

ANNUAL HIV/STI REPORT

Health Commission, Sept 21, 2021

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POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

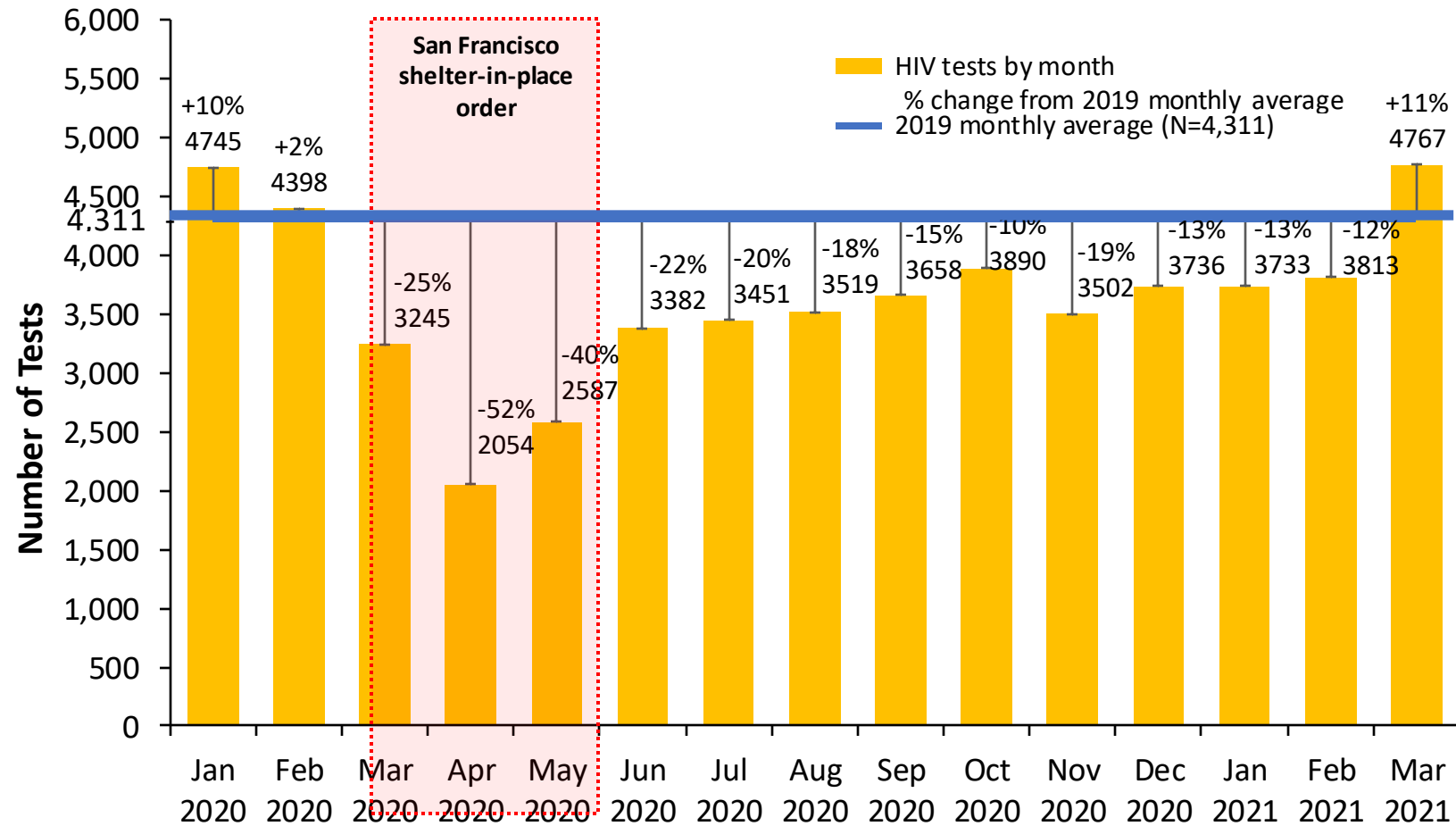


Impact of COVID-19 on HIV and STI Screening, Prevention and Care Services

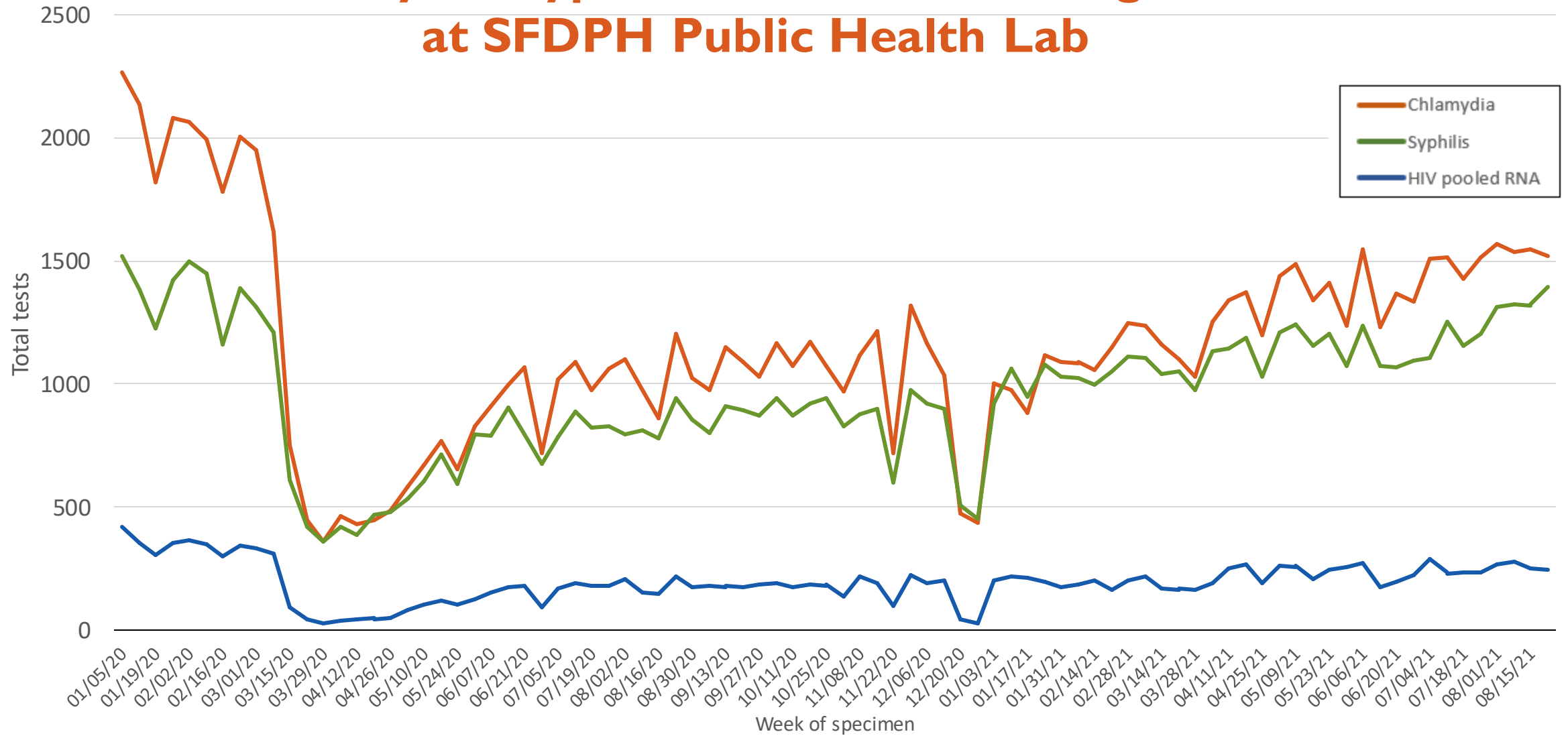
- Communities with higher rates of HIV, HCV and STIs also disproportionately impacted by the structural effects of COVID-19
- When Shelter-in-Place went into effect, many clinical and community-based services shut down or moved to a virtual platform
- Public health workforce re-directed to COVID-19
- There were dramatic declines in HIV antibody, HIV viral load and STI testing (city-wide) with potential to worsen existing disparities



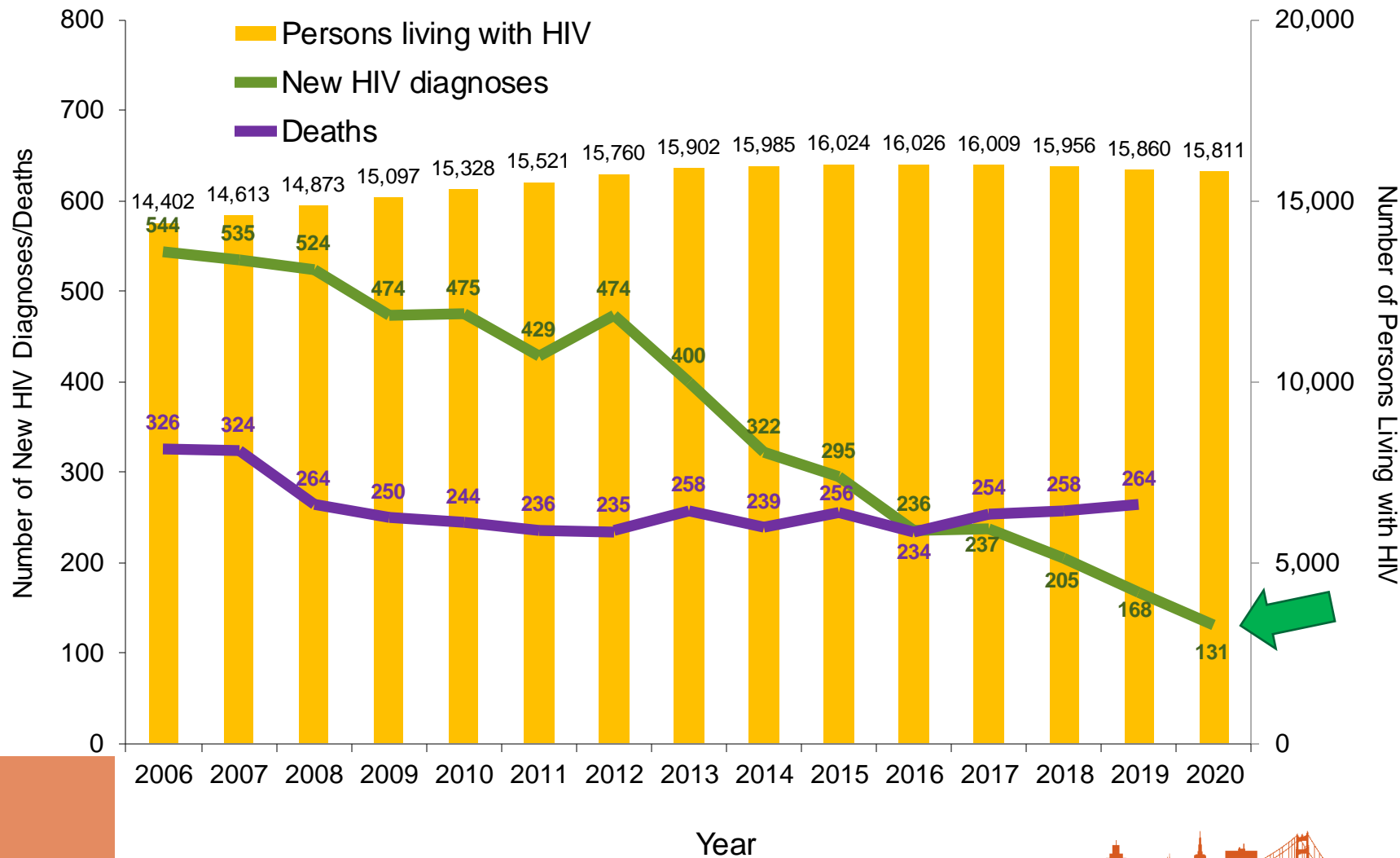
HIV Screening Tests at Select Medical Facilities January 2020-March 2021 Compared to 2019



Chlamydia, Syphilis and HIV Screening Tests at SFDPH Public Health Lab



HIV Diagnoses, Deaths, and Prevalence, 2006-2020

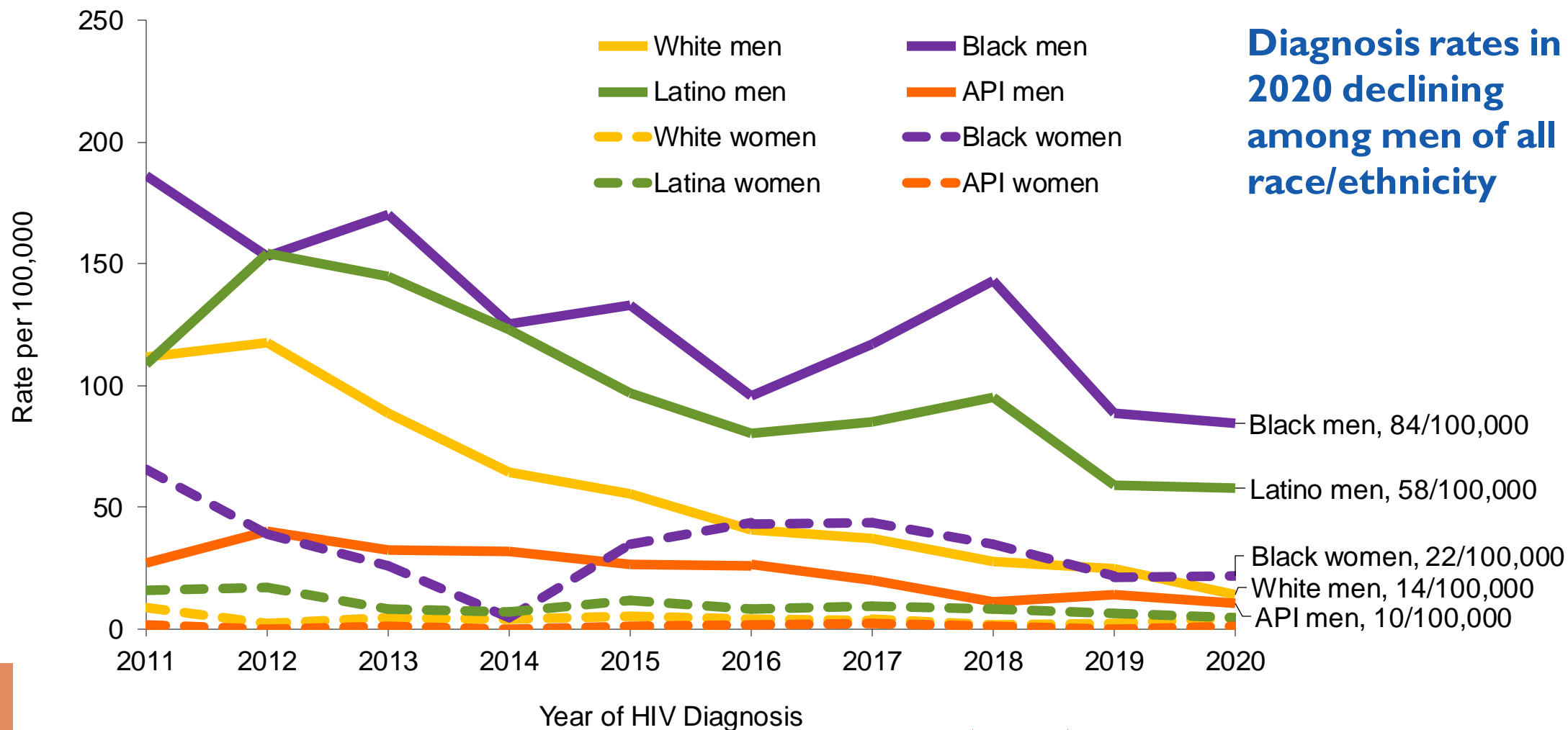


- Continuing decline in new diagnoses
 - 2019-2020: -22%
 - 2018-2019: -18%
 - 2017-2018: -14%
- Deaths remained relatively stable
 - HIV-related causes continued to decline
- Nearly 16,000 SF residents at diagnosis living with HIV
 - 70% ≥ 50 years
 - Out-migration (6,600+) greater than in-migration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



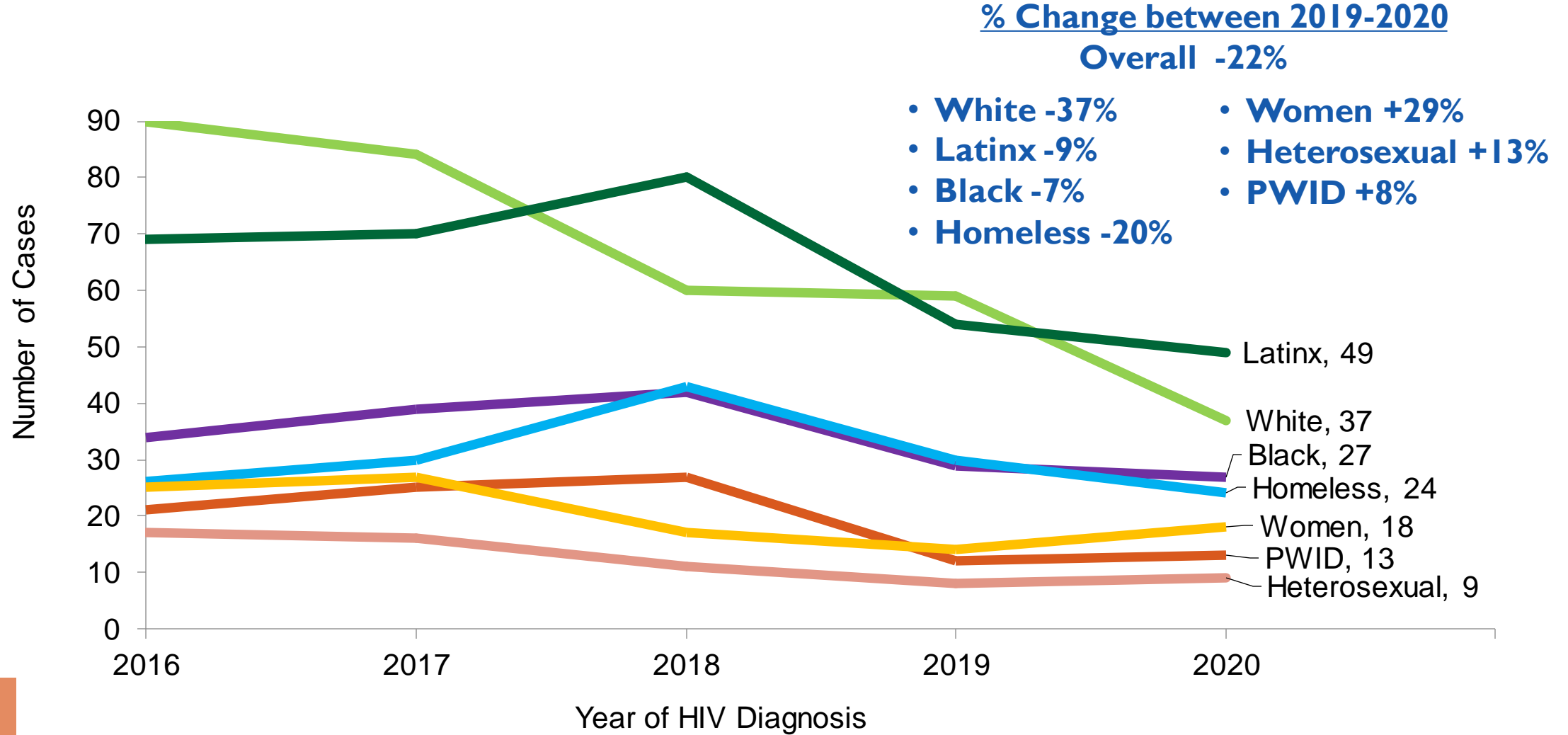
Annual Rates of HIV Diagnosis by Gender and Race/Ethnicity

Slide 7



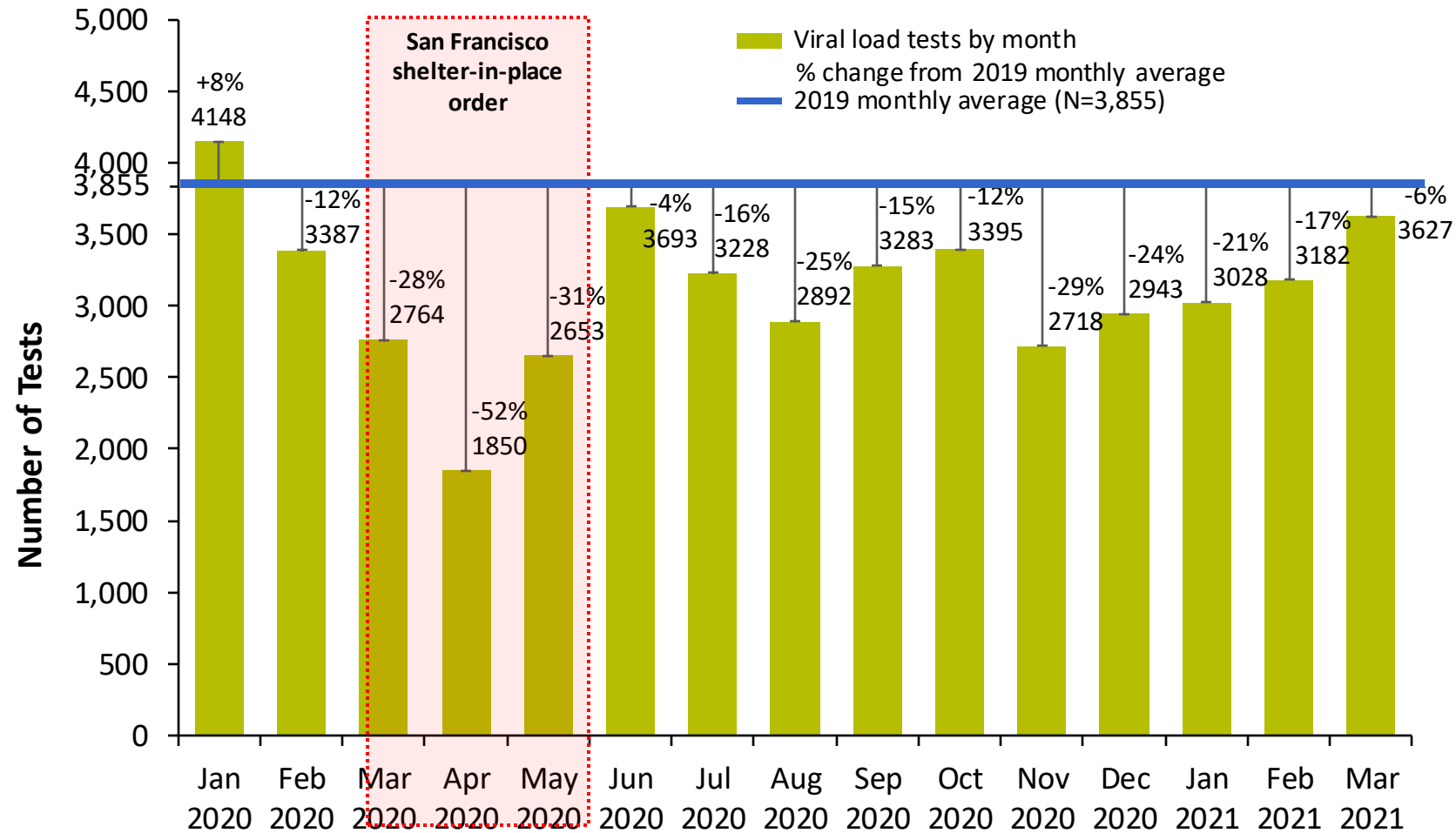
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Trends in New Diagnoses in Select Populations



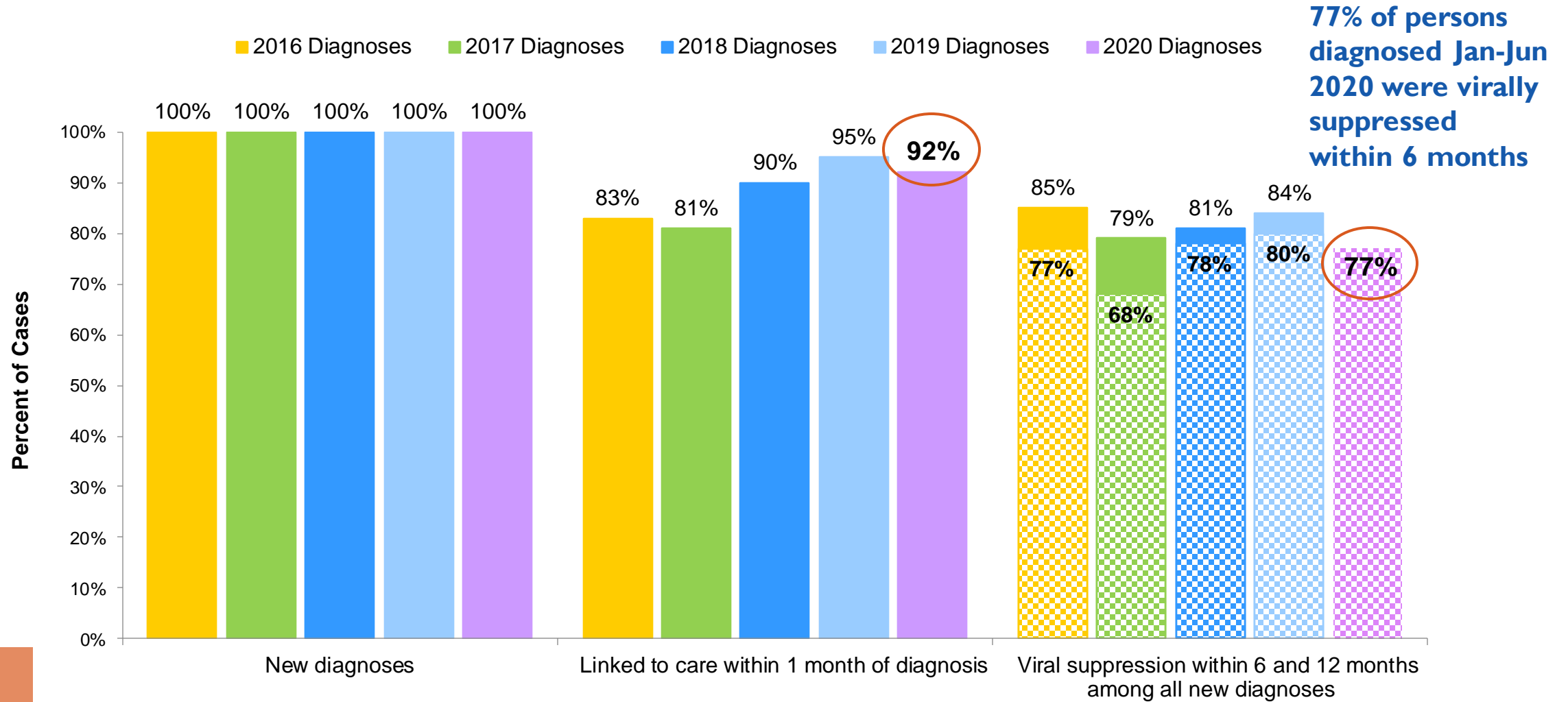
HIV Viral Load Tests among Persons Living with HIV

January 2020-March 2021 Compared to 2019



Timely Linkage to Care and Viral Suppression after Diagnosis

Slide 10

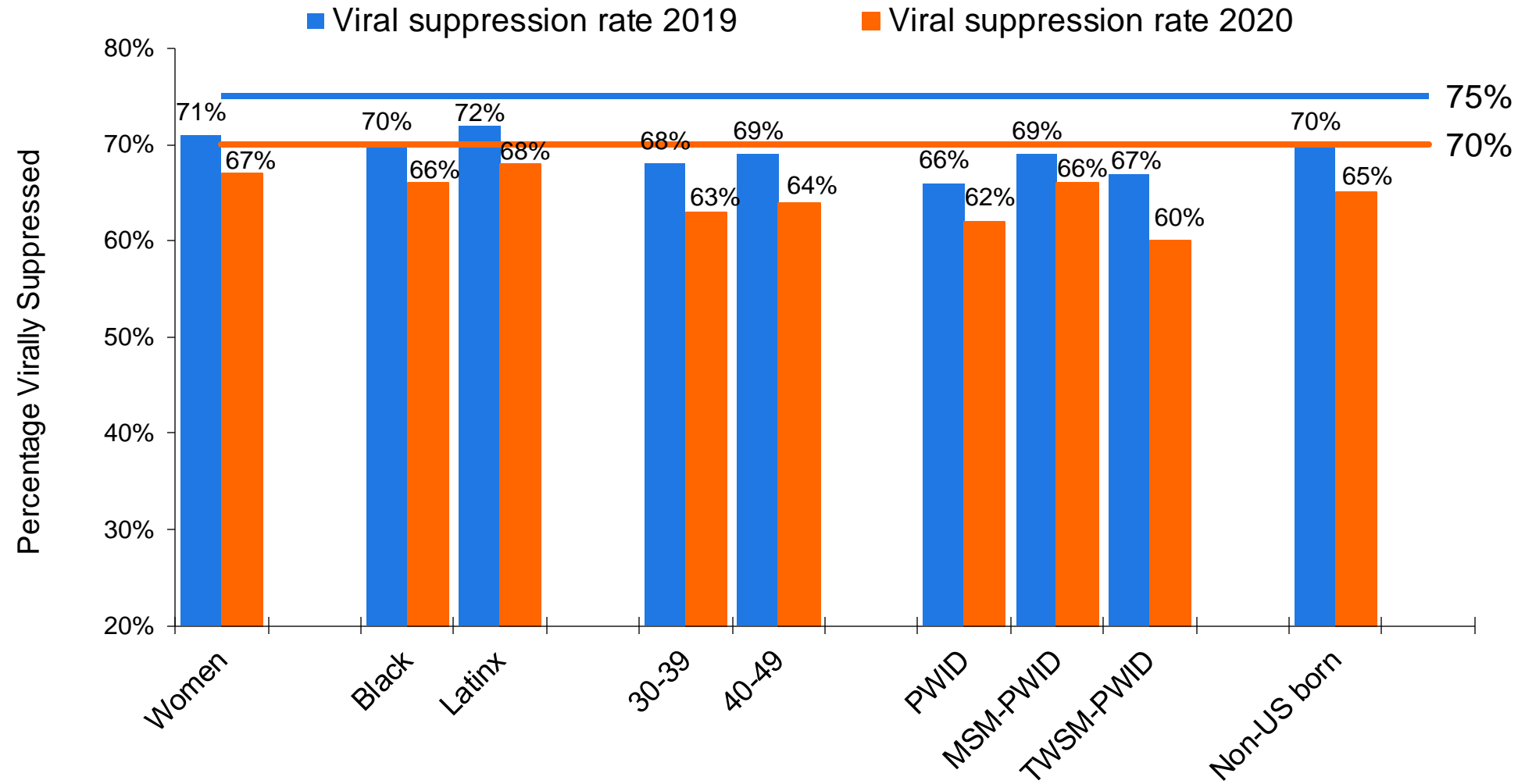


* Receipt of care is measured by having an HIV-related lab test (CD4, viral load, genotype) therefore is underestimated for 2020.



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Disparities in Viral Suppression



Disparities in Care Outcomes by Housing Status

| Care indicators | Homeless | | Non Homeless | |
|--|----------|------|--------------|------|
| | 2019 | 2020 | 2019 | 2020 |
| Linked to care within 1 month of diagnosis | 95% | 88% | 95% | 93% |
| Virally suppressed within 12 months of diagnosis | 68% | -- | 88% | -- |
| Receipt of care among persons living with HIV (PLWH) | 56% | 33% | 82% | 77% |
| Viral suppression among all PLWH | 39% | 20% | 76% | 71% |
| Viral suppression among PLWH who received care | 71% | 61% | 93% | 92% |

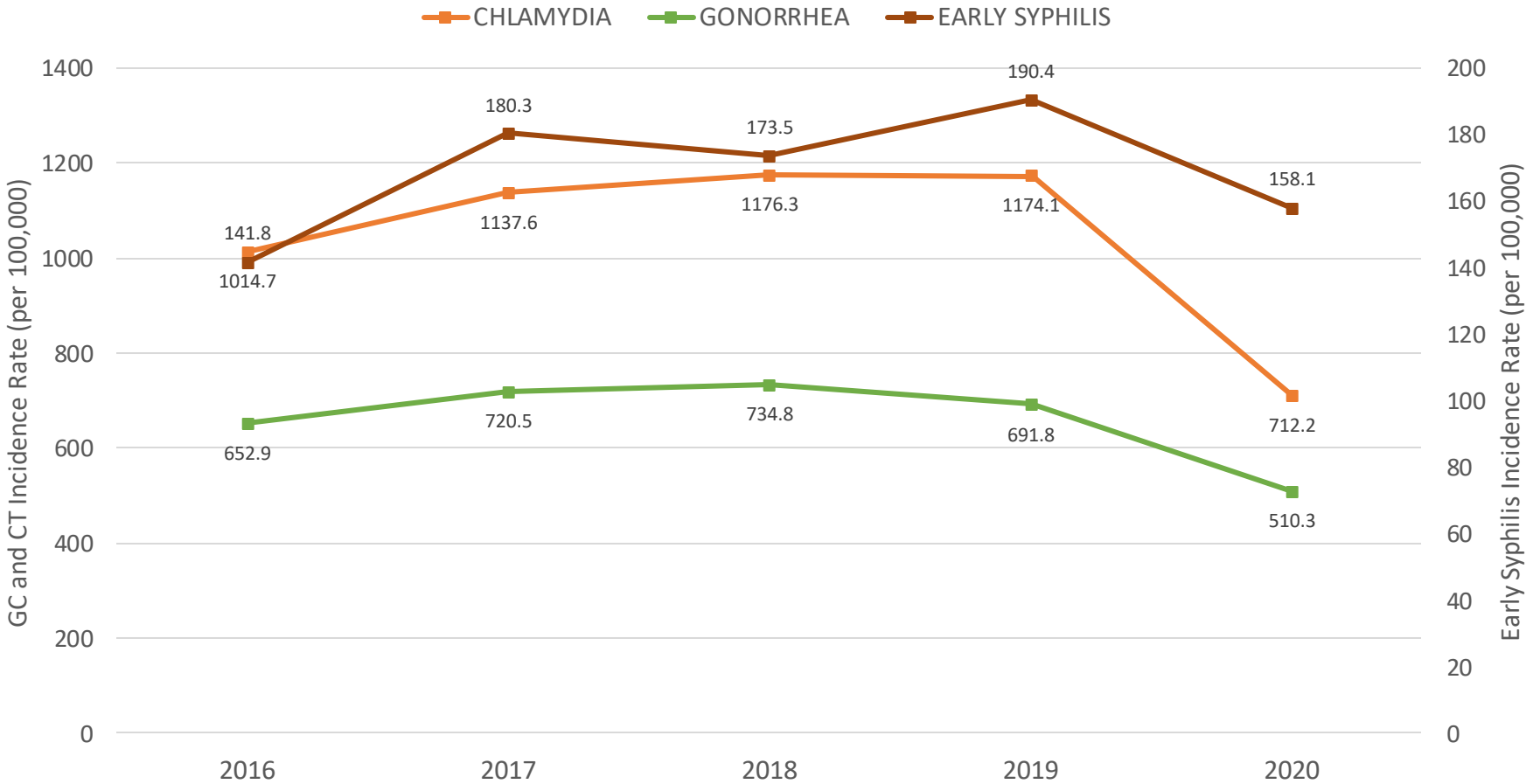
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Gonorrhea, Chlamydia, and Early Syphilis Incidence Rates

San Francisco, 2016-2020

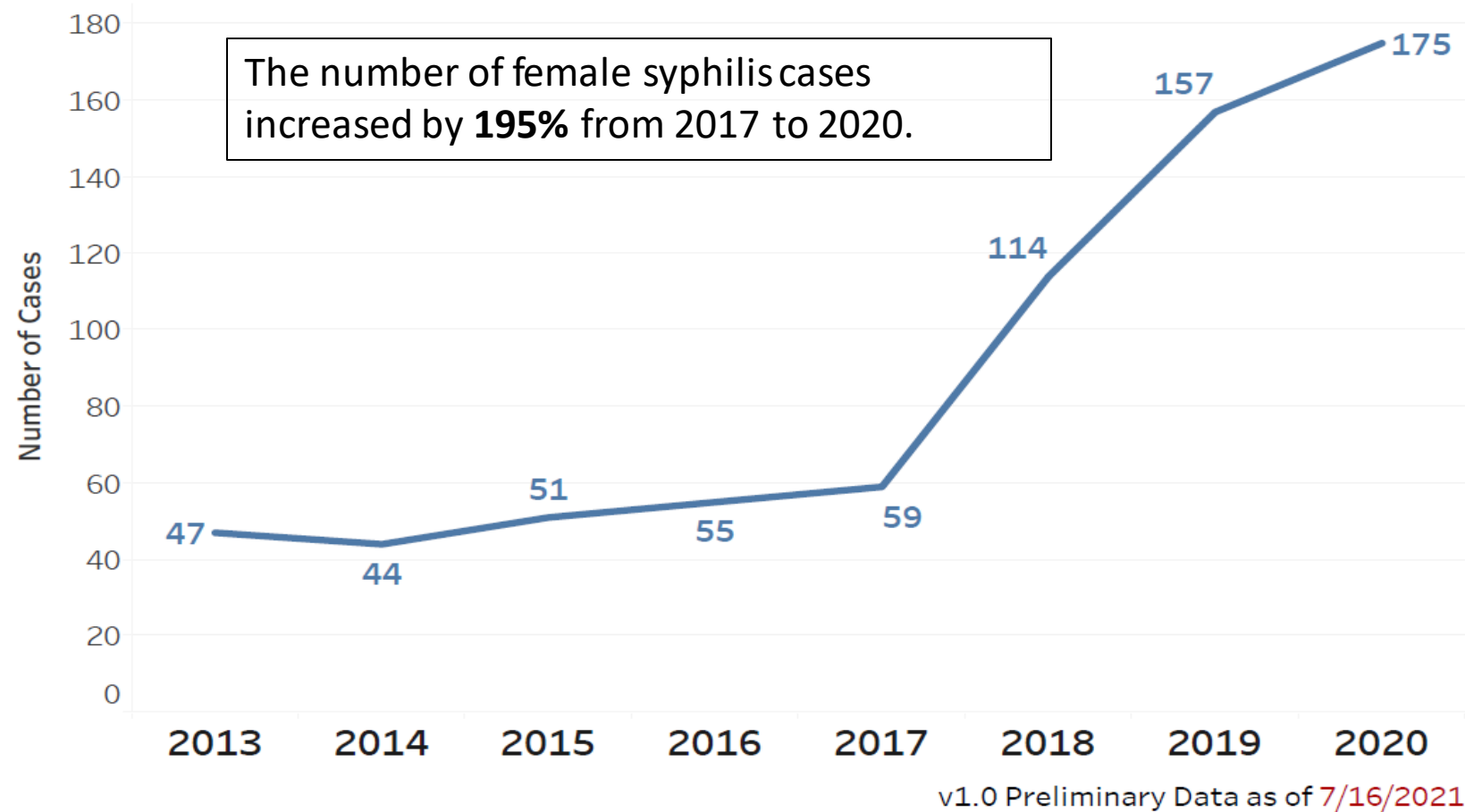


From 2016-2019:
Syphilis 34%
Chlamydia 16%
Gonorrhea 12%

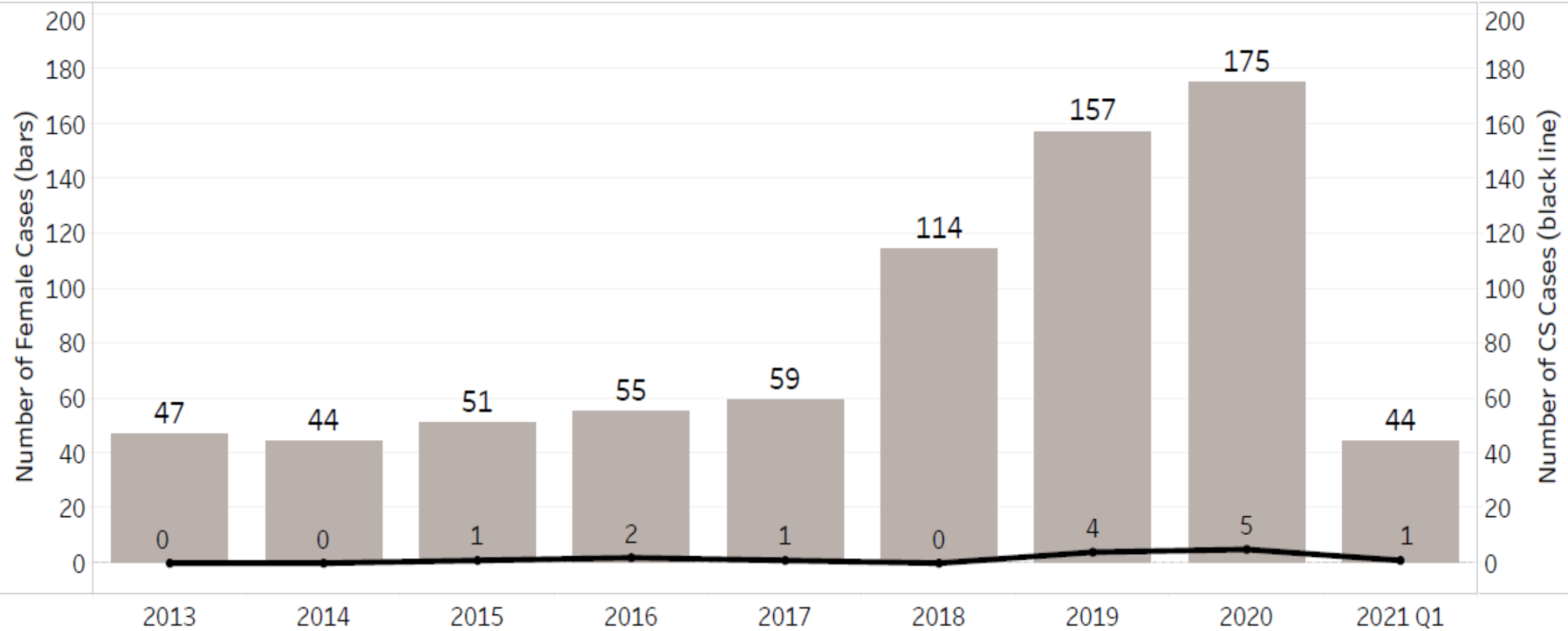
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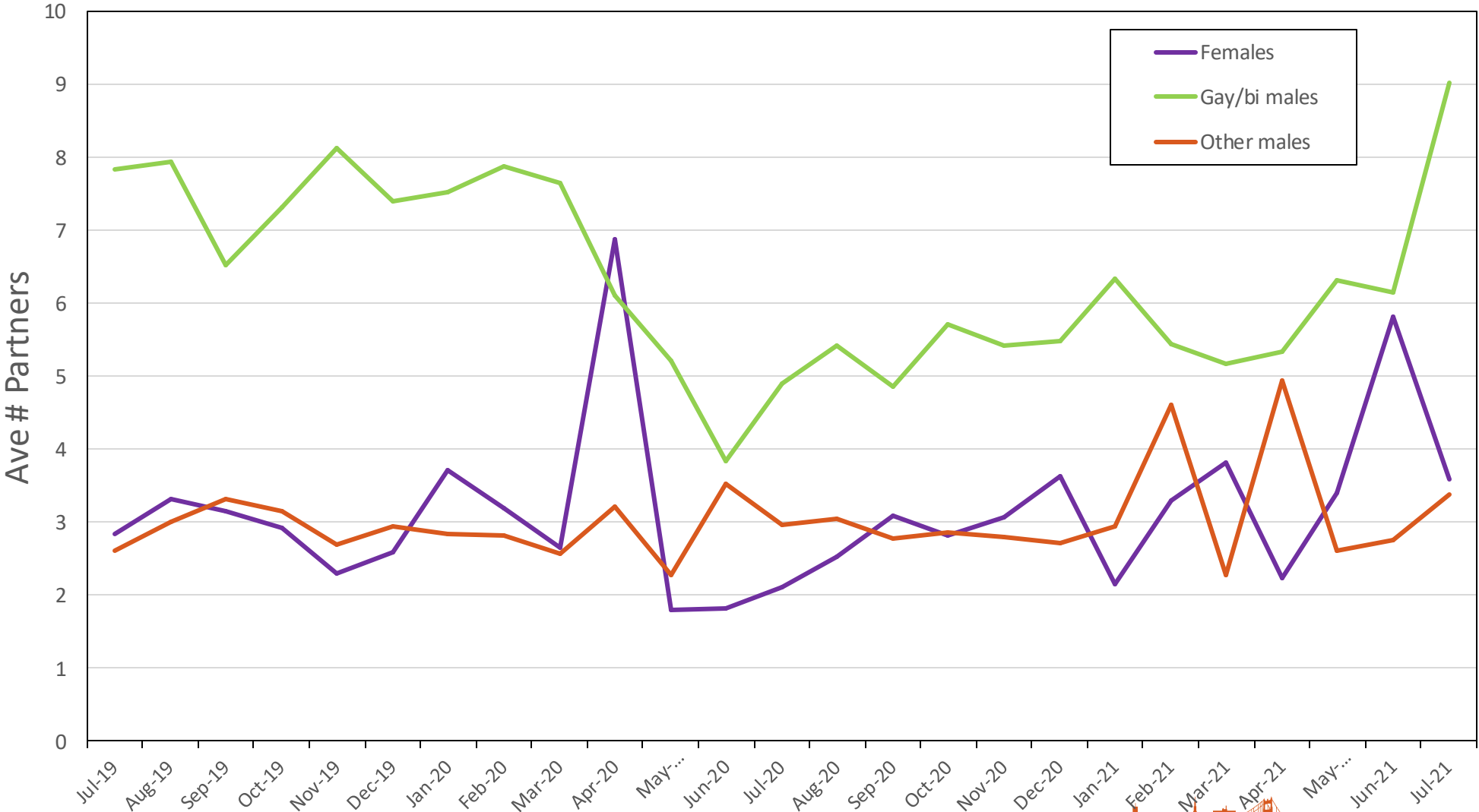
Total Female Syphilis Cases (all stages) San Francisco Residents, 2013-2020



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



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

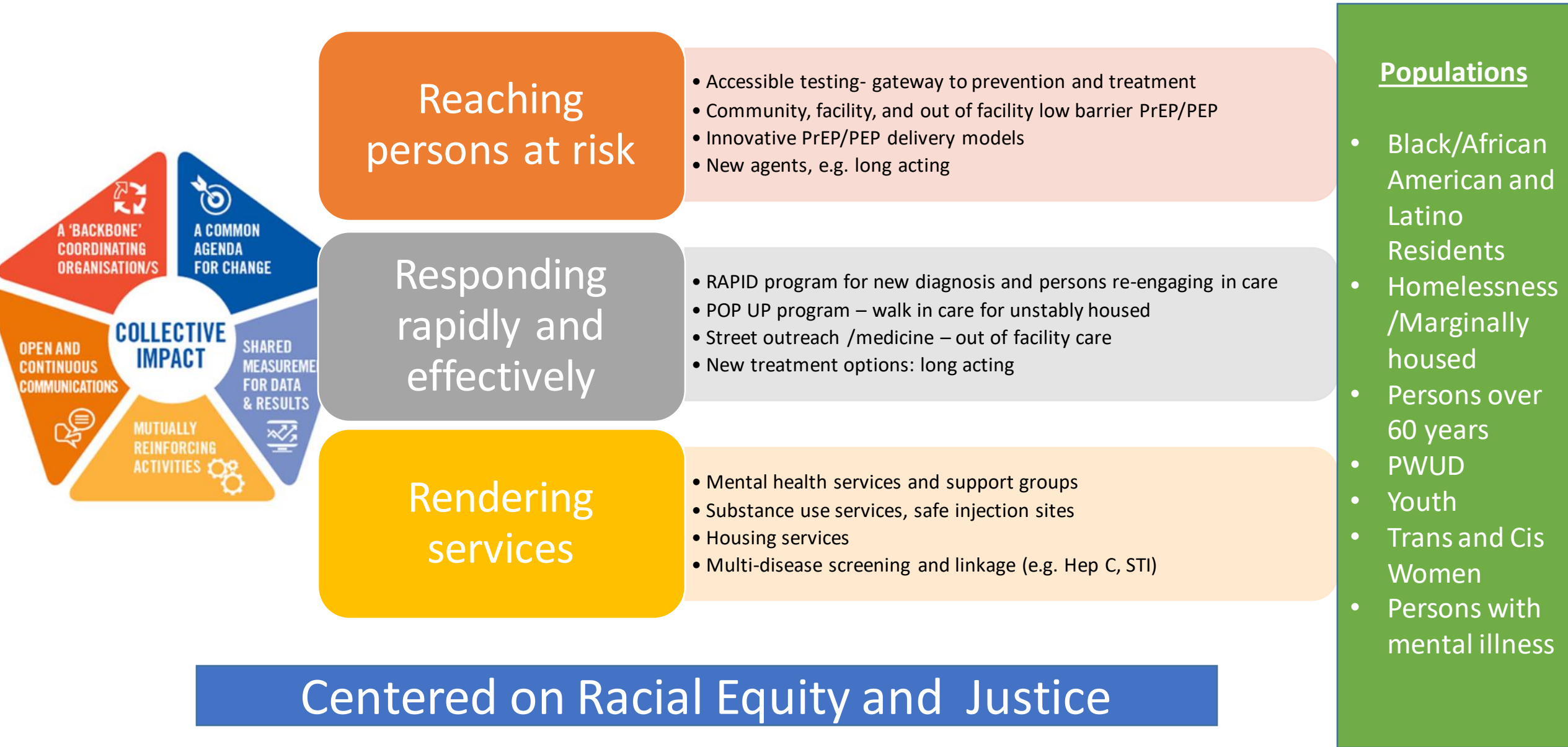


San Francisco Getting to Zero's Communications During COVID-19 Pandemic

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



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

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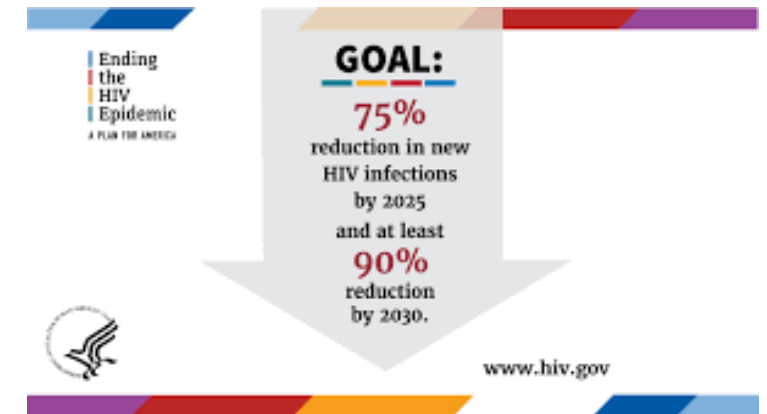


San Francisco Department of Public Health

Population Health Division

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”

<https://www.sfdph.org/dph/files/CHEP/SF-ETE-Plan.pdf>

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

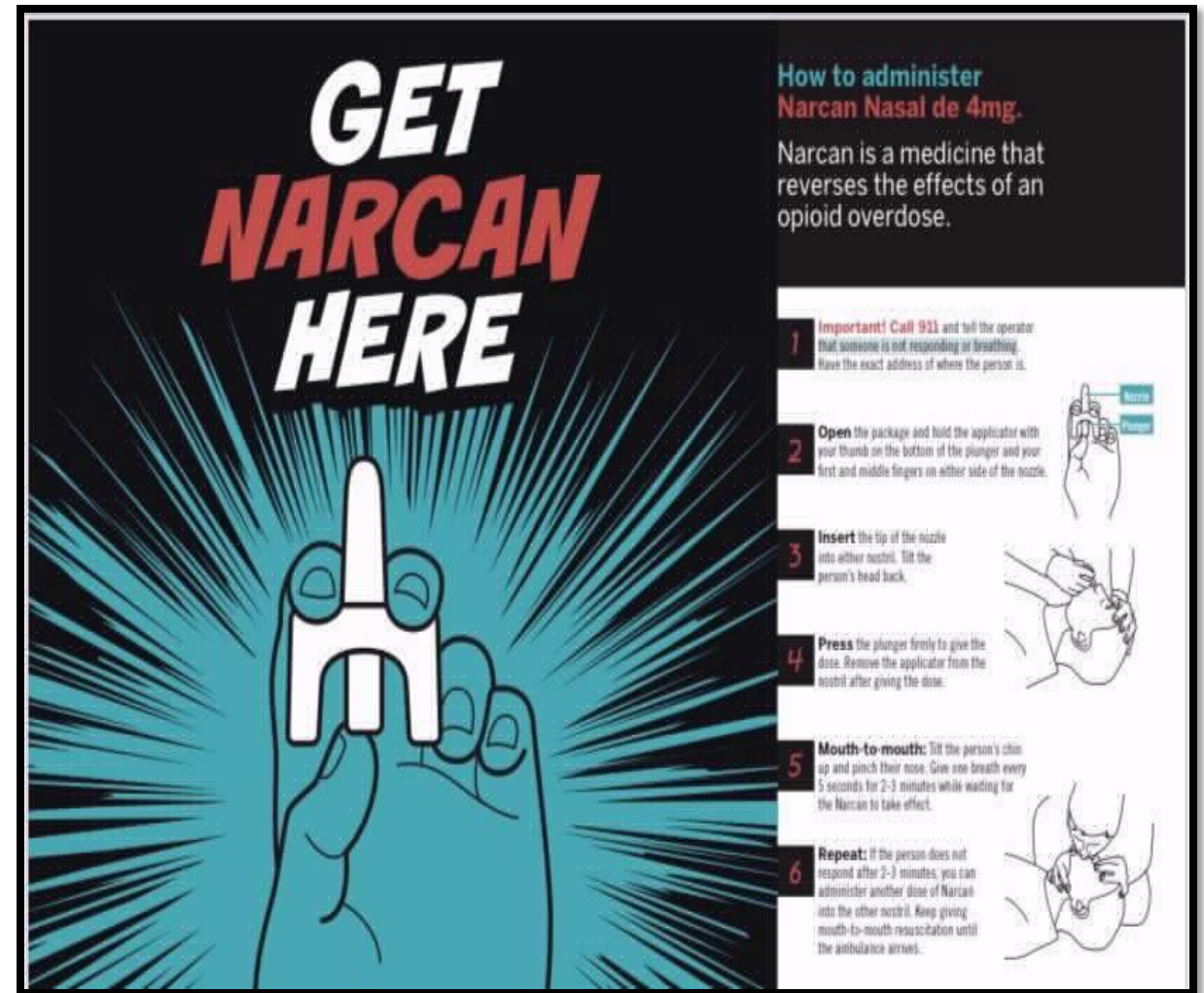
- In 2020, 699 people lost their lives to overdose in SF (02/21 preliminary report from Office of the Chief Medical Examiner)
- 4,307 reversals in 2020 (Drug Overdose Prevention Education (DOPE) project report)
- SFDPH deployed to implement harm reduction strategies to address overdoses at Shelter in 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

| 1/2021 - 6/30/2021 | |
|----------------------|---------------------------|
| HIV Tests (20) | 3 HIV+ Re-engaged to care |
| Syphilis (20) | 4 reactive |
| Naloxone Distributed | 198 kits |



STI Program Updates



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)

Metrics matter

- New quality and performance management team

Build it and they will come

- Dedicated training team
- Diversity, Equity, Inclusion initiative
- Entry-level positions through DIS fellowship

Delta (i.e. change) is not a variant, it's the norm

- 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



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Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis

Guidelines for California Medical Providers
2020

These guidelines were developed by the California Department of Public Health (CDPH) Sexually Transmitted Diseases (STD) Control Branch in conjunction with the California STD/HIV Controllers Association, and the California Prevention Training Center.



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RIISING RATES OF HIV AND SYPHILIS AMONG WOMEN

April 1, 2021

Situational Update

Since 2017, there was a 190% 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 29% 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.

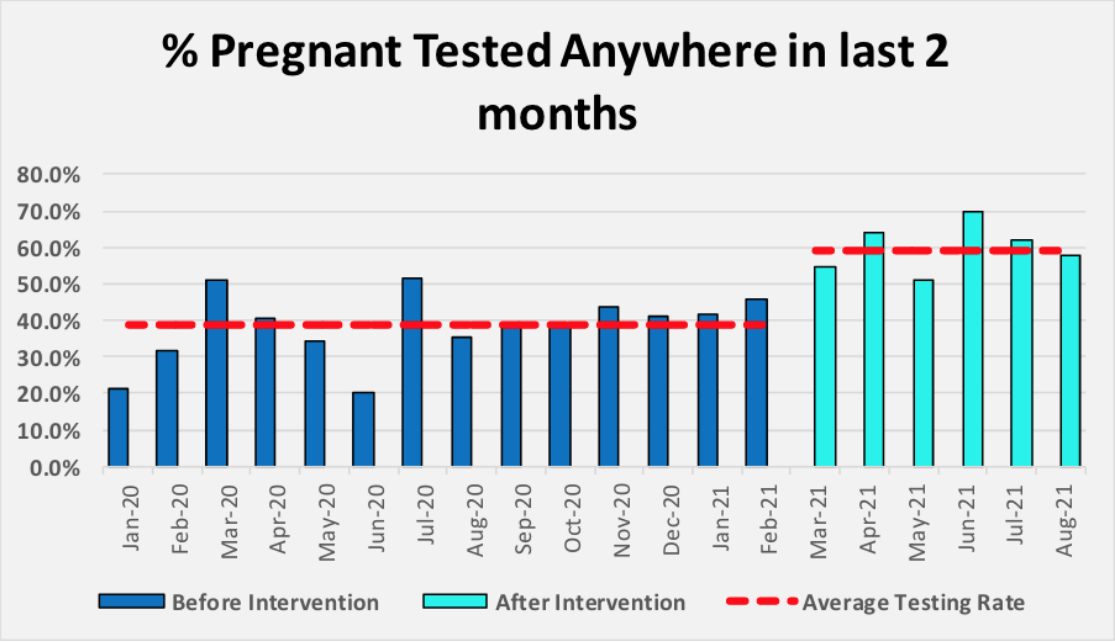
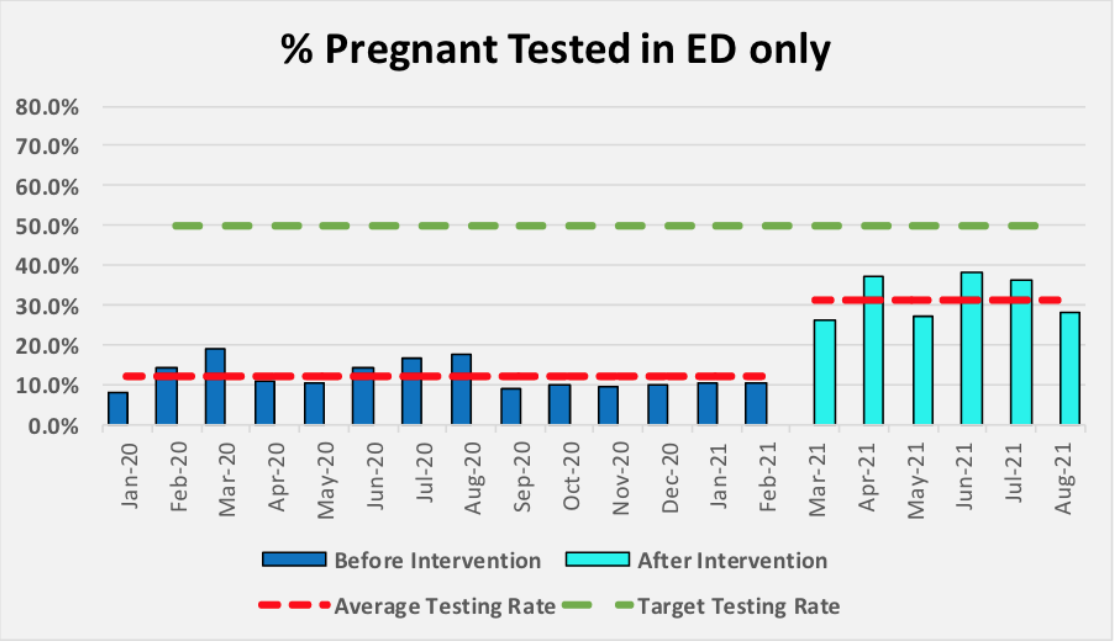


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Slide 37



Increased syphilis screening in ZSFG ER





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

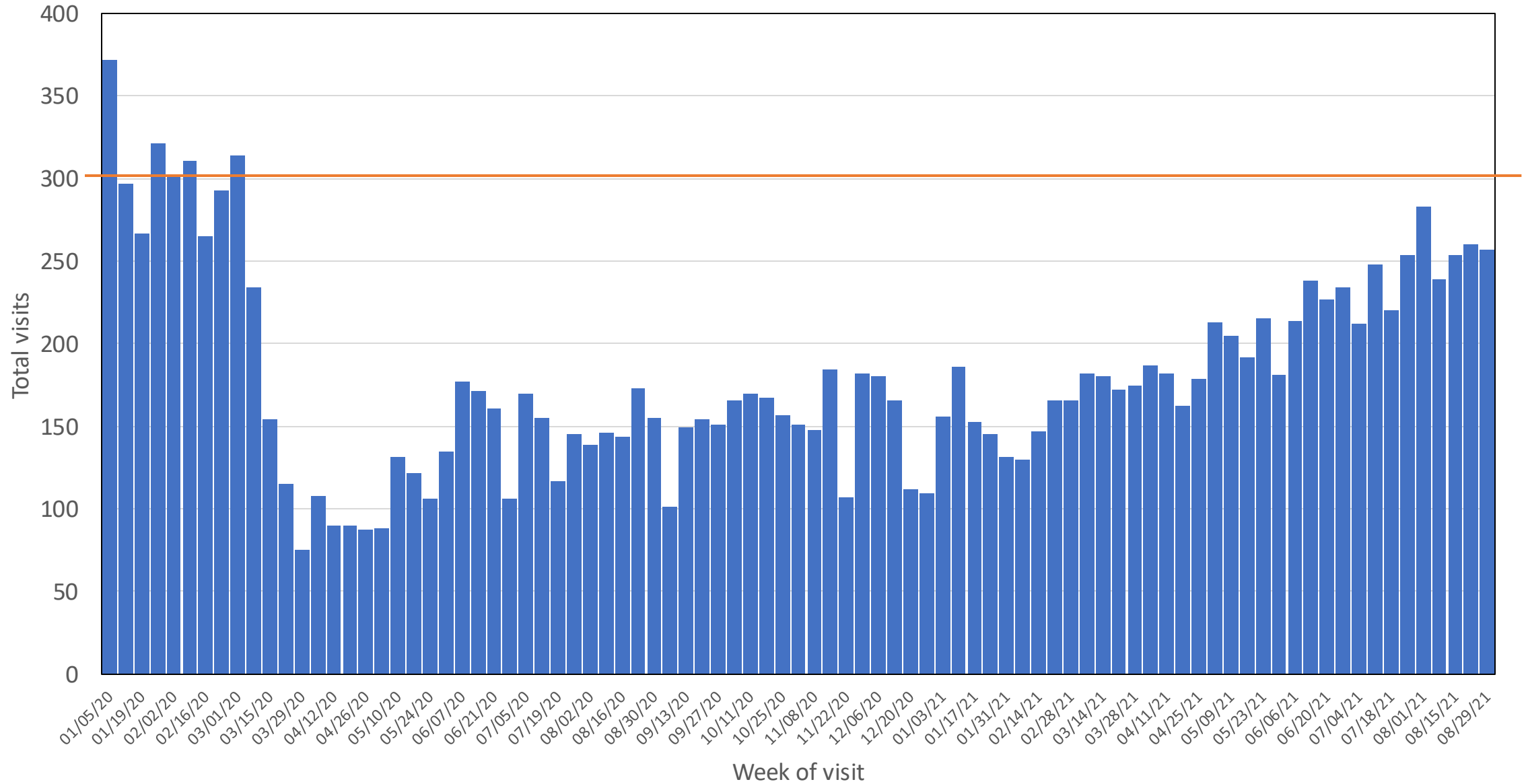
Ensuring Access to STI Clinical Services

During pandemic:

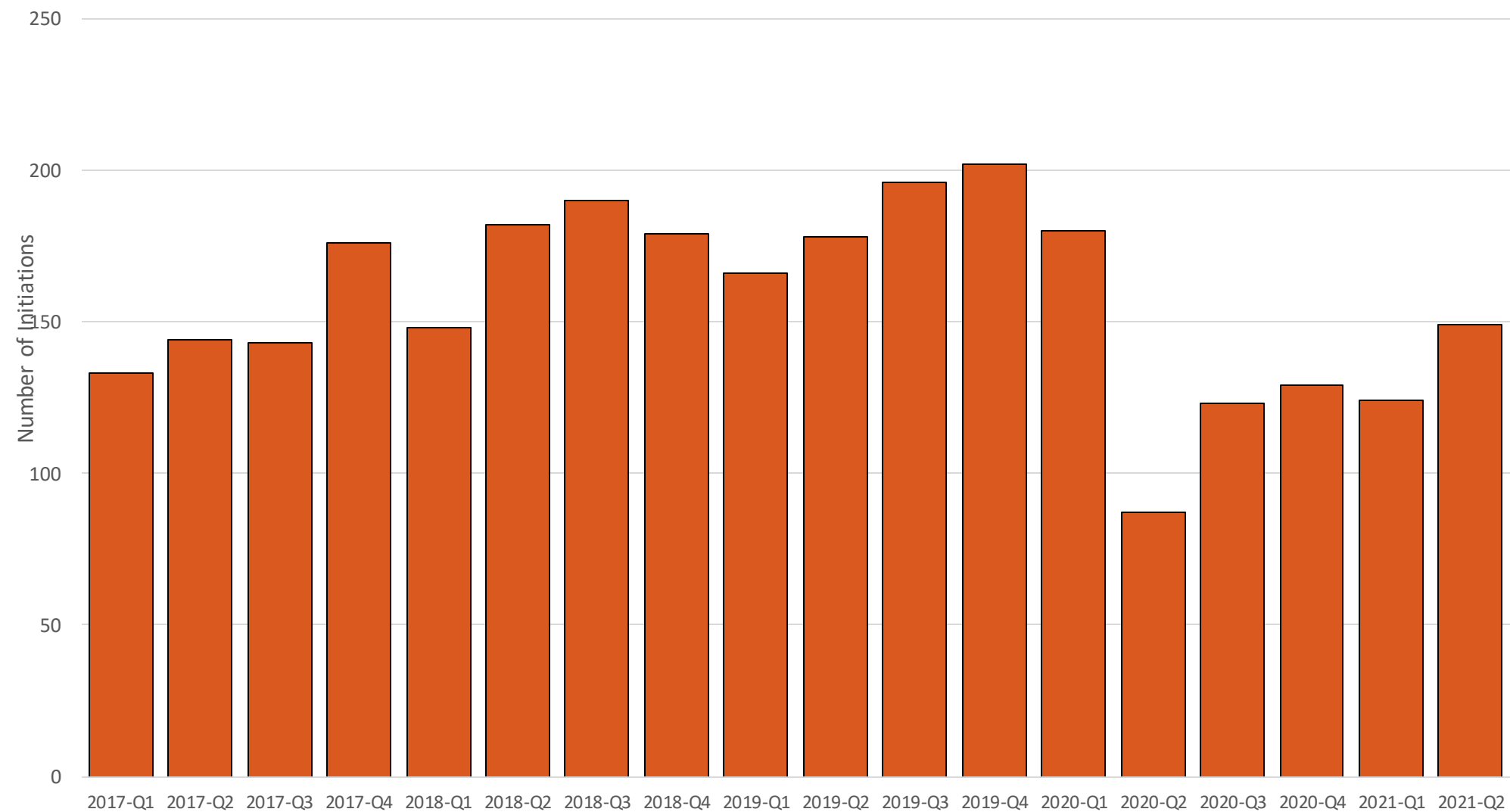
- Focused on urgent sexual health care
- Extended refills for HIV PrEP and ART
- Tele-health with 'syndromic' management when possible
- Offered COVID-19 vaccine starting April 2021
- Provide naran on site



SF City Clinic, In-person visits/week, January 2020 – August 2021

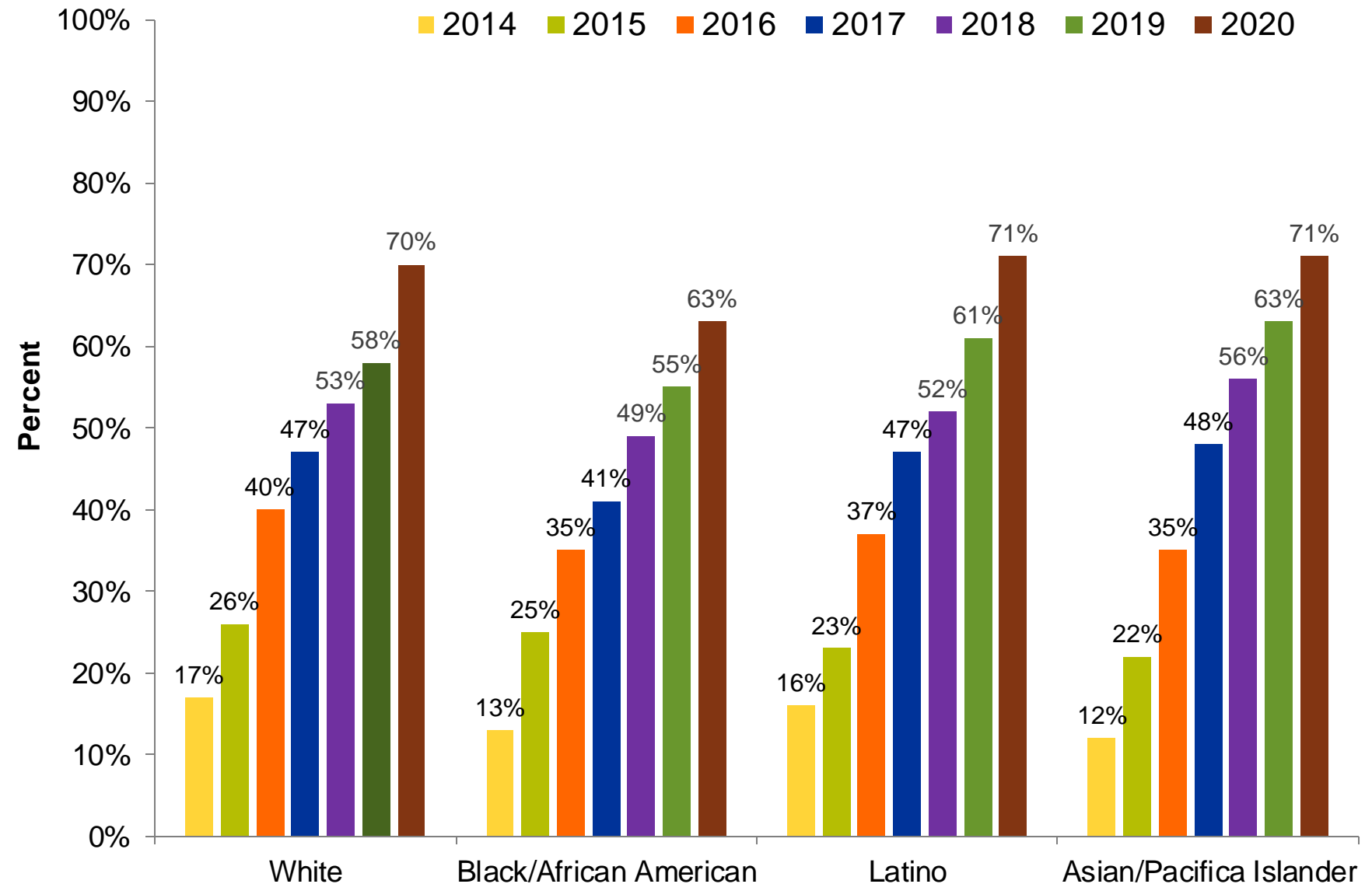


PrEP Initiations by Quarter: San Francisco City Clinic 2017 - 2021 Q2

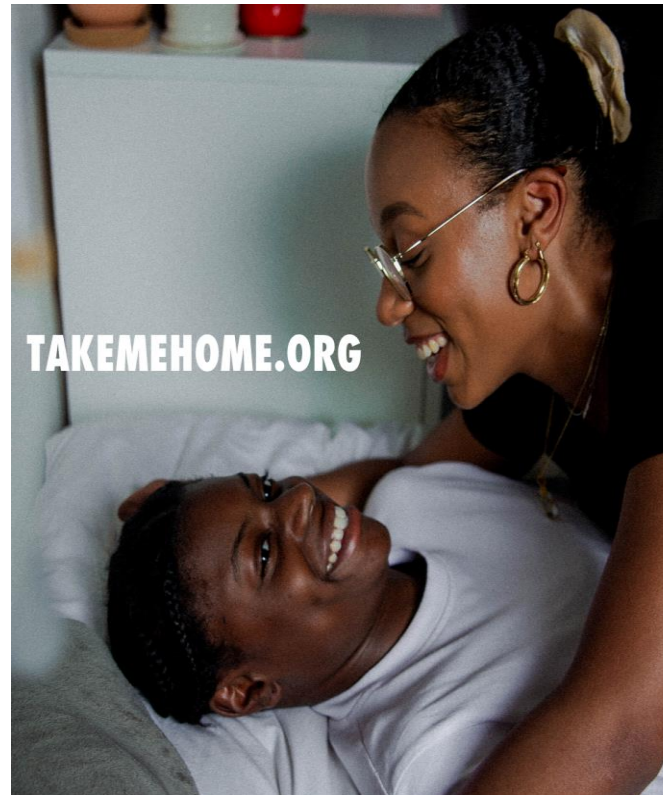
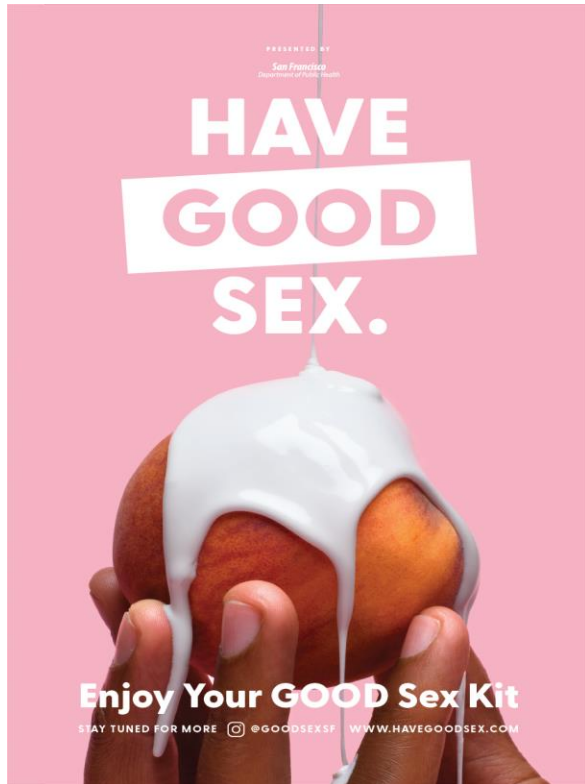


Proportion of MSM currently on PrEP by race/ethnicity continues to increase every year

Slide 43



SFDPH Home-Based Testing Programs



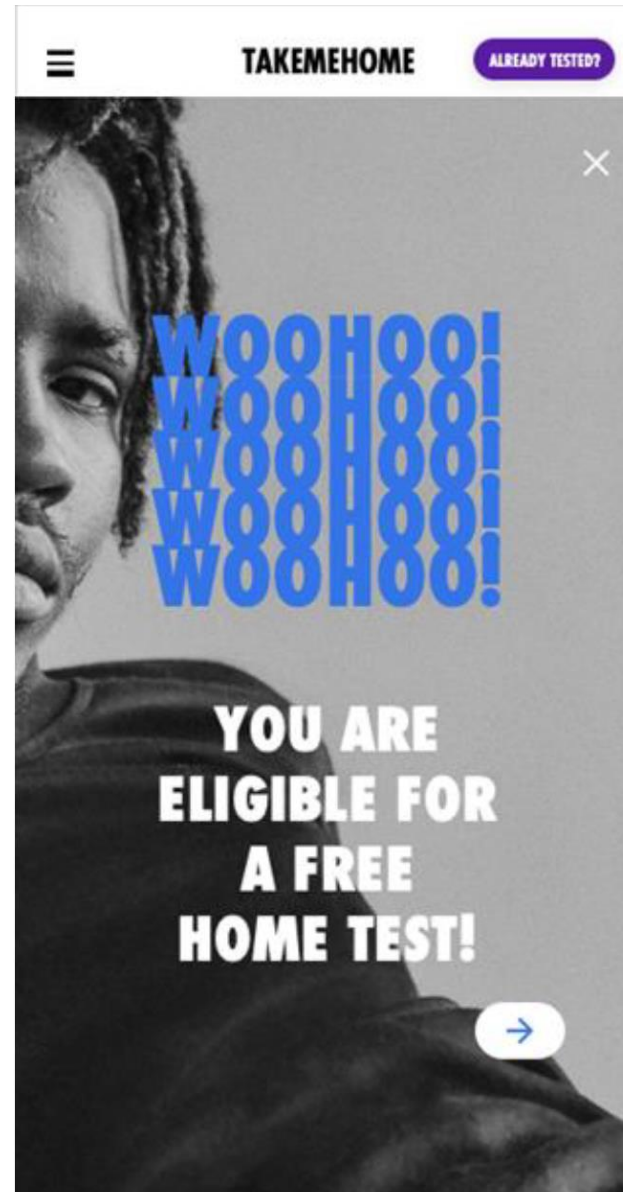
Presenter: Nikole Trainor, MPH, MCHES, CPTII

Community Health Promotion & Equity Branch (CHEP)

(Nikole.Trainor@sfdph.org)

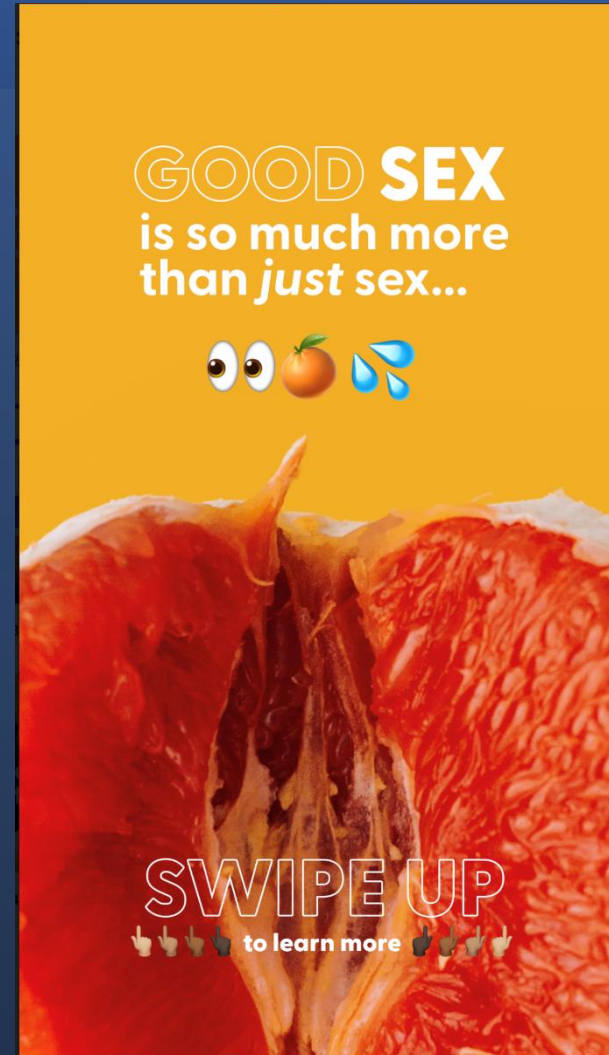
Takemehome.org

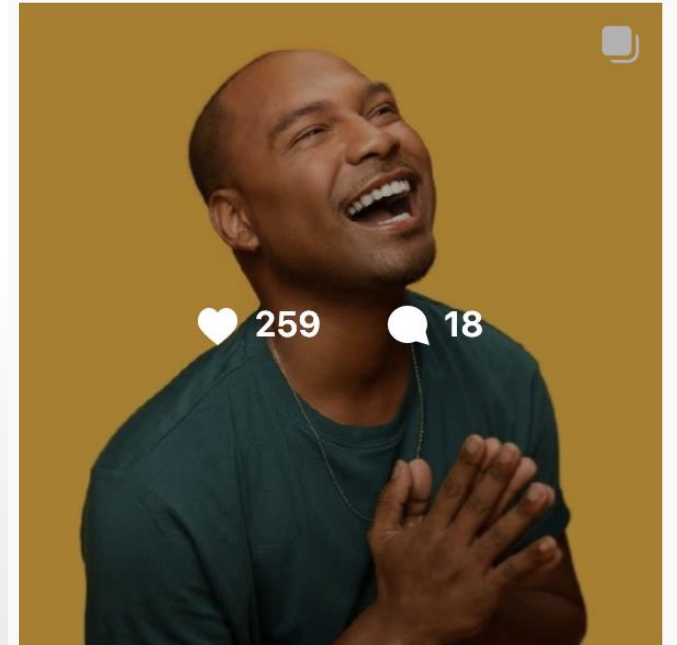
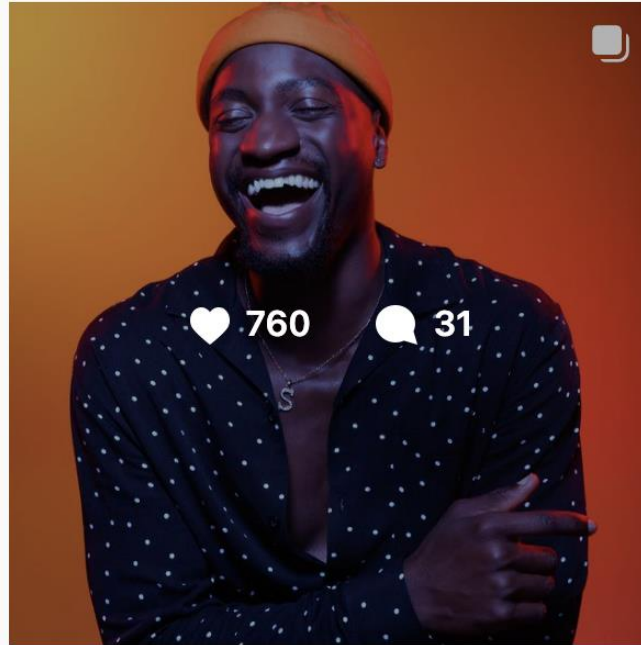
- Free sexual health home testing program, currently launched FEB 2021, in 20 Jurisdictions across the country.
- Designed & Developed through collaborative partnerships, BHOC, SFAF, Emory University, NASTAD.
- Program provides FREE HIV tests (lab based), STI tests, and PrEP panel tests (where available) 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

A screenshot of the Takemehome.org mobile app registration form. The top navigation bar is white with a hamburger menu icon on the left and the text 'TAKEMEHOME' on the right. The form has a purple background. At the top, there is a purple circle with the number '2' inside, followed by the text 'PERSONAL INFO / MAILING ADDRESS'. Below this is the heading 'YOUR MAILING ADDRESS' in large white letters. The form contains three input fields, each with a white label and a white underline: 'ADDRESS & STREET NAME', 'CITY, STATE AND ZIP CODE', and 'PHONE NUMBER (OPTIONAL)'. A white button with a blue right-pointing arrow is visible at the bottom right.


Community Engagement:

Havegoodsex.org: Social media ads, influencers, comcast 30sec commercial, YouTube,





Social Media Influencer Engagement

A young woman with long, dark braids is smiling and looking towards the camera. She is wearing a white sleeveless top. The background is a grey brick wall.

This year, SFDPH will launch
2nd home STI testing program
for young women

I know.
Welcome to donthinkknow.org

Please select your county
or enter your zip code below.

ALAMEDA



LOS ANGELES



SAN DIEGO



Enter zip code

Search



**Stay Good
Stay Tested**
...at Home...

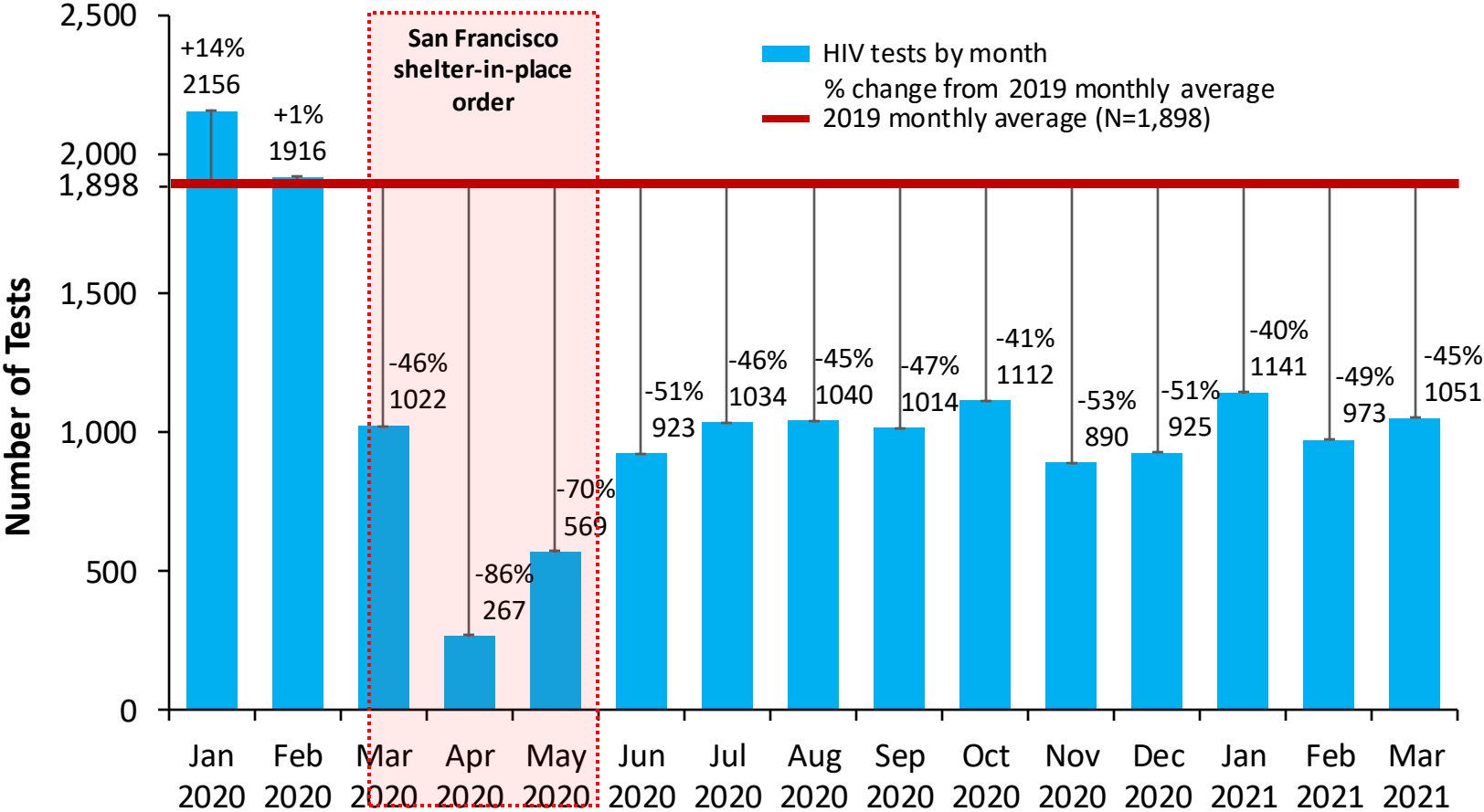


Questions?

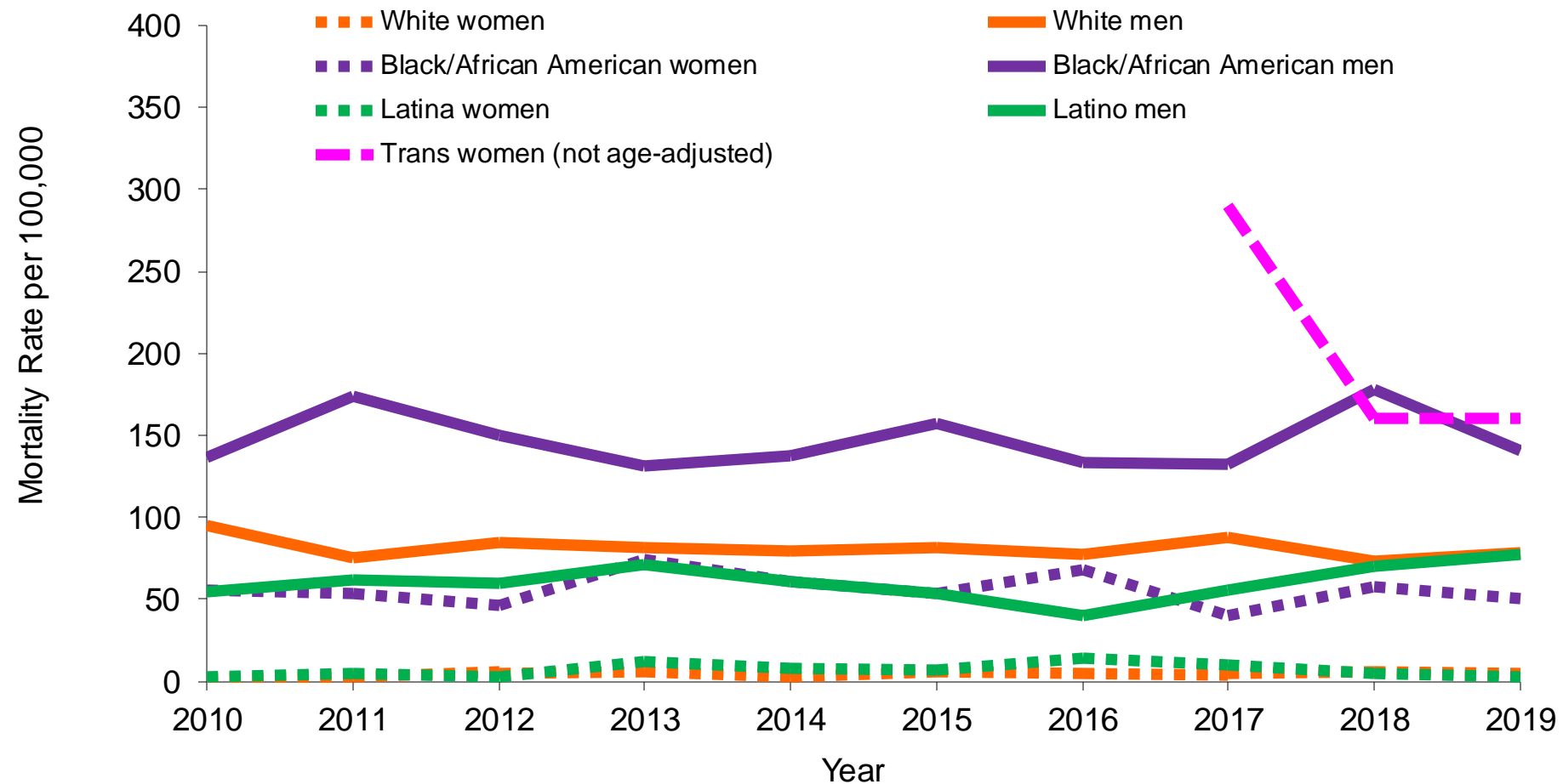


Additional Slides

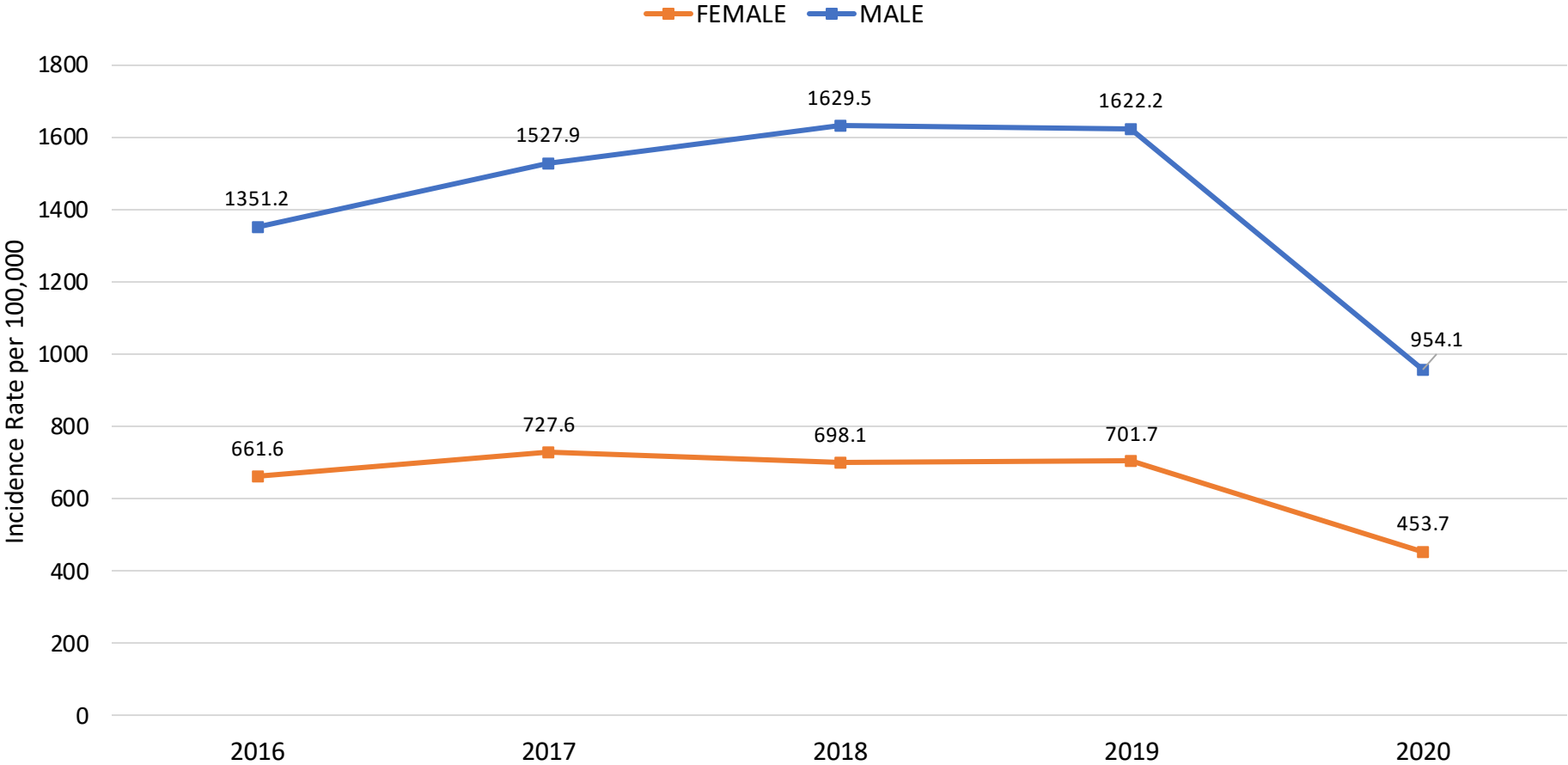
HIV Screening Tests at Community Sites January 2020-March 2021 Compared to 2019



Age-adjusted HIV Mortality Rates by Gender and Race/Ethnicity

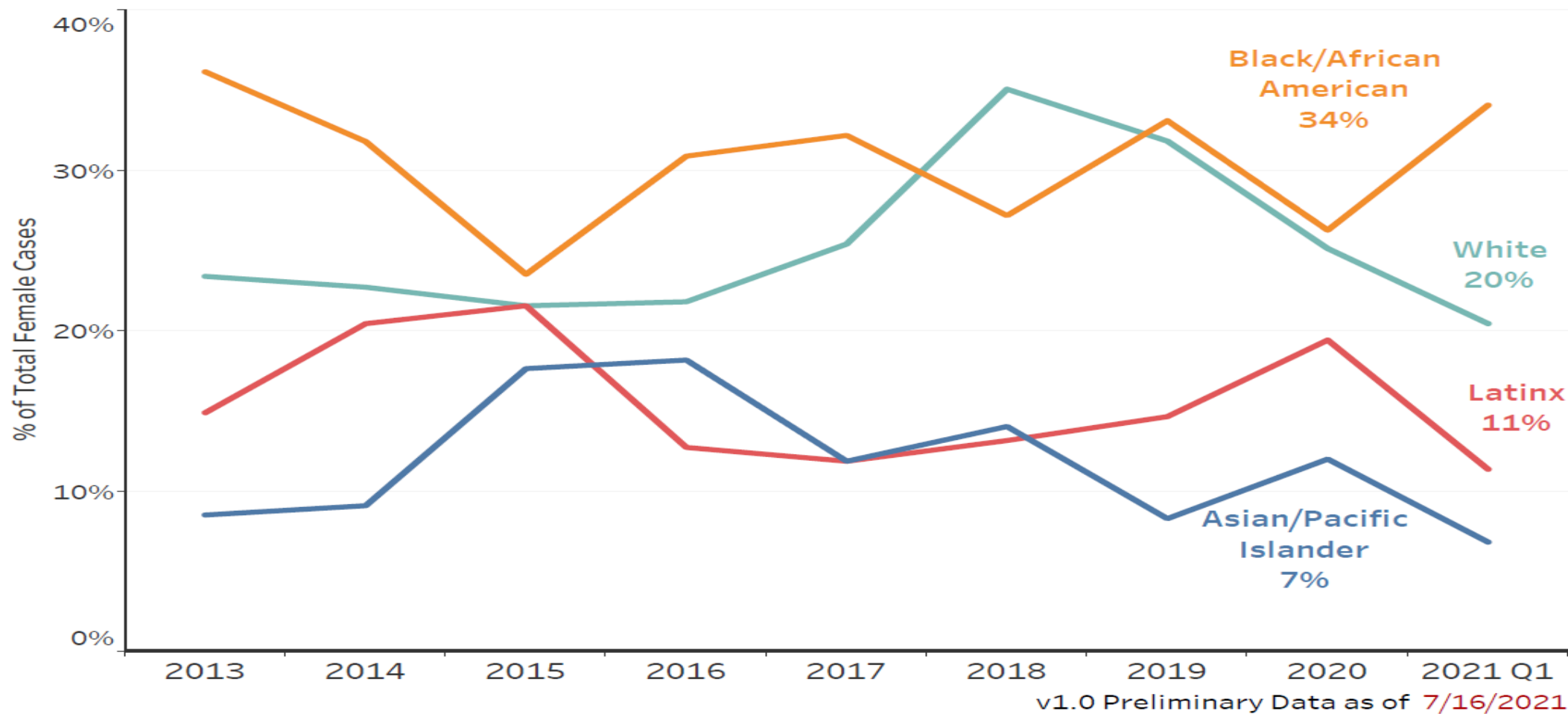


Chlamydia Incidence Rates by Gender San Francisco, 2016-2020



Black/African American Women are Disproportionately Diagnosed with Syphilis

Slide 54



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

