



ANNUAL HIV/STI REPORT

Health Commission, October 6, 2020

Ling Hsu

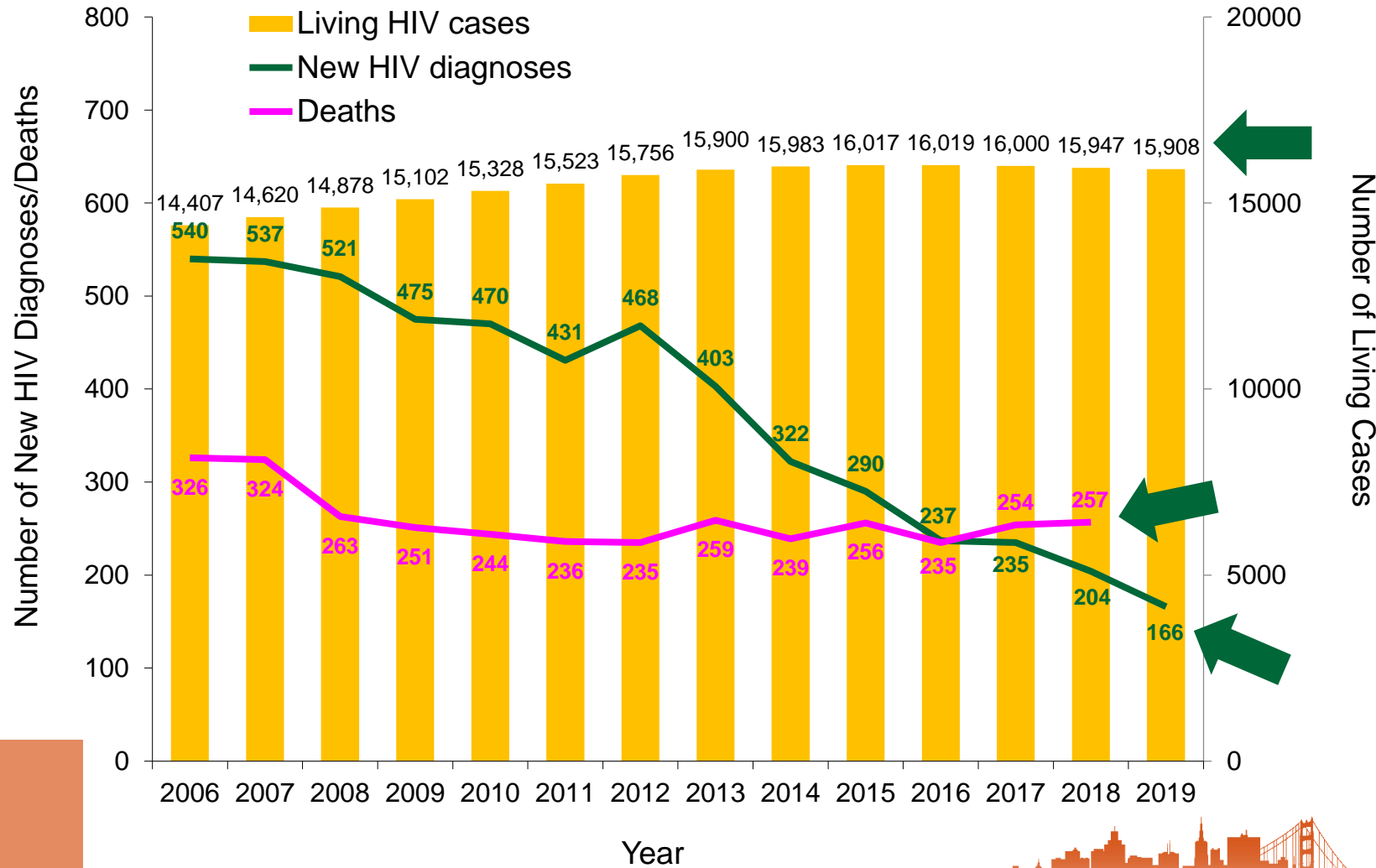
Hyman Scott

Susan Philip



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

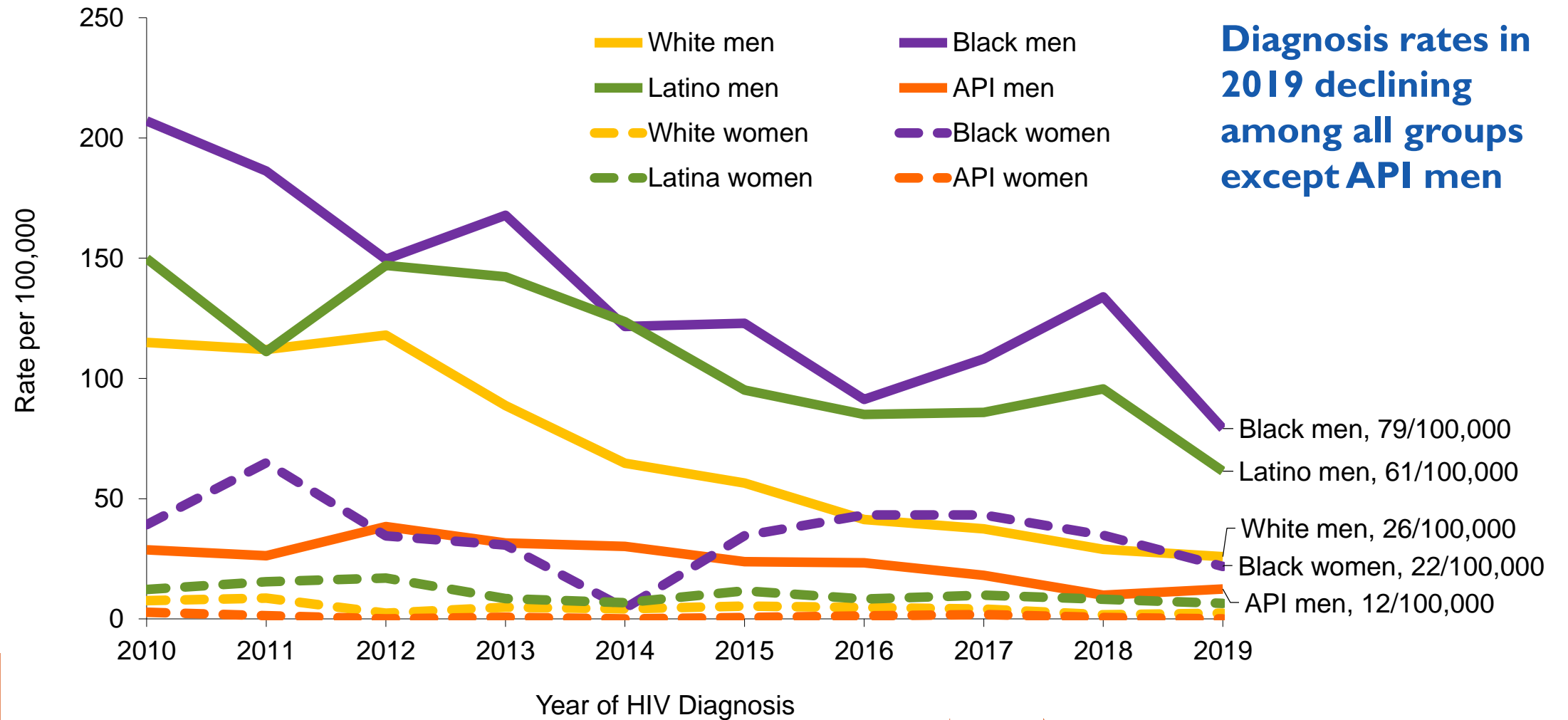
HIV Diagnoses, Deaths, and Prevalence, 2006-2019



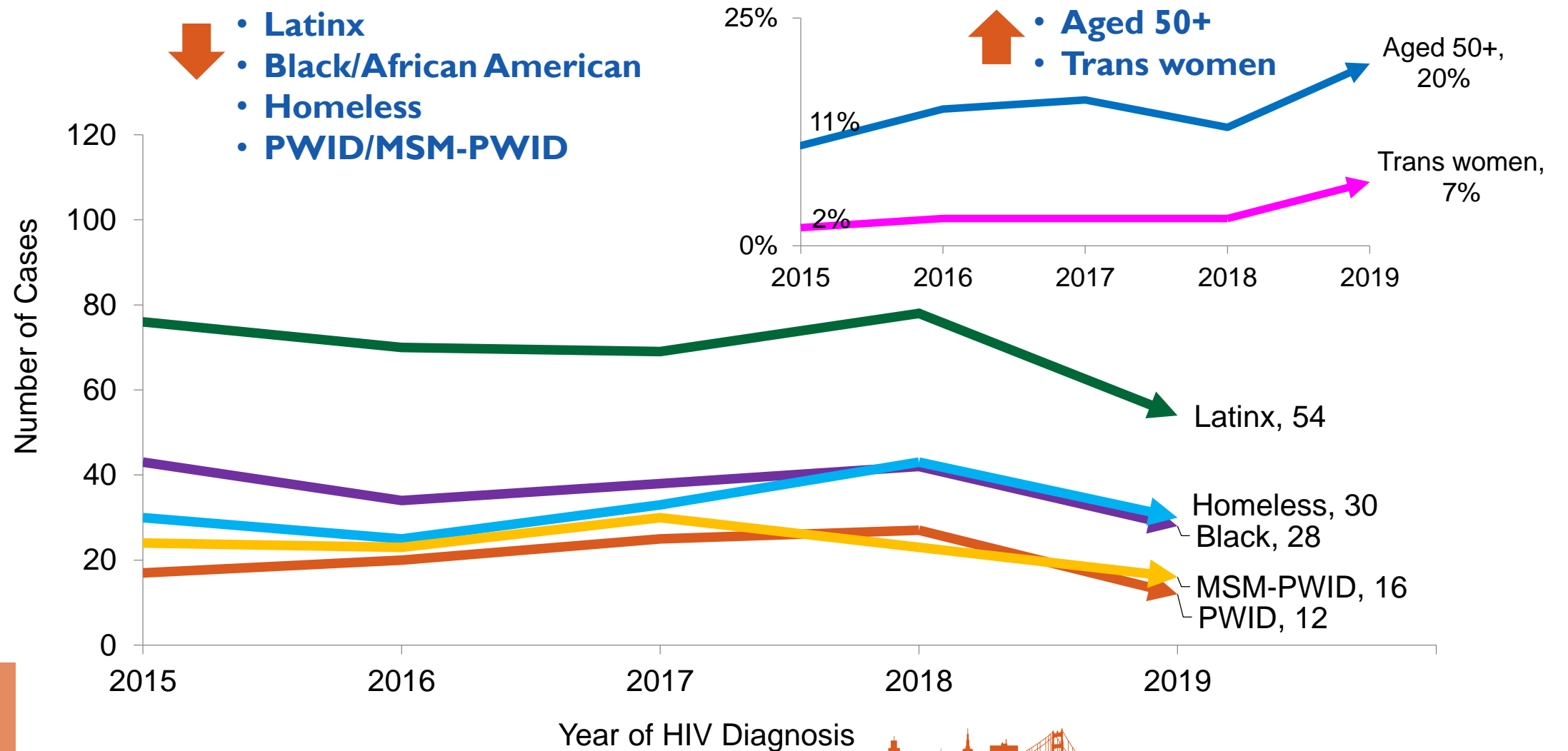
- Decrease in new diagnoses
 - 2018-2019: -19%
 - 2017-2018: -13%
- Deaths remained relatively stable
 - HIV-related causes continued to decline
- Nearly 16,000 persons living with HIV
 - 69% > 50 years
 - Out-migration greater than in-migration



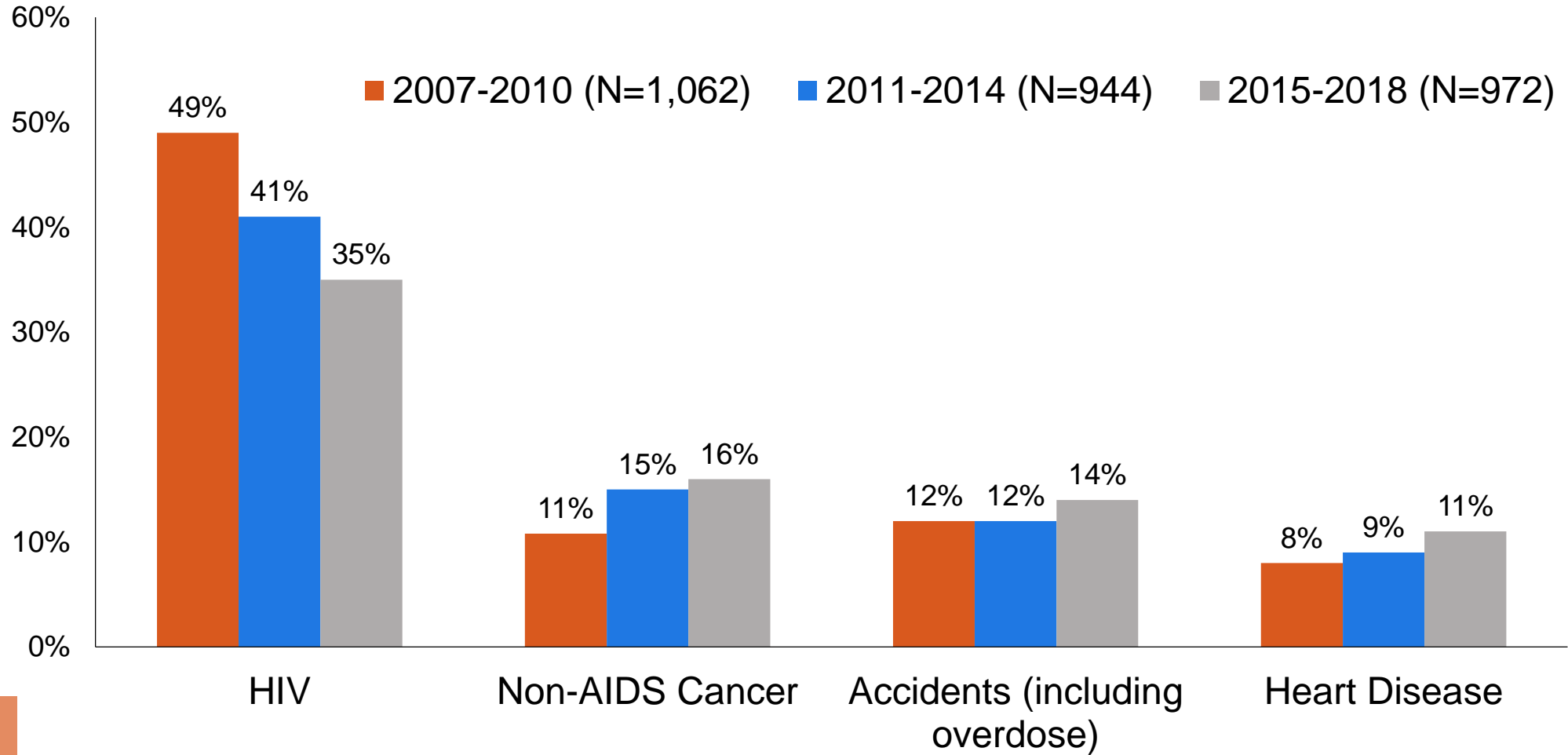
Annual Rates of HIV Diagnosis by Race/Ethnicity and Gender



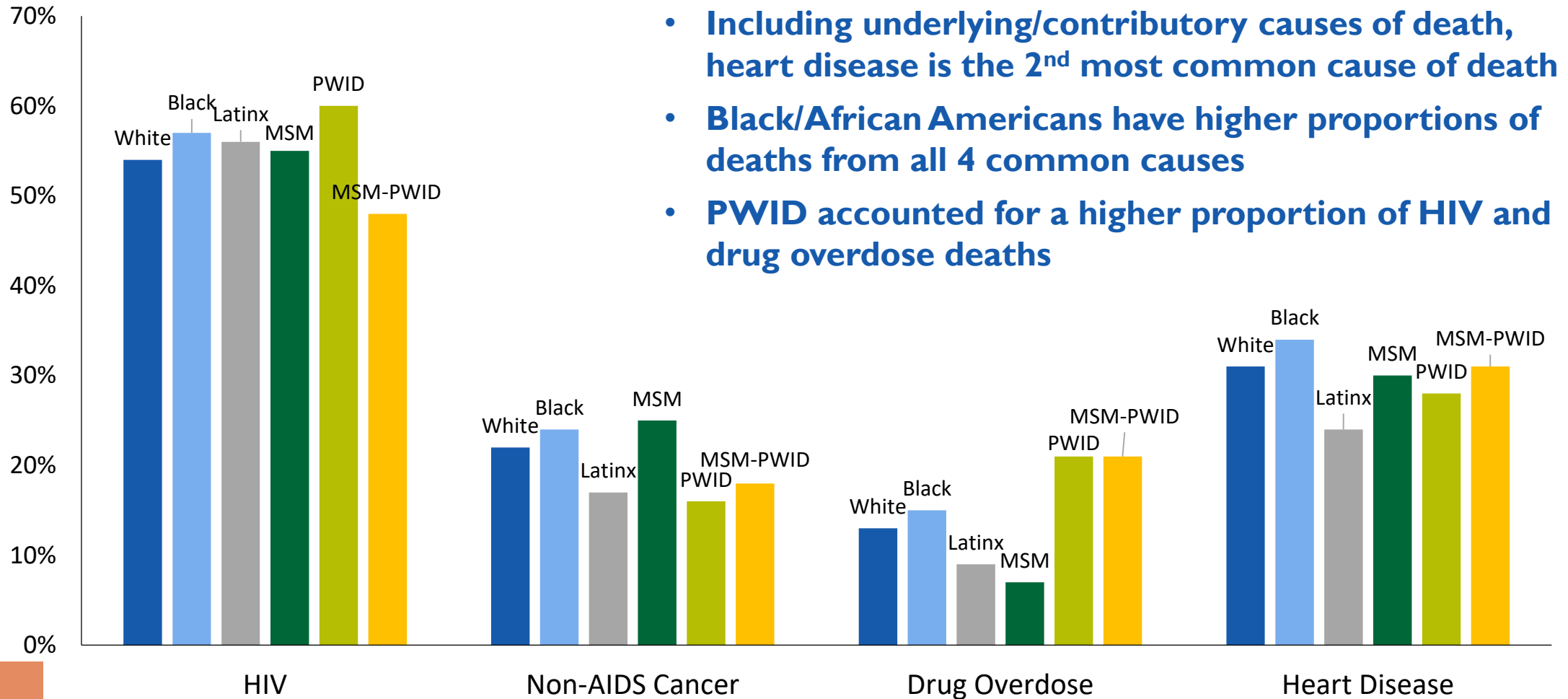
Trends in New Diagnoses in Select Populations



Trends in Underlying Causes of Death among Persons with HIV



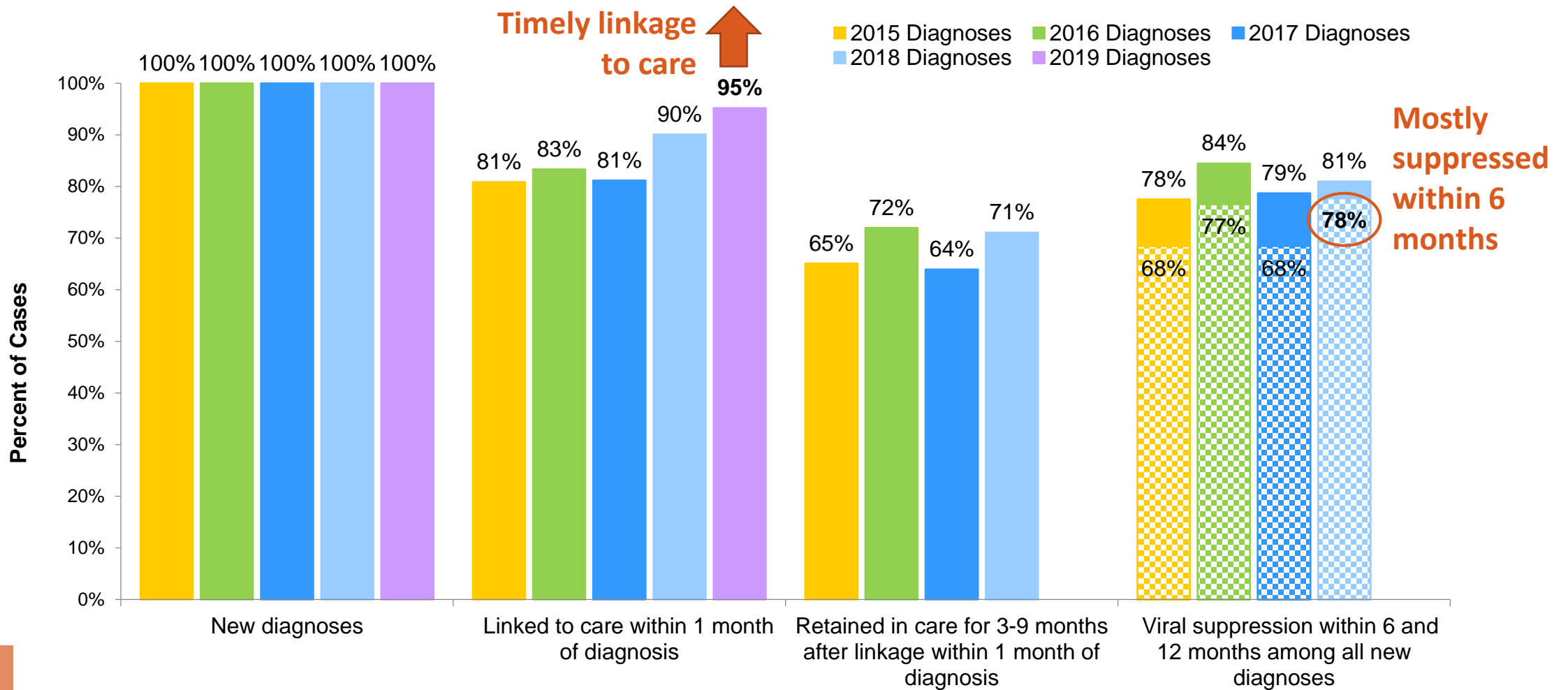
Multiple Causes of Death among Persons with HIV, 2015-2018



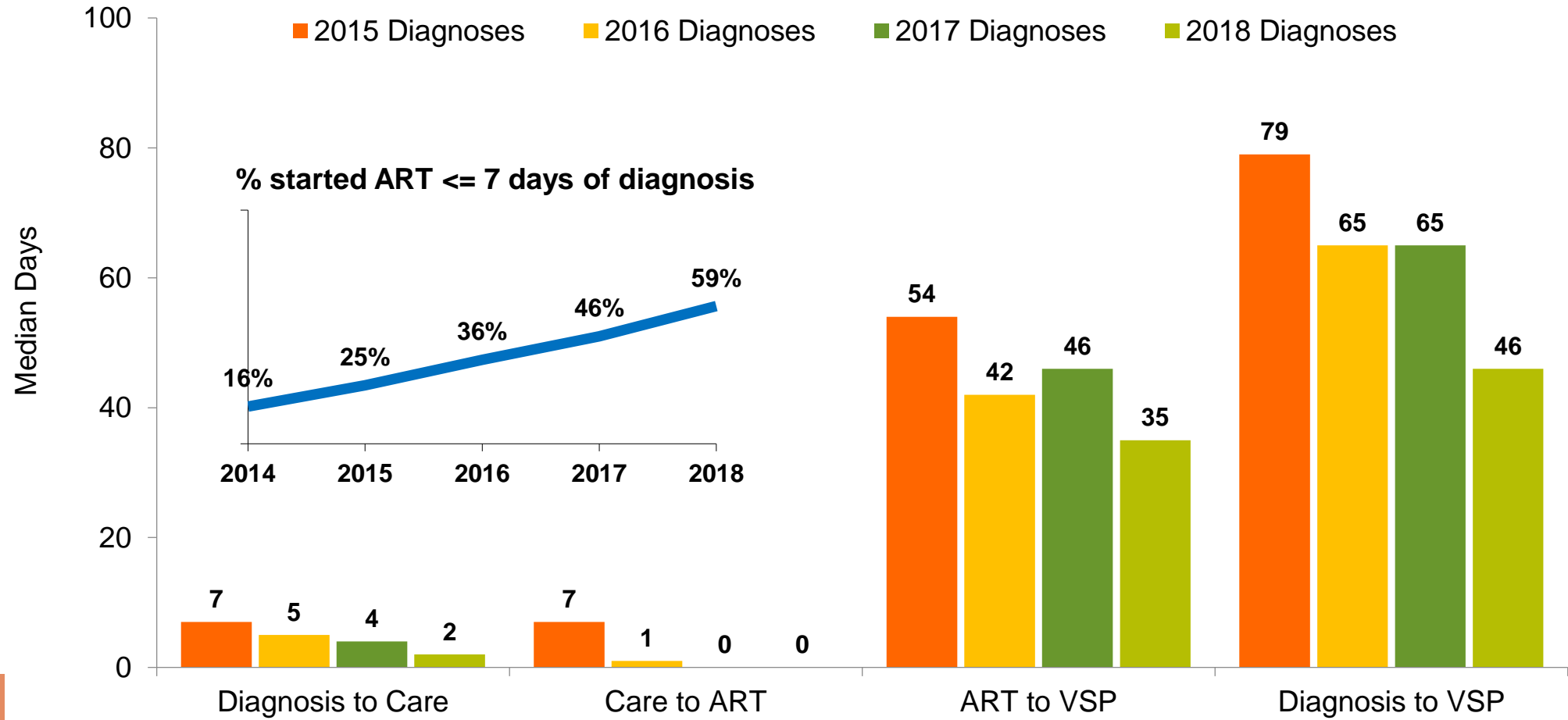
- Including underlying/contributory causes of death, heart disease is the 2nd most common cause of death
- Black/African Americans have higher proportions of deaths from all 4 common causes
- PWID accounted for a higher proportion of HIV and drug overdose deaths



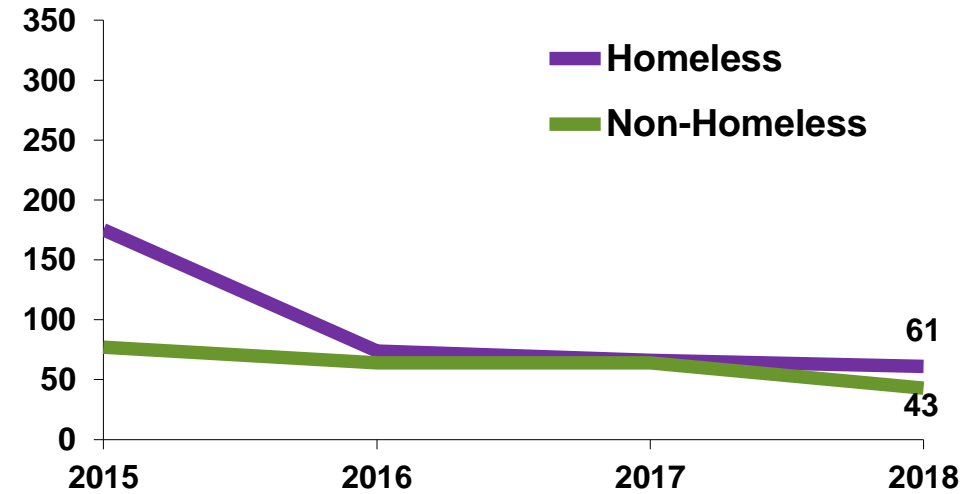
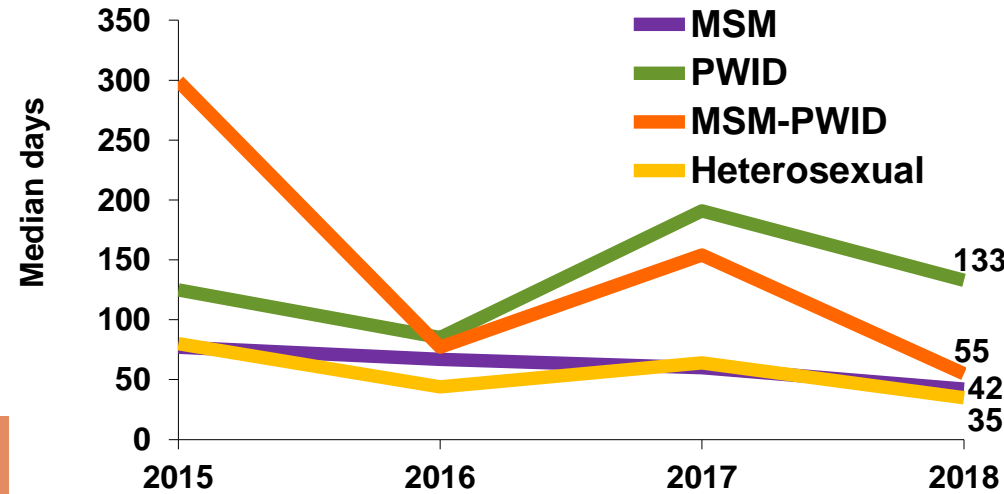
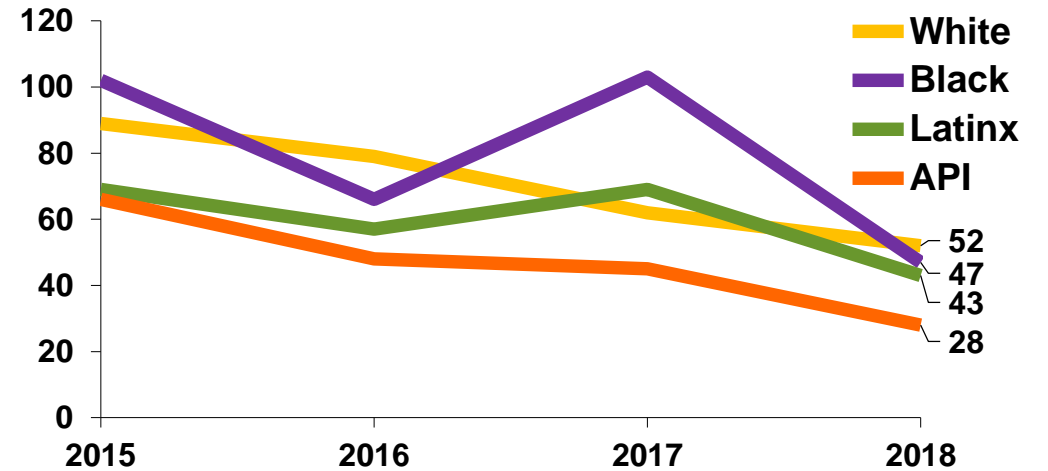
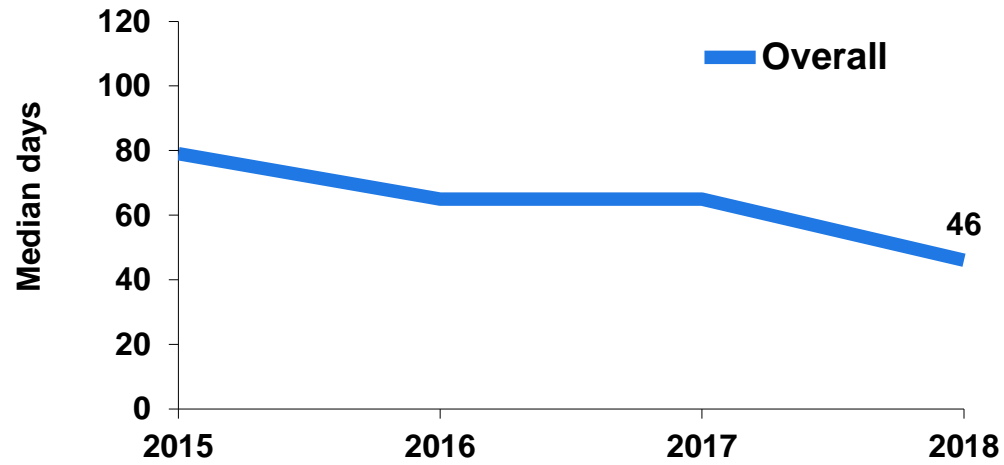
Continuum of HIV Care among Persons Diagnosed with HIV



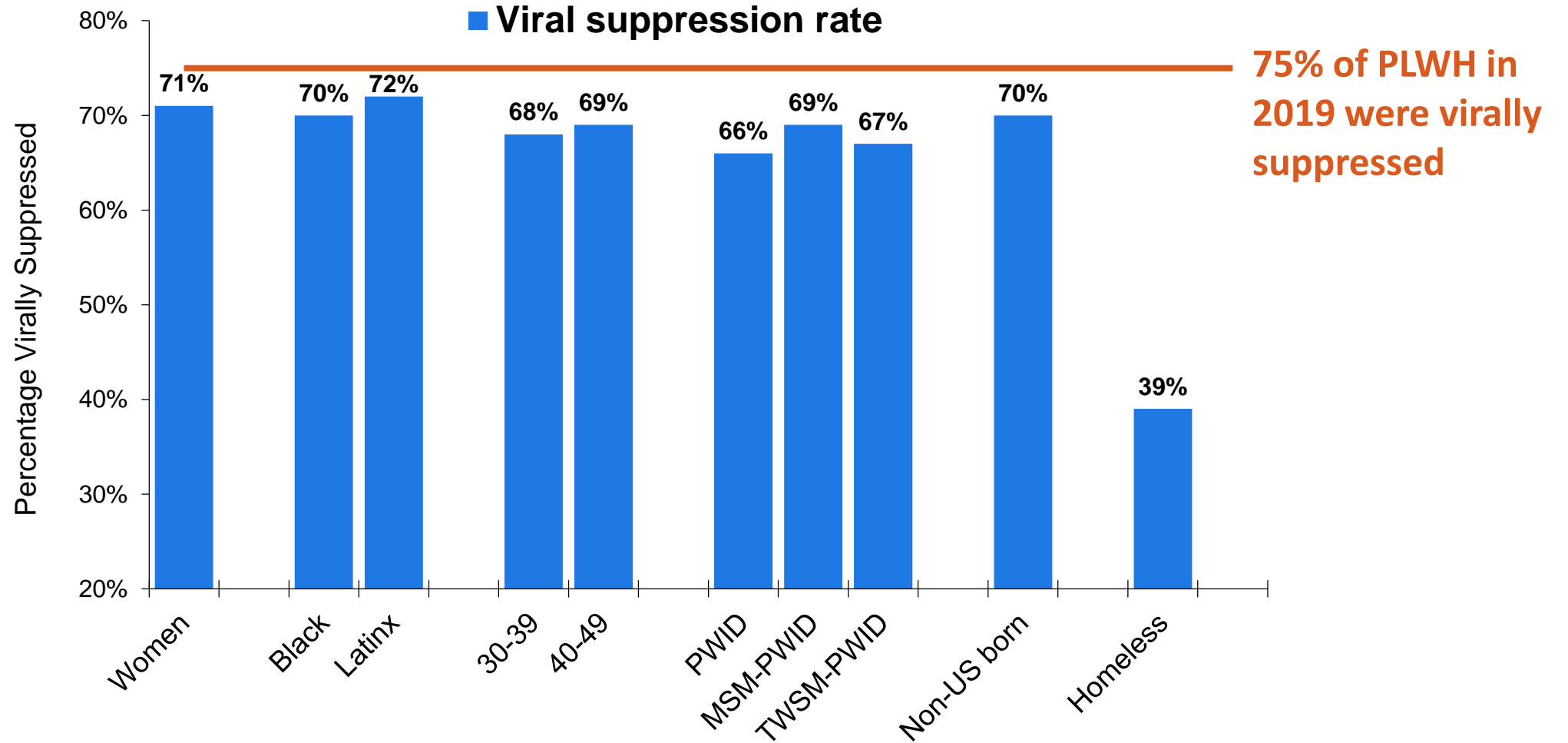
Faster Time to Care Indicators



Time to Viral Suppression

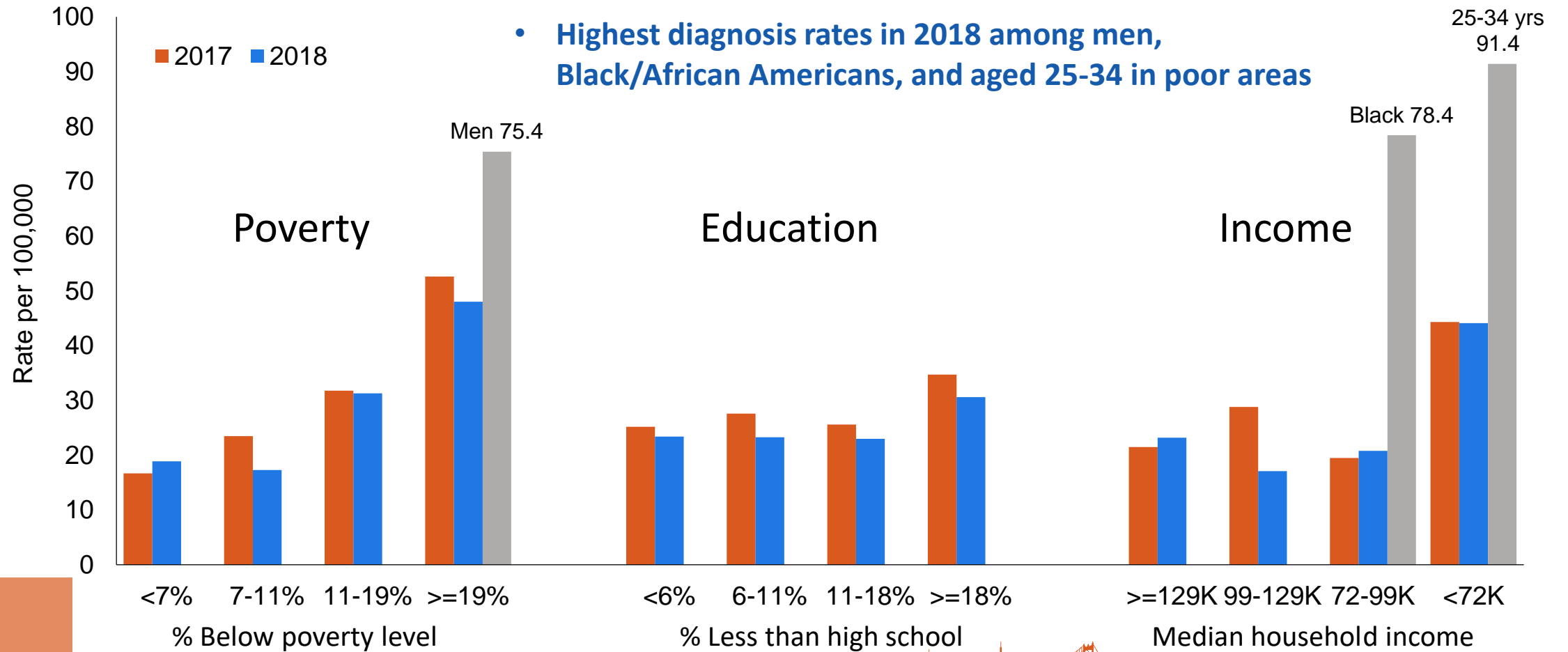


Disparities in Viral Suppression



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



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

	Homeless		Non Homeless	
	2017	2018/2019*	2017	2018/2019*
Linked to care within 1 month	73%	88% ✓	83%	91% ✓
VSP within 12 months	53%	68%	83%	85%
Received ART	84% ✓	94% ✓	86% ✓	93% ✓
ART within 7 days	35% (2014-2018)		35% (2014-2018)	
PLWH in care	51%	56%	81%	82%
PLWH VSP	33%	39%	75%	76%
PLWH in care VSP	64%	71%	92%	93%

* Year of most recently available data: 2018 for new diagnoses, 2019 for PLWH.



Getting to Zero Update

Health Commission

October 6, 2020



www.GettingToZeroSF.org

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

Month	No. HIV tests 2019	No. HIV tests 2020	% change 2019-2020
January	4544	4765	5%
February	4121	4424	7%
March	4488	3308	-26%
April	4561	2087	-54%
May	4561	2792	-39%
June	4110	3689	-10%
July	4471	3878	-13%

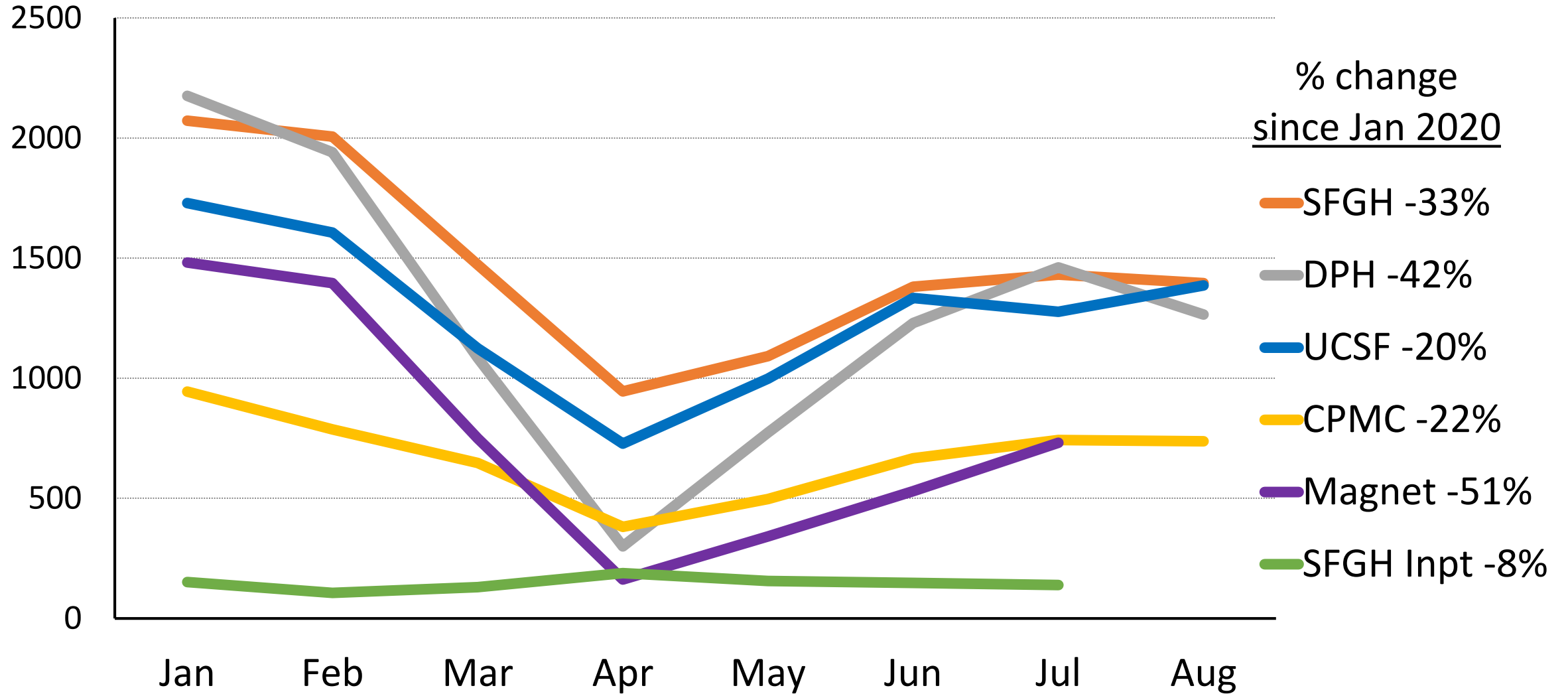
Laboratory-based HIV testing from 4 laboratories that report both positive and negative test results

Month	No. HIV tests 2019	No. HIV tests 2020	% change 2019-2020	No. (%) positive 2019	No. (%) positive 2020
January	4544	4765	5%	59 (1.3%)	56 (1.2%)
February	4121	4424	7%	64 (1.6%)	54 (1.2%)
March	4488	3308	-26%	67 (1.5%)	37 (1.1%)
April	4561	2087	-54%	66 (1.4%)	22 (1.1%)
May	4561	2792	-39%	58 (1.3%)	36 (1.3%)
June	4110	3689	-10%	50 (1.2%)	52 (1.4%)
July	4471	3878	-13%	49 (1.1%)	37 (1.0%)

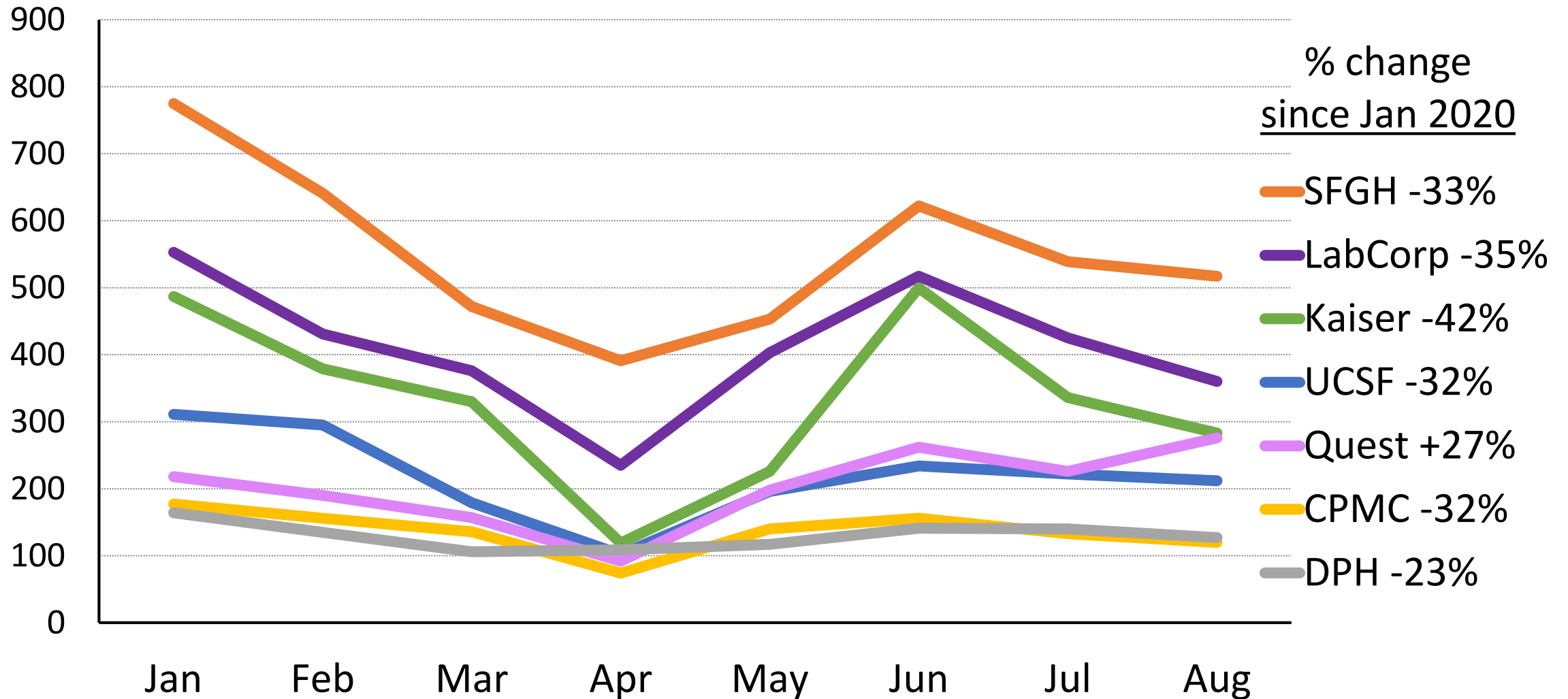
Community point-of-care HIV testing

Month	No. HIV tests 2019	No. HIV tests 2020	% change 2019-2020
January	2016	2002	-1%
February	1645	1864	13%
March	1986	886	-55%
April	1808	166	-91%
May	1917	409	-79%
June	2068	662	-68%
July	1974	891	-55%

HIV testing in 2020 by laboratory/facility



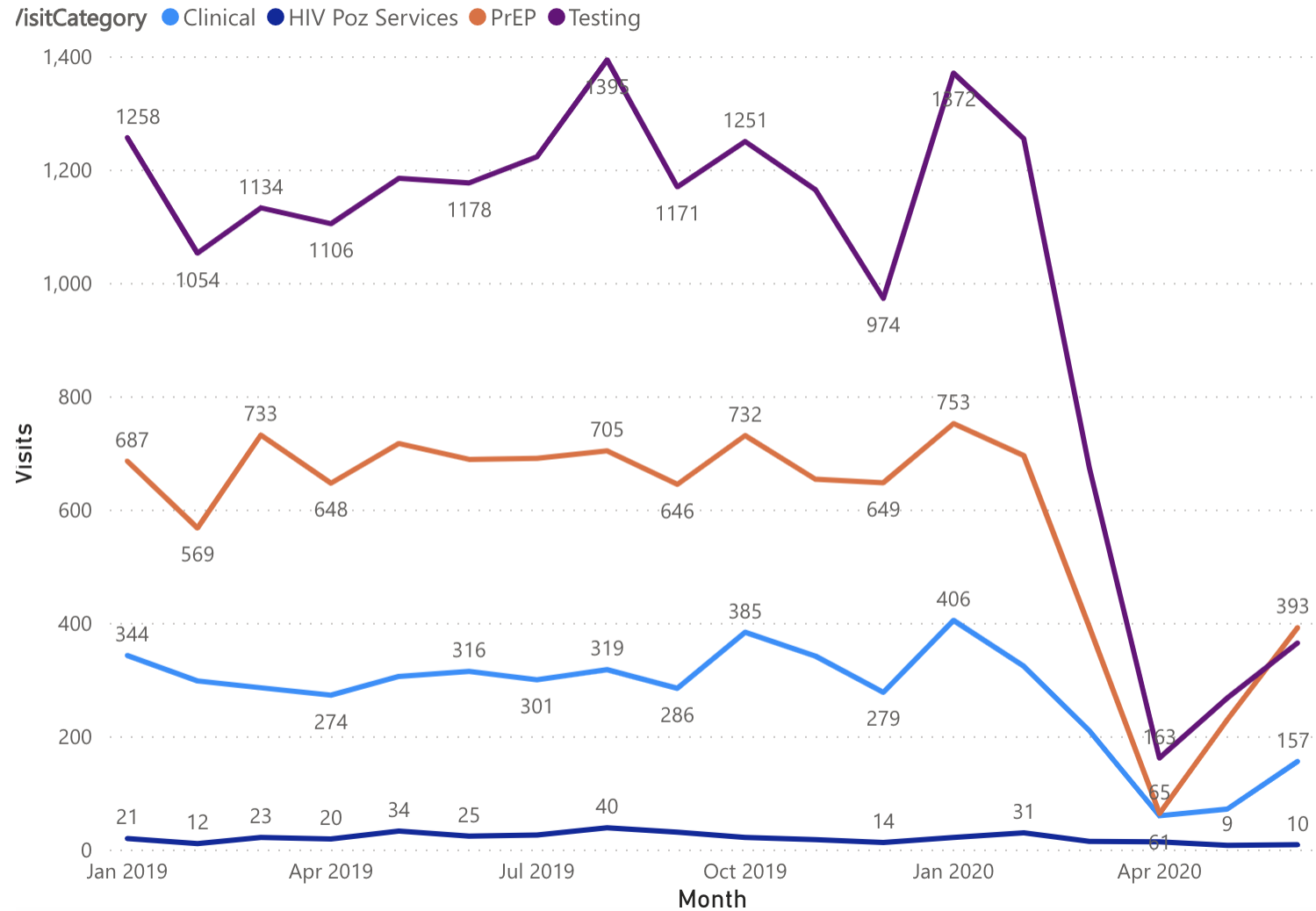
Viral load testing in 2020 by laboratory



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

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

San Francisco Getting to Zero's Response: Steering Committee & Consortium

- 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



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



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: PS I 9- I 906 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

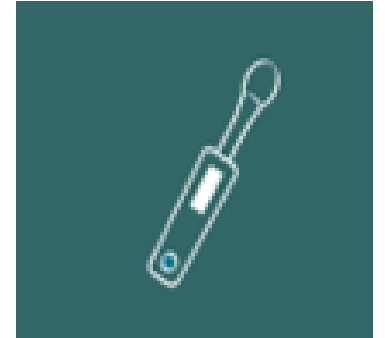
Prevention dollars (CDC)

- 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 (ExEI) will enhance and expand integration of STI and HIV prevention care services at San Francisco City Clinic (SFCC)

Planned activities:

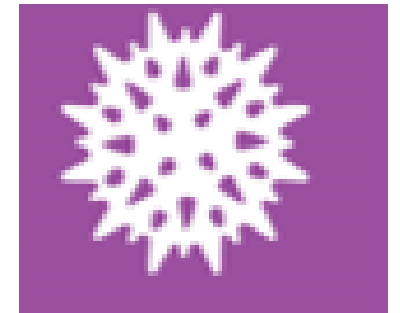
Diagnose

- 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



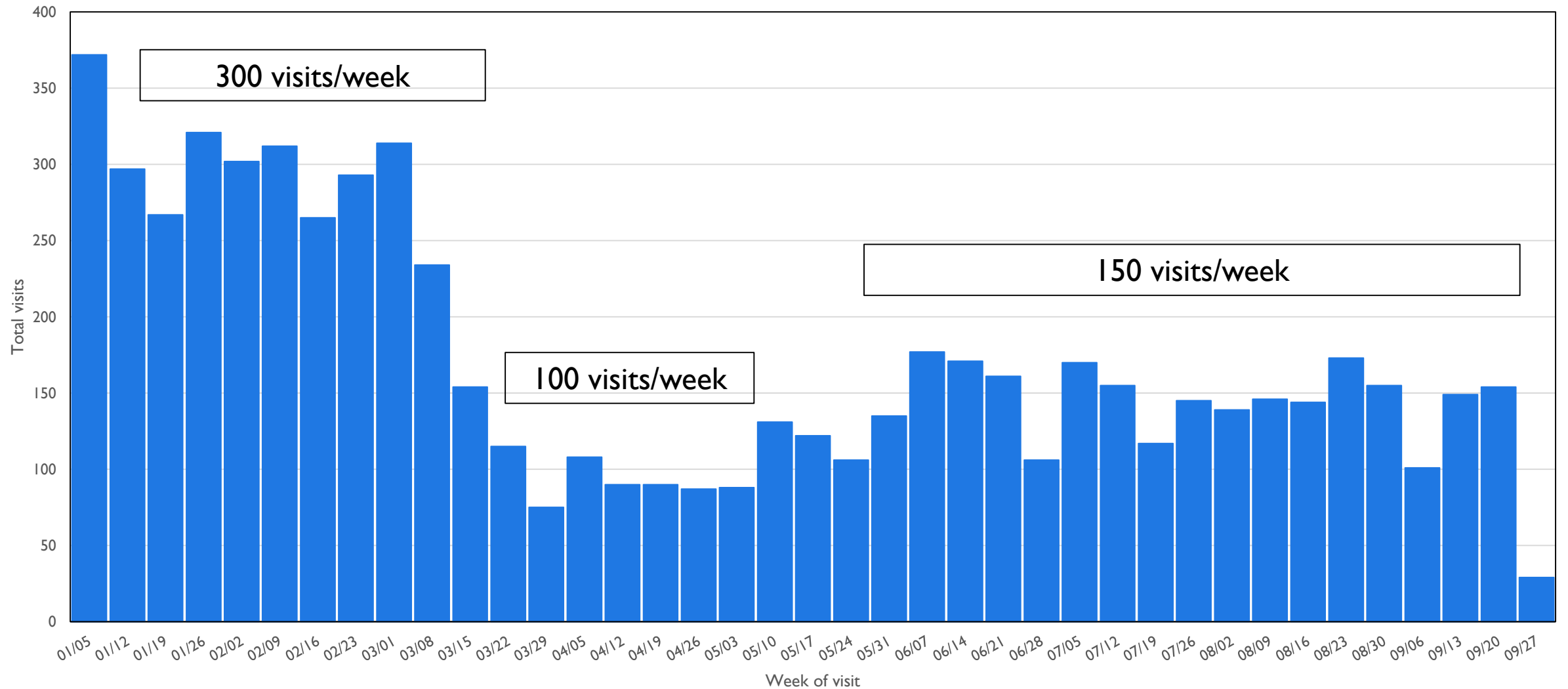
STD Clinical Services

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.

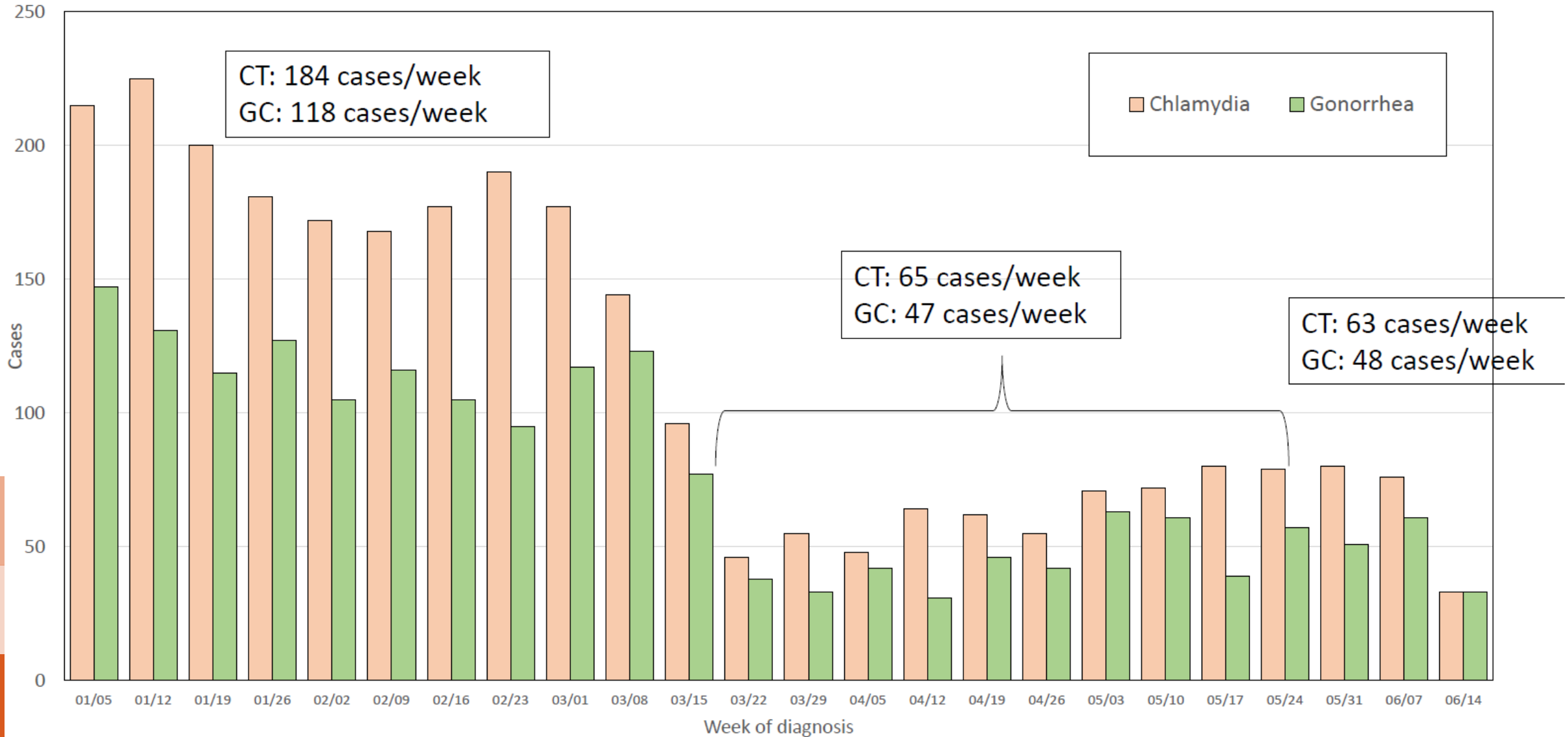
- Focus on urgent sexual health care
- Limited asymptomatic STI screening
- Extended refills for HIV PrEP and ART
- Tele-health with 'syndromic' management when possible



Visits to City Clinic fell during and after SIP

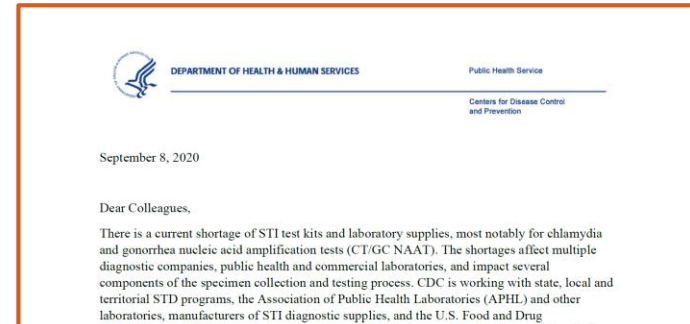


Reported Cases Citywide also Decreased

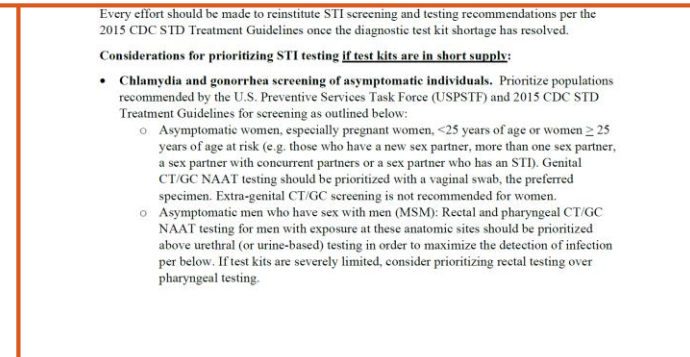


National Shortage of Testing Components

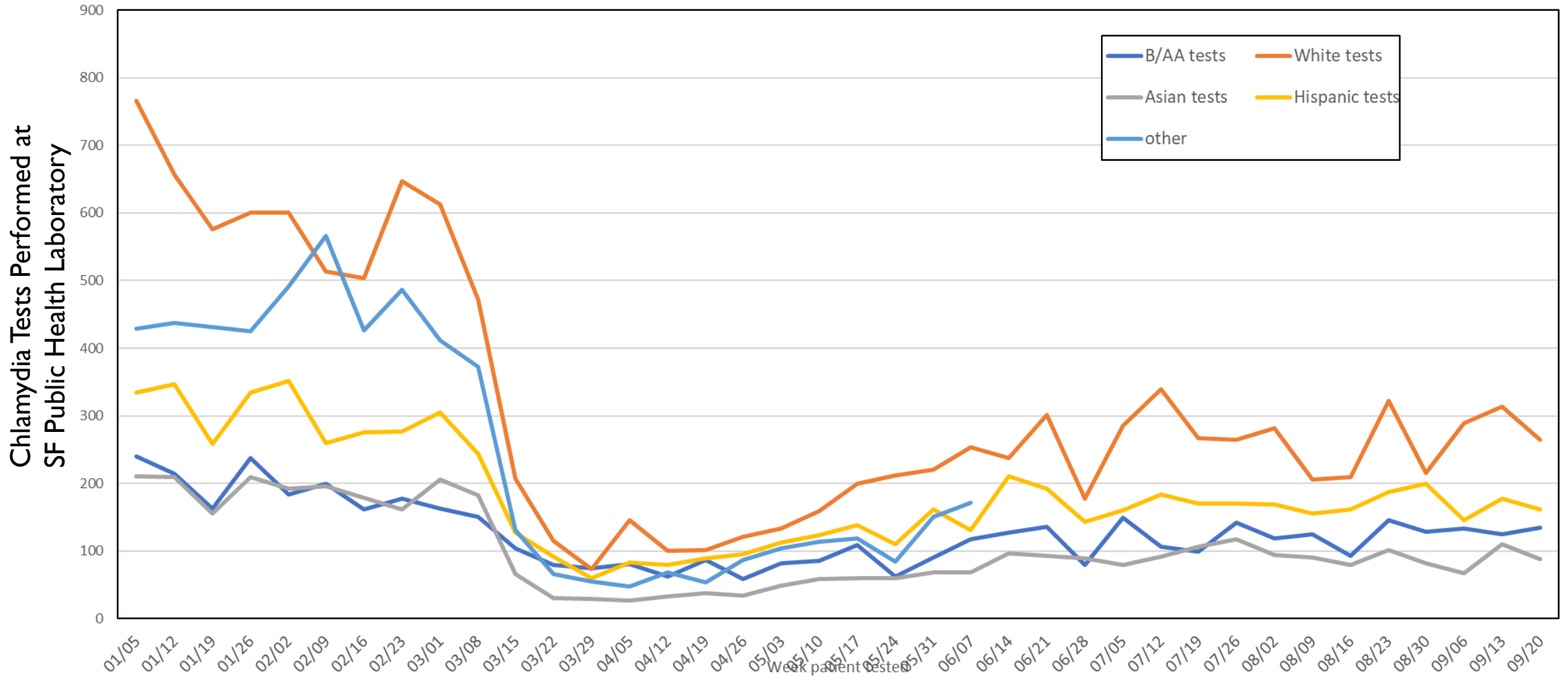
- City Clinic and Public Health Laboratory have been able to order alternate kits, so testing has not been interrupted
- Working with SFHN, other health systems and key CBO partners to assess for shortages
- Recommended priority groups: women, MSM, patients with certain symptomatic syndromes
- Planning 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

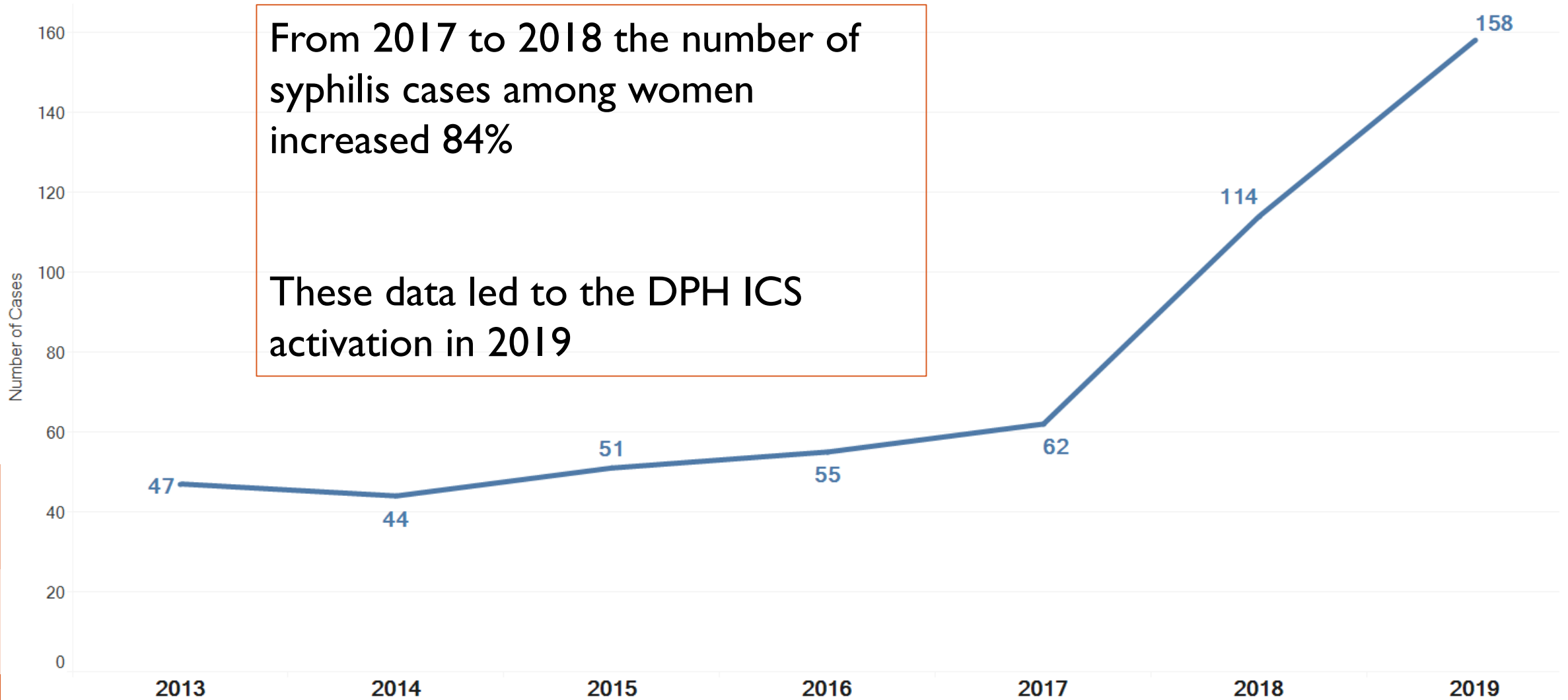


Top Priority is Preventing Congenital Syphilis

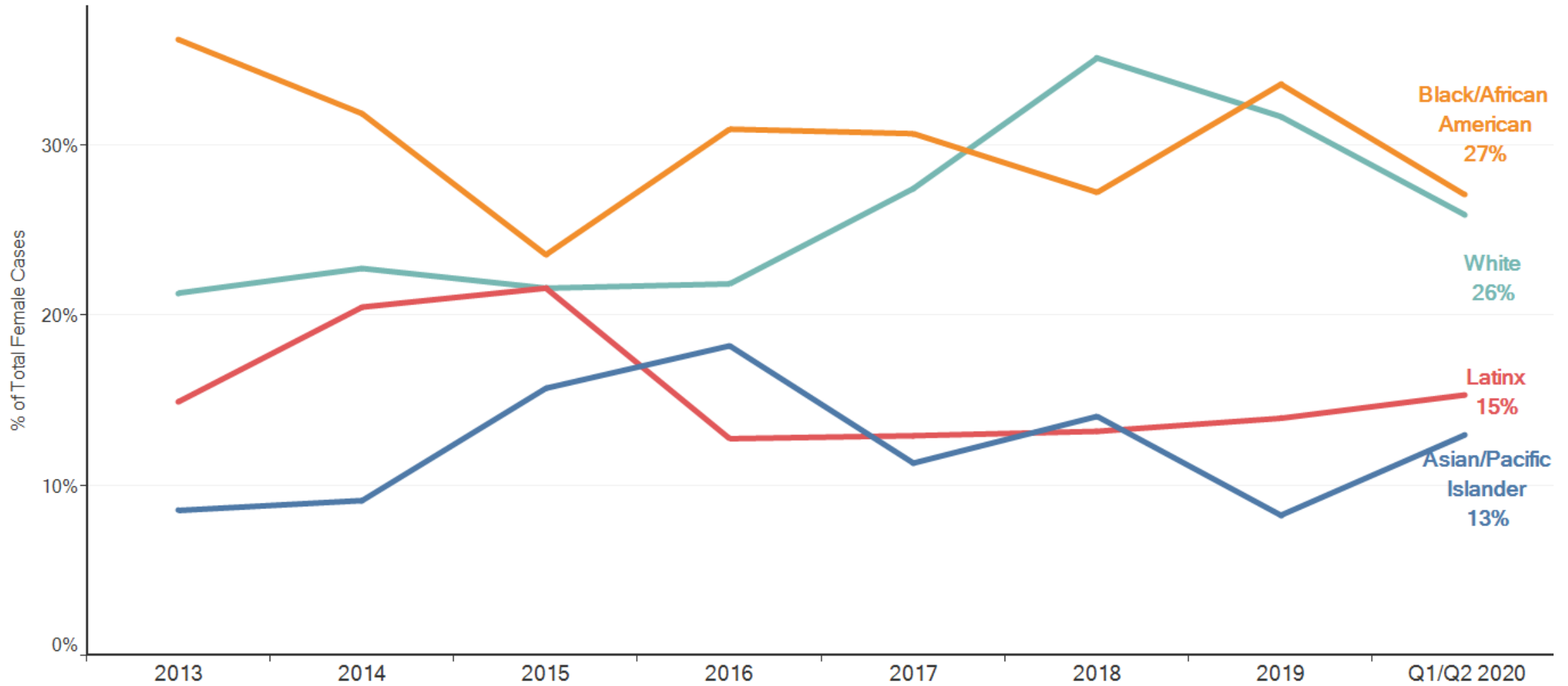
- This devastating outcome of syphilis can result in stillbirth or neonatal death
- CS cases are increasing in the U.S and CA
 - 40% increase in newborn syphilis in 2018 vs. 2017
 - 25% of those cases in 2018 from CA
- Associated with high vulnerability
 - Substance use
 - Experiencing homelessness
 - Lack of prenatal care



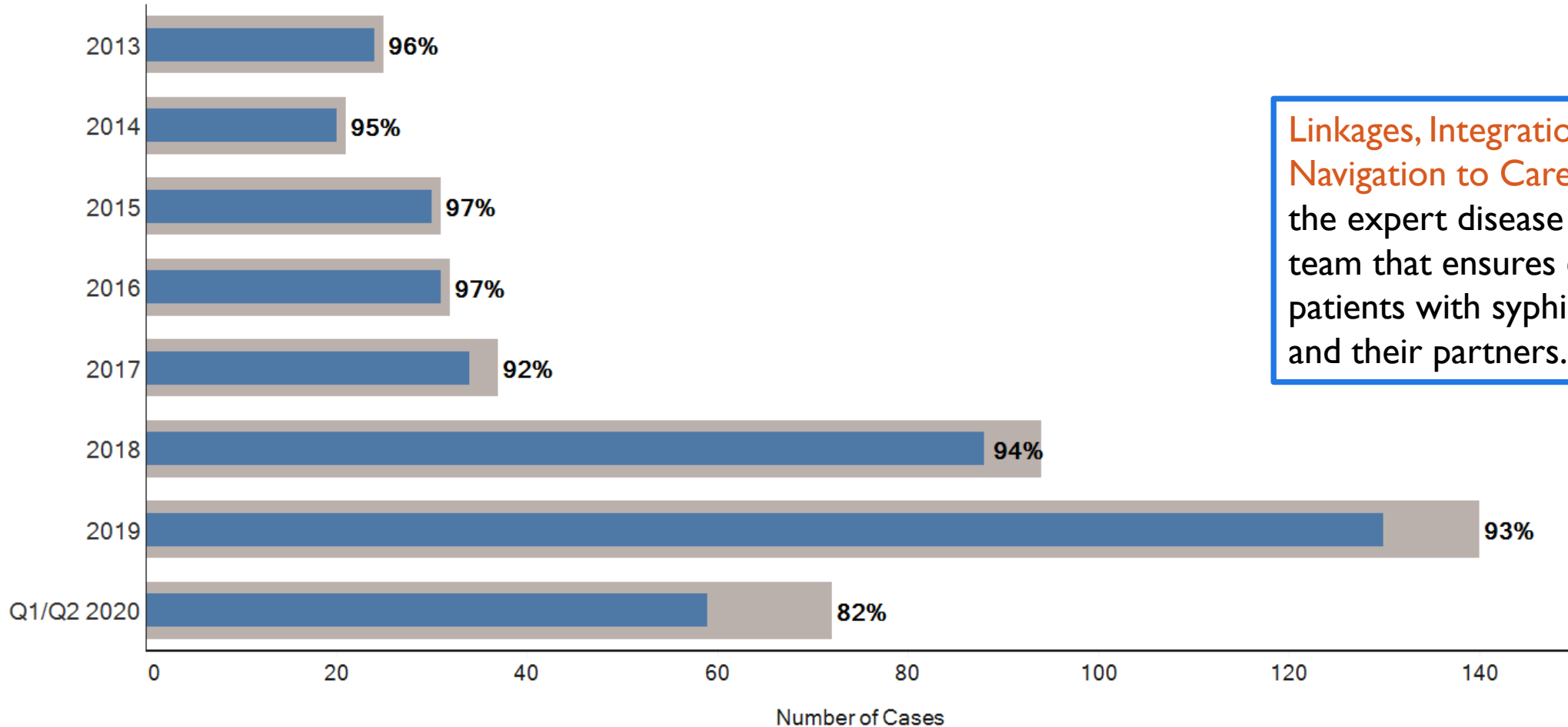
Syphilis Cases are Rising Among Women in San Francisco



Black/African American Women are Disproportionately Diagnosed with Syphilis

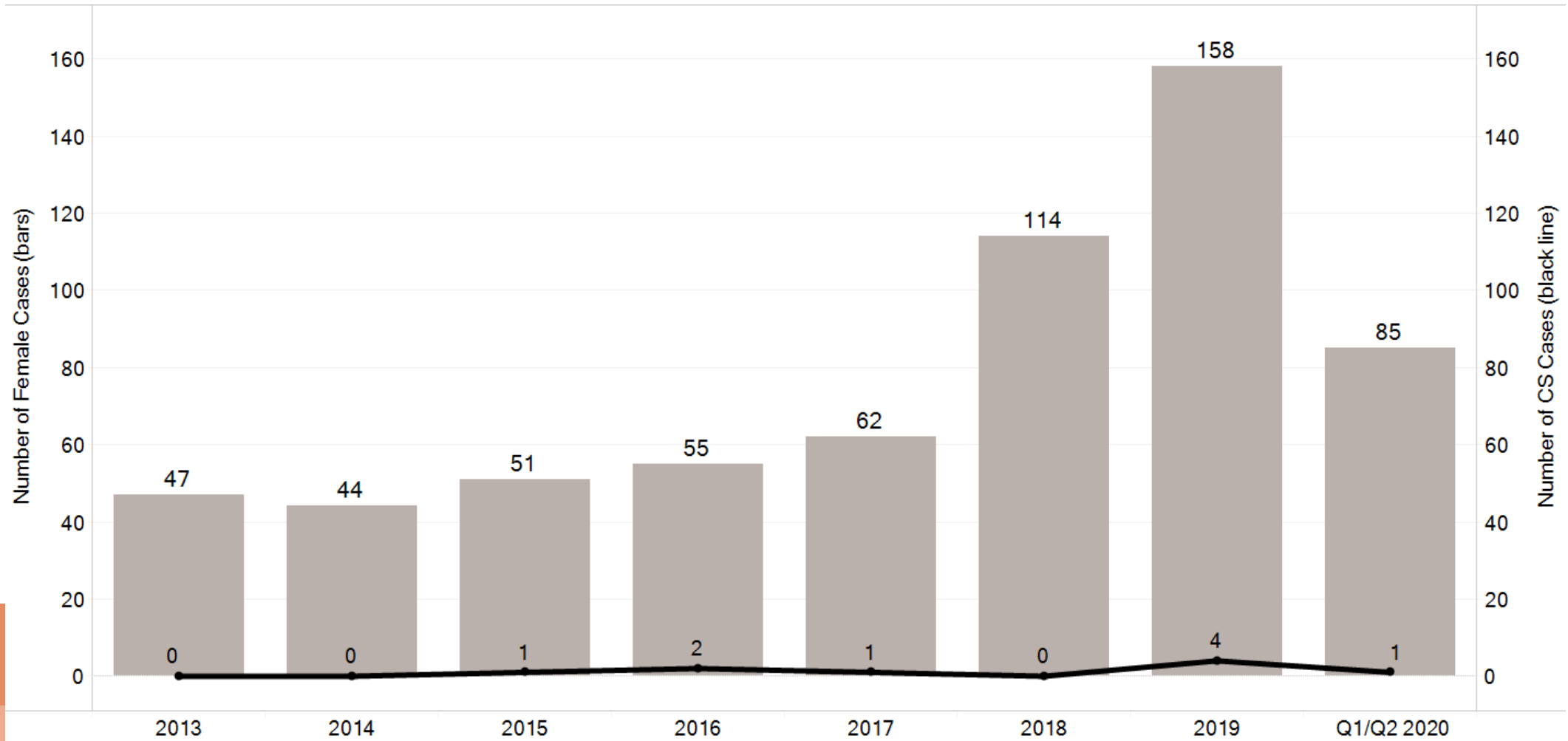


Treatment with penicillin cures syphilis and prevents congenital syphilis – our goal is to ensure treatment for 100% of infected women



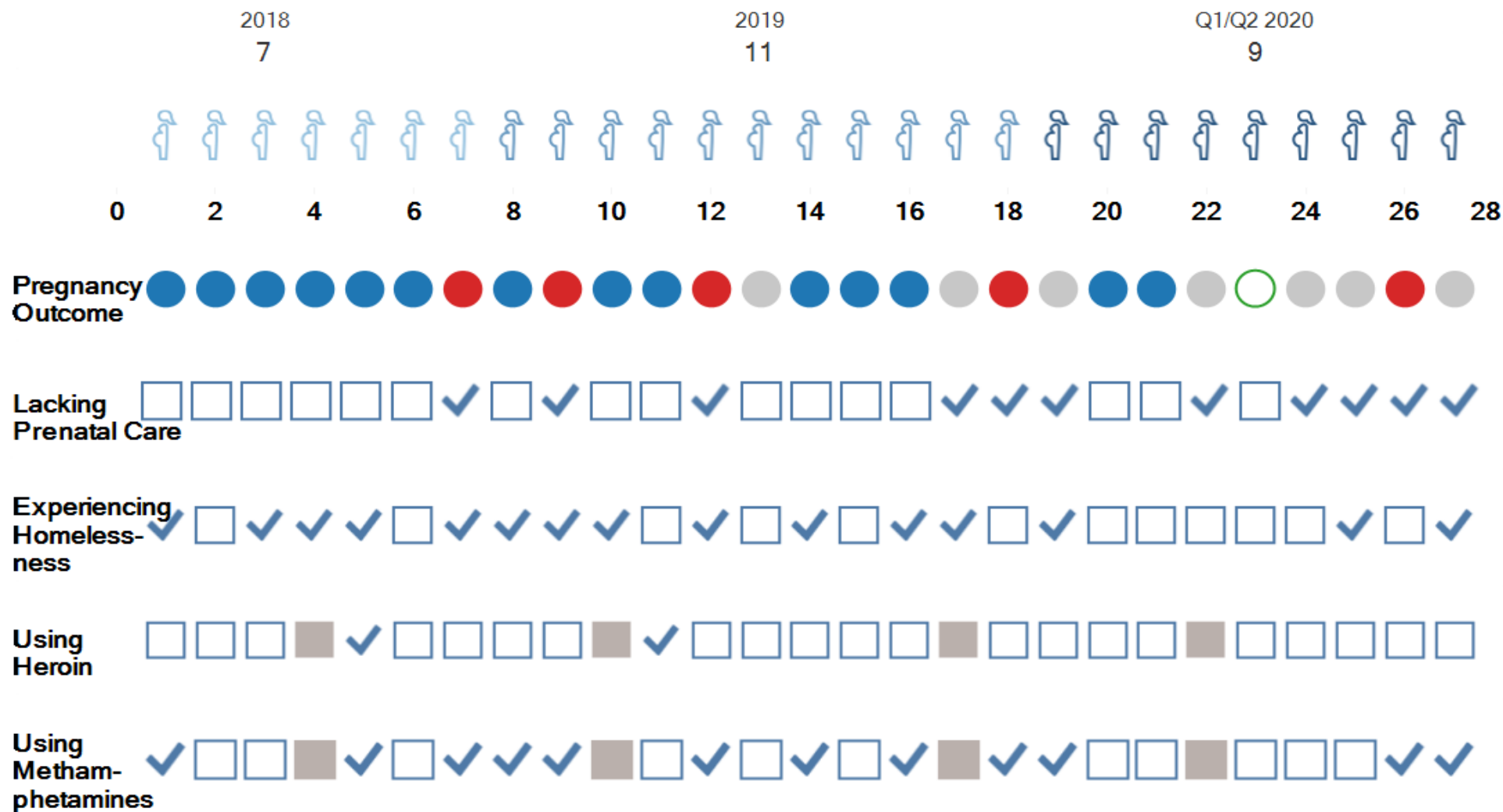
Linkages, Integration and Navigation to Care (LINCS) is the expert disease investigation team that ensures care for patients with syphilis and HIV and their partners.

Cases of CS are Low but Rising, Requiring new Approaches and Resources



v1.0 Preliminary Data as of 9/8/2020

Pregnant Female Syphilis Cases: 2018 – Q2 2020



***Cases Averted provided v1.0 Pre** *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 LINCIS disease intervention services.

v1.0 Preliminary Data as of 9/8/2020

Congenital Syphilis (CS) Case

- Averted CS Case
- CS Case
- Still Pregnant
- Therapeutic or Spontaneous Abortion

Risk Factor

- Yes
- No
- Unknown

Timeline

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



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Health Alert: Rising Rates of Syphilis Among Pregnant Women

May 22, 2019

Situational Update

In 2018 compared to 2017, there was an 88% increase in San Francisco of reported syphilis cases among women (from 64 to 120 total cases), the majority of which were among women of childbearing age. Approximately 30% of female syphilis cases reported experiencing homelessness, 35% reported methamphetamine use and 13% were diagnosed in emergency departments or urgent care settings.

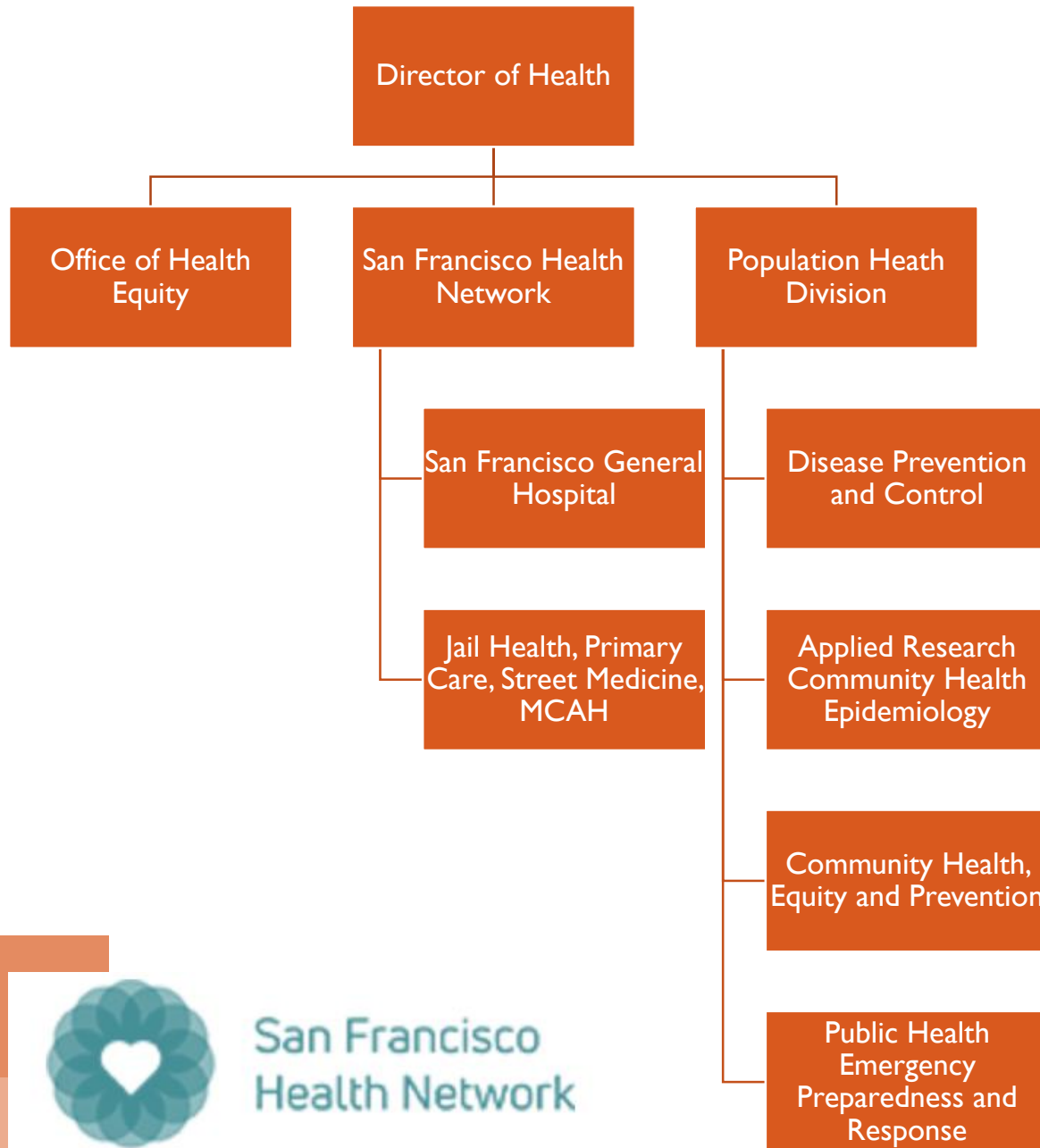
Given rising rates of syphilis in women in San Francisco and rising rates of congenital syphilis across California, we are now recommending that all pregnant women be tested for syphilis at least twice during pregnancy.

Actions Requested of Clinicians

1. For all pregnant women, test for syphilis **at least twice** during pregnancy: 1) at the first clinical encounter (ideally during the first trimester) and 2) during third trimester (ideally between 28-32 weeks gestation). **Women with risk factors for syphilis should be tested a third time at delivery.** Infants should not be discharged from the hospital unless the mother has been tested for syphilis at least once during pregnancy.



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Activation was a partnership between many areas in DPH



San Francisco Health Network



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

Recent Syphilis Trends in
San Francisco: **March/Q1 2020**

Data are preliminary. Data last updated 4/17/2020 unless otherwise noted.

Version 1.0

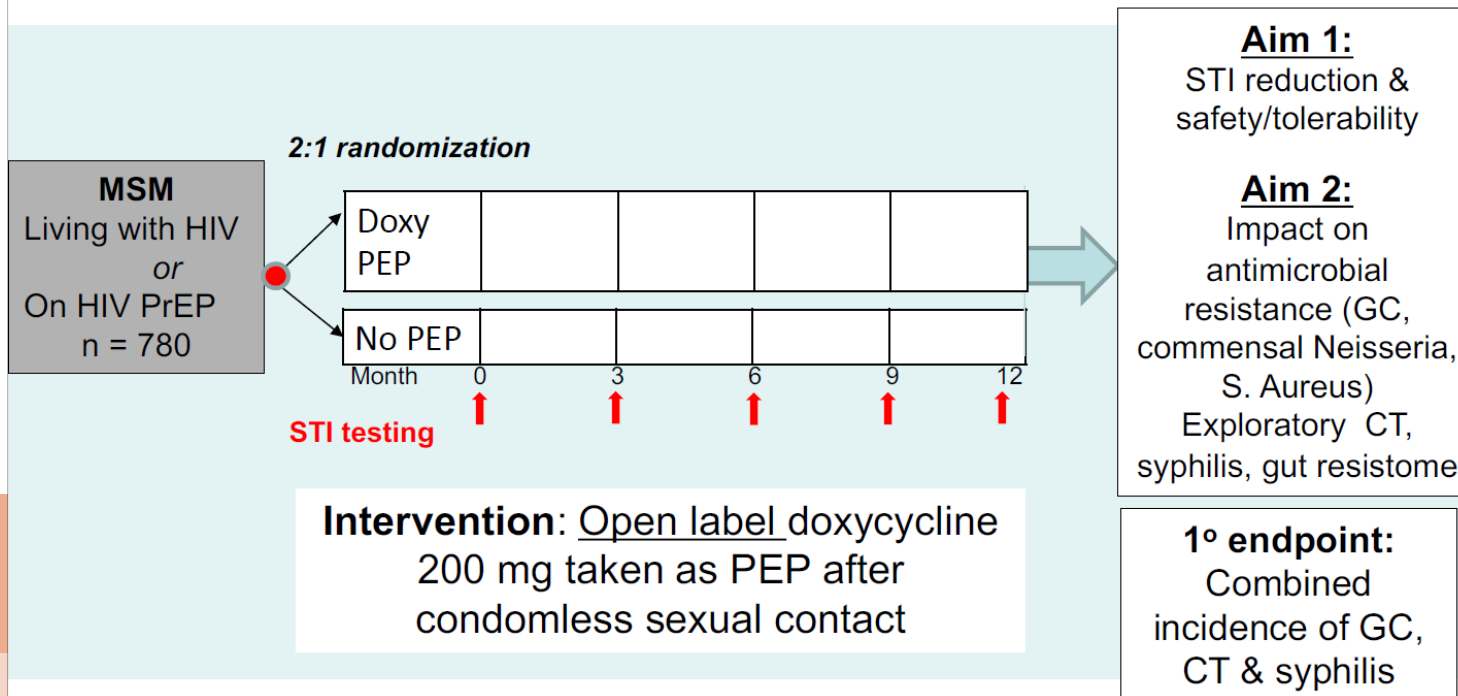
Recent Syphilis Trends in
San Francisco: **June/Q2 2020**

Data are preliminary. Data last updated 7/16/2020 unless otherwise noted.

Version 1.0 7/16/2020

Innovation: STI PEP

Doxy PEP Study Schema



DOXYPEP

- 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.

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 SFPDPH*
 - Daphina Melbourne; *UCSF Preterm Birth Initiative*
 - Micaela Zaragoza-Soto; *Disease Prevention & Control of SFPDPH*
- **Additional Sponsors include**
 - SFPDPH, Preterm Birth Initiative, Expecting Justice, Anthem Blue Cross, SF Health Plan, and Exegy



*Designed by Loren Newman,
UCSF Preterm Birth Initiative Graphic Designer*



THANK YOU



Design by Mehroz Baig v. 2017-4-14



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