,245</td>
<td>-25%</td>
</tr>
<tr>
<td>Apr 2020</td>
<td>2,054</td>
<td>-52%</td>
</tr>
<tr>
<td>May 2020</td>
<td>2,587</td>
<td>-40%</td>
</tr>
<tr>
<td>Jun 2020</td>
<td>3,382</td>
<td>-22%</td>
</tr>
<tr>
<td>Jul 2020</td>
<td>3,451</td>
<td>-20%</td>
</tr>
<tr>
<td>Aug 2020</td>
<td>3,519</td>
<td>-18%</td>
</tr>
<tr>
<td>Sep 2020</td>
<td>3,658</td>
<td>-15%</td>
</tr>
<tr>
<td>Oct 2020</td>
<td>3,890</td>
<td>-10%</td>
</tr>
<tr>
<td>Nov 2020</td>
<td>3,502</td>
<td>-19%</td>
</tr>
<tr>
<td>Dec 2020</td>
<td>3,736</td>
<td>-13%</td>
</tr>
<tr>
<td>Jan 2021</td>
<td>3,733</td>
<td>-13%</td>
</tr>
<tr>
<td>Feb 2021</td>
<td>3,813</td>
<td>-12%</td>
</tr>
<tr>
<td>Mar 2021</td>
<td>3,813</td>
<td>-11%</td>
</tr>
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</table>
Chlamydia, Syphilis and HIV Screening Tests at SFDPH Public Health Lab

- **Total tests**
- **Week of specimen**
HIV Diagnoses, Deaths, and Prevalence, 2006-2020

- Continuing decline in new diagnoses
  - 2019-2020: -22%
  - 2018-2019: -18%
  - 2017-2018: -14%
- Deaths remained relatively stable
  - HIV-related causes continued to decline
- Nearly 16,000 SF residents at diagnosis living with HIV
  - 70% ≥ 50 years
  - Out-migration (6,600+) greater than in-migration (3,000+)
White men, 14/100,000
Black men, 84/100,000
Latino men, 58/100,000
API men, 10/100,000
Black women, 22/100,000
White women, 14/100,000
Latina women, 14/100,000
API women, 10/100,000

Diagnosis rates in 2020 declining among men of all race/ethnicity
Trends in New Diagnoses in Select Populations

% Change between 2019-2020

Overall -22%

• White -37%
• Latinx -9%
• Black -7%
• Homeless -20%
• Women +29%
• Heterosexual +13%
• PWID +8%

Slide 8
HIV Viral Load Tests among Persons Living with HIV
January 2020-March 2021 Compared to 2019

San Francisco shelter-in-place order

Viral load tests by month
% change from 2019 monthly average
2019 monthly average (N=3,855)

Number of Tests

0 500 1,000 1,500 2,000 2,500 3,000 3,500 4,000 4,500 5,000
+8% 4148
-12% 3387
-28% 2764
-52% 1850
-31% 2693
4% 3693
-16% 3228
-25% 2892
-15% 3283
-12% 3395
-29% 2718
-24% 2943
-21% 3028
-17% 3182
6% 3627

2020
2021
Timely Linkage to Care and Viral Suppression after Diagnosis

77% of persons diagnosed Jan-Jun 2020 were virally suppressed within 6 months among all new diagnoses.

* Receipt of care is measured by having an HIV-related lab test (CD4, viral load, genotype) therefore is underestimated for 2020.
Disparities in Viral Suppression

Percentage Virally Suppressed

- Viral suppression rate 2019
- Viral suppression rate 2020

71% 70% 72%
67% 66% 68%
68% 69% 64%
66% 69% 67%
60% 65%
70% 75% 70%
<table>
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<tr>
<th>Care indicators</th>
<th>Homeless</th>
<th>Non Homeless</th>
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</thead>
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<tr>
<td></td>
<td>2019</td>
<td>2020</td>
</tr>
<tr>
<td>Linked to care within 1 month of diagnosis</td>
<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>Virally suppressed within 12 months of diagnosis</td>
<td>68%</td>
<td>--</td>
</tr>
<tr>
<td>Receipt of care among persons living with HIV (PLWH)</td>
<td>56%</td>
<td>33%</td>
</tr>
<tr>
<td>Viral suppression among all PLWH</td>
<td>39%</td>
<td>20%</td>
</tr>
<tr>
<td>Viral suppression among PLWH who received care</td>
<td>71%</td>
<td>61%</td>
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</tbody>
</table>

*Receipt of care is measured by having an HIV-related lab test (CD4, viral load, genotype) therefore is underestimated for 2020.
Gonorrhea, Chlamydia, and Early Syphilis Incidence Rates
San Francisco, 2016-2020

From 2016-2019:
Syphilis 34%
Chlamydia 16%
Gonorrhea 12%

From 2019-2020:
Syphilis 17%
Chlamydia 39%
Gonorrhea 26%
Total Female Syphilis Cases (all stages)
San Francisco Residents, 2013-2020

The number of female syphilis cases increased by **195%** from 2017 to 2020.
Total Female Syphilis Cases and Congenital Syphilis Cases
San Francisco, 2013-2021 Q1
Average Number of Sex Partners in Last 3 Months for City Clinic Patients

![Average Number of Sex Partners Chart]

- **Ave # Partners**
  - **Females**
  - **Gay/bi males**
  - **Other males**

**Axes:**
- Y-axis: Ave # Partners
- X-axis: Time (Jul'19 to Jul'21)

Legend:
- Purple line: Females
- Green line: Gay/bi males
- Orange line: Other males
STI and HIV 2020 Epi Summary

• HIV and STI testing declined significantly in 2020
  • HIV and most STIs are asymptomatic; decline in testing = missed diagnoses
• Overall HIV diagnoses continue to decline (168 to 131)
  • Latinx now has the highest number of new diagnoses
  • A smaller decrease in new diagnoses among Latinx (9%) and Black/African Americans (9%) compared to Whites (37%)
• Cis women experienced a 29% increase in new HIV diagnoses (from 14 to 18) and a 12% increase in syphilis diagnoses (from 157 to 175)
• No perinatal HIV transmissions, but 5 congenital syphilis cases, including one infant demise
• Overall high level of rapid linkage to care and viral suppression but disparities remained, especially among people experiencing homelessness
Getting to Zero Update

Health Commission
September 21, 2021
San Francisco Getting to Zero’s Communications During COVID-19 Pandemic

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

- Meetings 3 times/year to cover timely topics, policy updates, panel discussions

- Getting to Zero website and listserve as clearinghouse for information and best practices
  - HIV (e.g., PrEP, RAPID)
  - Developed COVID updates and resources
    - Guidance on COVID-19 for People Living with HIV
    - FAQ on Community-Based HIV/STI/Hep C testing as Essential Services
    - Resource for questions about vaccination, eligibility, and boosters
    - Countered mis-information

- Tracked and disseminated data on changes in HIV/STI testing, PrEP use, and HIV care indicators during the COVID pandemic.
Getting to Zero San Francisco: Priorities, 2021-2025

**Centered on Racial Equity and Justice**

**Reaching persons at risk**
- Accessible testing - gateway to prevention and treatment
- Community, facility, and out of facility low barrier PrEP/PEP
- Innovative PrEP/PEP delivery models
- New agents, e.g. long acting

**Responding rapidly and effectively**
- RAPID program for new diagnosis and persons re-engaging in care
- POP UP program – walk in care for unstably housed
- Street outreach /medicine – out of facility care
- New treatment options: long acting

**Rendering services**
- Mental health services and support groups
- Substance use services, safe injection sites
- Housing services
- Multi-disease screening and linkage (e.g. Hep C, STI)

**Populations**
- Black/African American and Latino Residents
- Homelessness /Marginally housed
- Persons over 60 years
- PWUD
- Youth
- Trans and Cis Women
- Persons with mental illness
San Francisco Getting to Zero’s Response: New Committee Structure

- New Committee Structure
  - **PrEP/PEP** – Continued focus in improving PrEP uptake and persistence among priority populations.
  - **RAPID 2.0** – Includes RAPID initiation of therapy as well as rapid re-engagement in care.
  - **People Experiencing Homelessness (PEH)** – Dedicated committee work to address the unique needs of PEH.
  - **Aging MSM Living with HIV and Private Sector engagement** – Addressing the needs of our aging community of PLWH; and outreach to private care providers who haven’t engaged as much with GTZ.

- Areas of advocacy
  - Overdose Prevention
  - HIV and COVID
  - Youth
  - As needed in collaboration with GTZ partners: Mental Health, STIs, and Housing
HIV/HCV/STI services during COVID: Addressing disparities

Community Health Equity & Promotion Branch

Presented by: Eileen Loughran
September 21, 2021
SF Ending the HIV/HCV/STI Epidemics (ETE)

- Center, advance, and prioritize health equity and racial justice
- Integrate HIV, Hepatitis C (HCV), STIs, prevention and care, COVID, and overdose prevention
- Employ models of status neutral care
- Ensure that services are as low barrier as possible
- Value lived experience and fund peer-delivered services
- Eliminate HIV/HCV/STI-related stigma and discrimination
- Use a harm reduction framework that values human dignity

“Innovate and community-driven solutions are at the heart of EHE/ETE”

San Francisco ETE Activities

**Status neutral services (jointly funded by HIV Health Services and CHEP)**
- All people are provided continuous, high-quality prevention and/or treatment services regardless of HIV status
- Funding positions: Jail Health Navigator, Gender Health Navigator, and an expanded Street Medicine/Whole Person Care outreach team

**Mobile Contingency Management (jointly funded by HHS and CHEP)**
- Street-based outreach and brief interventions for people experiencing homelessness
- Focus on BIPOC communities who smoke fentanyl

**Expanded access to prevention and care services:**
- Home testing programs
- Texting reminders, web-based and tele-health services
San Francisco ETE Activities Cont.

**Focused community engagement through mini-grants**
- Continuous and meaningful dialogue with the ETE communities
- Advise SFDPH on service design, delivery methods, and funding allocations

**Enhanced workforce development opportunities**
- HIV/HCV/STI Community Health Leadership Initiative (CHLI)
- SFDPH workforce equity focus: hiring, recruiting, and supporting staff

**Regional planning** with Alameda County Public Health Department, East Bay Getting to Zero, and SF Getting to Zero
COVID Related Challenges

• Stress and anxiety of work force

• Safety protocols created barriers to ability to building trust

• Social isolation of people experiencing homelessness and people who use drugs was associated with exacerbated substance use, mental health challenges

• Priorities focused on immediate needs rather than testing
Concurrent overdose epidemic

• In 2020, 699 people lost their lives to overdose in SF (02/21 preliminary report from Office of the Chief Medical Examiner)

• 4,307 reversals in 2020 (Drug Overdose Prevention Education (DOPE) project report)

• SFDPH deployed to implement harm reduction strategies to address overdoses at Shelter in place (SIP) and Isolation & Quarantine (I & Q) sites

• COVID Prevention messaging conflicted with overdose prevention messaging
Successes during the pandemic

• Syringe services quickly adapted to meet needs of community during Shelter in place.

• Movement to make harm reduction trainings mandatory for all SIP staff

• Closer collaborations with City partners (Human Service Agency (HSA) & Homelessness & Supportive Housing (HSH) and community organizations

• Persistence in creative solutions for meeting the needs of community
Harm Reduction at Shelter in Place Sites

• Installed wall-mounted and publicly accessible nasal Naloxone kits on each floor of each SIP site

• Over 150 Naloxone stations set-up across 30 sites.

• Created systems change by opening up dialogue about harm reduction with other City agencies

• Provided low-barrier access to harm reduction supplies
Collaborations as Best Practice

- Collaboration & Coordination
- Shelter in Place (SIP) Hotel Project
- Outreach & Engagement
- Primary Care Clinic Supply Project
- HIV and STI Screening and Care

<table>
<thead>
<tr>
<th></th>
<th>1/2021 - 6/30/2021</th>
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<tbody>
<tr>
<td>HIV Tests (20)</td>
<td>3 HIV+ Re-engaged to care</td>
</tr>
<tr>
<td>Syphilis (20)</td>
<td>4 reactive</td>
</tr>
<tr>
<td>Naloxone Distributed</td>
<td>198 kits</td>
</tr>
</tbody>
</table>
STI Prevention
Strategic Framework

Mission:
To provide information, services, and policies that prevent STIs and HIV, promote sexual and reproductive health, and enable all people in San Francisco to have safe, healthy sexual lives.
STI Program leadership and STI DIS formed the backbone of the COVID-19 case investigation and contact tracing program and have provided leadership for the COVID epi/surveillance group

- Broad recognition at federal level of need for stronger DIS infrastructure to respond to new and emerging infectious disease threat
- Qualitative interviews with DIS and DIS supervisors highlight key themes and priorities
$2.2 million/year, 5-year supplement to core CDC STI prevention grant (PCHD) to strengthen infrastructure for DIS work

### Building Reserve for Accelerating Disease Response (RADR)

<table>
<thead>
<tr>
<th>Metrics matter</th>
<th>Build it and they will come</th>
<th>Delta (i.e. change) is not a variant, it’s the norm</th>
</tr>
</thead>
</table>
| - New quality and performance management team | - Dedicated training team  
- Diversity, Equity, Inclusion initiative  
- Entry-level positions through DIS fellowship | - Culture of resilience and innovation  
- Promotive opportunities for existing coordinators to develop data and project management skills  
- New rotation for DIS to gain skills across disease siloes |
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
  • In CA, CS cases increased by >900% from 2012 to 2018
  • 25% of US CS cases in 2018 from CA

• Associated with high vulnerability
  • Substance use
  • Experiencing homelessness
  • Lack of prenatal care
Congenital syphilis taskforce

- Transitioned from partial activation of ICS to multidisciplinary, cross-departmental taskforce
- Developed A3 to guide work
- Syphilis screening in the ED, urgent care, Jail Health and street medicine
- Improvements in EPIC to facilitate screening
- Referral and coordination of ED, homeless services, behavioral health and pregnancy-related services
- Increase providers’ knowledge and comfort with sexual health care
RISING RATES OF HIV AND SYPHILIS AMONG WOMEN

April 1, 2021

Situational Update

Since 2017, there was a 100% increase in San Francisco of reported syphilis cases among cisgender women (from 62 to 180 total cases), the majority of which were among women of childbearing age. In 2020, there were five congenital syphilis (CS) cases in San Francisco, the highest number in 26 years.

Moreover, in 2020 we saw a 26% increase in the number of women diagnosed with HIV from the year prior (from 14 to 18 cases). Risk factors for HIV and syphilis among cisgender women include unstable housing and homelessness; substance use (particularly methamphetamine use); sex work; sex in exchange for money, housing or drugs; intimate partner violence; a history of incarceration; sex with a partner who may be at risk for syphilis or HIV; and history of an STI in the past year.

Aligned with California DPH’s expanded syphilis screening recommendations and given the increase in rates of syphilis in women and alarming rise in CS and HIV among women experiencing homelessness, we are urging clinicians to increase syphilis and HIV screening among people who are or could become pregnant in order to ensure detection, timely treatment, and subsequent CS prevention.

Actions Requested of Clinicians

1. Test all individuals who report methamphetamine use or are experiencing homelessness for pregnancy, syphilis, HIV, and HCV at least annually, including in emergency department (ED), urgent care, and correctional settings. In addition, all sexually active people who could become pregnant should receive at least one lifetime screen for syphilis, regardless of risk, and at the time of each HIV test.
Increased syphilis screening in ZSFG ER

% Pregnant Tested in ED only

% Pregnant Tested Anywhere in last 2 months
Bring BAA community members and health care staff to challenge anti-black racism in sexual health care and to develop actionable recommendations for treating all family planning patients equitably within a health care system committed to anti-racism.

- 160+ participants logged on daily
- 63+ Black identified community members
- Health care workers (all levels) from UCSF and DPH
- Staff from SFUSD and CBOs that serve adolescents
- Plenary presentations, workshops, art, ceremony, discussions

**Seven Recommendation Areas**

1. Trustworthiness
2. Respect vs. Disrespect
3. Quality of Care
4. Self-Advocacy
5. Sexuality and Pleasure
6. Staff and Clinic Accountability
7. Systems Accountability and Change
Ensuring Access to STI Clinical Services

During pandemic:
- Focused on urgent sexual health care
- Extended refills for HIV PrEP and ART
- Tele-health with ‘syndromic’ management when possible
- Offered COVID-19 vaccine starting April 2021
- Provide narcan on site
Total visits

SF City Clinic, In-person visits/week, January 2020 – August 2021
PrEP Initiations by Quarter: San Francisco City Clinic 2017 - 2021 Q2
Proportion of MSM currently on PrEP by race/ethnicity continues to increase every year

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black/African American</th>
<th>Latino</th>
<th>Asian/Pacifica Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>17%</td>
<td>25%</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>2015</td>
<td>40%</td>
<td>41%</td>
<td>47%</td>
<td>35%</td>
</tr>
<tr>
<td>2016</td>
<td>58%</td>
<td>55%</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>2017</td>
<td>70%</td>
<td>61%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>2018</td>
<td>47%</td>
<td>52%</td>
<td>71%</td>
<td>56%</td>
</tr>
<tr>
<td>2019</td>
<td>53%</td>
<td>47%</td>
<td>71%</td>
<td>52%</td>
</tr>
<tr>
<td>2020</td>
<td>58%</td>
<td>48%</td>
<td>70%</td>
<td>56%</td>
</tr>
</tbody>
</table>
SFDPH Home-Based Testing Programs

Presenter: Nikole Trainor, MPH, MCHES, CPTII
Community Health Promotion & Equity Branch (CHEP)
(Nikole.Trainor@sfdph.org)
Takemehome.org

- Free sexual health home testing program, launched FEB 2021, currently in 20 Jurisdictions across the country.
- Designed & Developed through collaborative partnerships, BHOC, SFAF, Emory University, NASTAD.
- Program provides FREE HIV tests (lab based), STI tests, and PrEP panel tests (where available) that clients can take in the privacy of their home.
- **SF priority population**: Black & Latino MSM men
- Eligibility: Resides in SF and has not been tested for HIV and STIs in prior 3 months
Community Engagement:

Havegoodsex.org: Social media ads, comcast 30sec commercial, YouTube,
Social Media Influencer Engagement
This year, SFDPH will launch 2\textsuperscript{nd} home STI testing program for young women.
Questions?
Additional Slides
HIV Screening Tests at Community Sites
January 2020-March 2021 Compared to 2019

- HIV tests by month
- % change from 2019 monthly average
- 2019 monthly average (N=1,898)

Number of Tests

Jan 2020: 1,898
Feb 2020: 1,916
Mar 2020: 1,022
Apr 2020: 569
May 2020: 267
Jun 2020: 1,034
Jul 2020: 923
Aug 2020: 1,040
Sep 2020: 1,014
Oct 2020: 1,112
Nov 2020: 925
Dec 2020: 973
Jan 2021: 1,112
Feb 2021: 1,141
Mar 2021: 1,051

% change from 2019 monthly average

- Jan 2020: +14%
- Feb 2020: +1%
- Mar 2020: -46%
- Apr 2020: -86%
- May 2020: -70%
- Jun 2020: -51%
- Jul 2020: -46%
- Aug 2020: -45%
- Sep 2020: -47%
- Oct 2020: -41%
- Nov 2020: -53%
- Dec 2020: -51%
- Jan 2021: -40%
- Feb 2021: -49%
- Mar 2021: -45%

San Francisco shelter-in-place order
Age-adjusted HIV Mortality Rates by Gender and Race/Ethnicity

- White women
- White men
- Black/African American women
- Black/African American men
- Latina women
- Latino men
- Trans women (not age-adjusted)
Chlamydia Incidence Rates by Gender
San Francisco, 2016-2020
Black/African American Women are Disproportionately Diagnosed with Syphilis

[Graph showing the percentage of total female cases diagnosed with syphilis by race/ethnicity from 2013 to 2021 Q1. The graph indicates that Black/African American women make up 34% of the cases, followed by White (20%), Latinx (11%), Asian/Pacific Islander (7%).]
SF City Clinic was one of 9 STI clinics nationwide to receive a competitive supplement to our Ending the Epidemic grant to support integration of HIV prevention services in STI clinics (800K/year x 4 years)

Project ExEl Year 1 accomplishments:

- Relaunched a phone-based PrEP Express Visit program
- Launched non-clinician express visits for asymptomatic STI screening
- Developed protocol for implementing HIV VL testing to help identify non-virally suppressed PLWH
- Conducted a PrEP retention survey
- Resumed sexual health public health detailing and provided TA to other agencies and clinics regarding PrEP delivery
Take Me Home: February 2021-August 2021

144 kits ordered:

- 36% White, 19% Latinx, 15% Asian, 8% Black, 7% multi-race
- 81% cis male, 10% cis female, 9% trans or non-binary

61 (42%) kits returned

6 (10%) clients had ≥ 1 positive STI:

- 2 new syphilis infections
- 4 rectal infections (1 GC, 3 CT)
- 3 pharyngeal CT infection
- 1 urethral CT infection
- 0 new HIV diagnoses