A Positive Outlook
for HIV-Affected Individuals, Couples & Families

Shannon Weber, MSW
HIVE Director
ZSFG/UCSF
HIVE
A Hub of Positive Reproductive & Sexual Health

Founded in 1989 at Zuckerberg San Francisco General Hospital. Formerly Bay Area Perinatal AIDS Center (BAPAC).
What do we do?

HIVE Clinic: multidisciplinary preconception, prenatal, gynecologic and sexual health care to women living with HIV as well as HIV-affected couples.
<table>
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<tr>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
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<tbody>
<tr>
<td>Care Coordination  [ Daily, Mon-Fri ]</td>
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<tr>
<td>Intensive Case Management  [ Daily, Mon-Fri ]</td>
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</table>
| HIVE Case Conference  
Doctors, Nursing  
Social Work  
Pharmacy | Family Physician  
Obstetrician &  
Social Worker Appointments | Intensive Case Management  
Counseling & Social Services for clients and their families | Homeless Prenatal Program  
New Beginnings Meeting  
Social Worker [ Monthly ] | WARD 86  
Reproductive Health Clinic  
[ Monthly ] |
| | | | Family Services Network  
Meeting  
[ Monthly ] | Post-Partum Case Conference  
[ Monthly ] |
| | | | Family HIV CLINIC  
Family Physician & Social Worker Appointments | Family HIV Clinic  
Case Conference  
[ Monthly ] |
Prenatal & Postpartum Care

- Outpatient and inpatient high-risk obstetrics
- Department of OB/GYN
- Psychiatry
- Genetic counseling and testing
- Nutrition and health education
- HIV testing
- Level III Labor and Delivery, Intensive-Care Nursery, and Well-Baby Nursery

Preconception

Preconception counseling for women, seroconcordant, and serodifferent couples, including infertility evaluation.

Pre-Exposure Prophylaxis

Connection to PrEP for women & serodifferent couples nationally

Care coordination with ZSFG Ward 86 PrEP Clinic

Find a PrEP provider in California: www.PleasePrEPMe.org

Intensive Case Management

Counseling and social services for clients and their families, including assessment & referral for:

- Mental health treatment
- Alcohol/drug treatment including methadone
- Smoking cessation
- Housing & transportation
- Legal services
- ADAP, Medi-Cal, financial benefits (SSI, TANF, GA)
- Parenting support and child-care

PrimaryCare

For people living with and affected by HIV
Who do we serve?

- HIVE patients are of reproductive age (13-49), lower socioeconomic status, and insured through Medi-Cal.
- Women living with & affected by HIV who are pregnant/postpartum or wish to conceive. Men living with HIV who desire parenthood.
- Live in San Francisco & surrounding area.
Demographics (2015-2016)  
$n=45$

- 49% history of substance use
- 51% history of mental health diagnosis
HIVE: 2006-2016

210 women served
4,153 in-person & telephone visits

HIV Status: 2006-2016
- HIV-negative: 82%
- HIV-positive: 18%

Preconception vs. Pregnant/Postpartum: 2006-2016
- % preconception: 82%
- % pregnant/postpartum: 19%
HIVE Clinic Visits

• Between 2012-2016: patients attended average of 20 visits
  – In 2016 (average):
    • 20 HIVE social work visits (range: 1-49)
    • 7 HIVE primary medical visits (range: 1-18)
Intensive Case Management

- Text & phone access to social worker
- Counseling & social services for clients and their families, including assessment and linkage to:
  - Mental health treatment
  - Alcohol/drug treatment, smoking cessation
  - Housing, HIVE hotel stabilization for immediate relief from street homeless
  - Transport & basic needs (food, infant supplies)
  - Legal support: family courts, CPS reunification, restraining orders, probation
  - ADAP, Medi-Cal, financial benefits (SSI, TANF, GA)
  - Parenting support & child-care (school enrollment)
  - Asylum and immigration assistance
- Support with HIV disclosure
0 babies born with HIV in SF since 2004
Figure 11.1 Number of children diagnosed with HIV infection by time period of HIV diagnosis, 1980-2015, San Francisco
Don’t let services end postpartum

2004-2016

• Perinatal transmissions *in SF*: zero

• Maternal deaths *of HIVE clients*: nine
  – 4 virally suppressed at birth
  – 4 died within 2 years of birth
  – 7 died of HIV-related causes

HIVE maternal death review 2016, unpublished data.
Figure 5.3  Mortality rates\(^1\) among women diagnosed with HIV infection per 100,000 population by race/ethnicity, 2003-2013, San Francisco

1  Mortality rates are calculated as the number of HIV cases who died each year divided by the population by sex and race/ethnicity. See Technical Notes for “HIV Case Rates and HIV Mortality Rates.”
The HIV Care Continuum in the United States, 2011.

- HIV Diagnosed*: 86%
- Linked to Care**: 80%
- Engaged in Care***: 40%
- Prescribed ART***: 37%
- Virally Suppressed***: 30%

*Percent of all people living with HIV
**Percent of people who are HIV-positive and diagnosed
***Percent of people who are HIV-positive and in care

<table>
<thead>
<tr>
<th>HIV Continuum of Care Stage</th>
<th>2014</th>
<th>2015</th>
<th>2-year average</th>
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<tbody>
<tr>
<td>I. Number of pregnant women linked to FSN</td>
<td>23</td>
<td>20</td>
<td>--</td>
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<tr>
<td>specialty HIV prenatal care</td>
<td></td>
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<tr>
<td>II. Number of pregnant women newly diagnosed with HIV</td>
<td>2</td>
<td>3</td>
<td>--</td>
</tr>
<tr>
<td>III. Number of women linked to FSN HIV prenatal care within 30 days of pregnancy diagnosis</td>
<td>23/23 (100%)</td>
<td>18/20 (90%)</td>
<td>95%</td>
</tr>
<tr>
<td>IV. Number of women fully retained in FSN HIV prenatal care (&gt; 10 prenatal clinic visits)</td>
<td>18/23 (78%)</td>
<td>14/17 (82%)</td>
<td>80%</td>
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<tr>
<td>V. Number of women prescribed perinatal ART by FSN HIV prenatal care provider</td>
<td>23/23 (100%)</td>
<td>20/20 (100%)</td>
<td>100%</td>
</tr>
<tr>
<td>VI. Number of women virologically suppressed (undetectable HIV viral load) at delivery</td>
<td>22/23 (96%)</td>
<td>11/16 (69%)</td>
<td>85%</td>
</tr>
<tr>
<td>VII. Number of women retained in FSN postpartum HIV care (2 visits in 12 months)</td>
<td>14/23³ (60%)</td>
<td>11/16³ (69%)</td>
<td>64%</td>
</tr>
<tr>
<td>VIII. Number of women confirmed as retained on appropriate postpartum ART</td>
<td>14/23 (60%)</td>
<td>6/16 (38%)</td>
<td>51%</td>
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<tr>
<td>IX. Number of women confirmed as continually virologically suppressed (undetectable HIV viral load) through 12 months postpartum</td>
<td>6/23 (26%)</td>
<td>6/16 (37%)</td>
<td>31%</td>
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</table>
Living with HIV prior to pregnancy: 82%
Diagnosed with HIV during pregnancy: 18%
Engaged in HIV prenatal care (>10 prenatal clinic visits): 55%
Prescribed perinatal ART by prenatal care provider: 55%
Virologically suppressed (UDVL) at 28 weeks gestational age: 55%
Virologically suppressed (UDVL) at delivery: 91%
Received full infant rule-out series (0d, 2w, 4w, 4mo): 89%
On ART postpartum (ever): 73%
Virologically Retained in HIV care postpartum (2 visits in 12 months): 67%
Virologically Retained in HIV care postpartum (UDVL at 6 months postpartum): 67%
On ART postpartum (ever): 44%
Improving outcomes for postpartum WLHIV

- Pilot an innovative, patient-centered postpartum treatment adherence care model to improve ART provision and viral load suppression among HIV-positive women in San Francisco
- Funded by HRSA Ryan White Part D grant, 1 year period
- Carried out by Family Service Network (FSN), a multi-agency collaborative of inter-professional providers serving women, infants, children, and youth (WICY) living with HIV
  - FSN members: HIVE, Family HIV Clinic at FHC, Rita de Cascia, SFGH HIV/AIDS Division (W86), UCSF Women’s HIV Program, Larkin Street Youth Services, South Van Ness Adult Behavioral Health Services, UCSF Pediatric AIDS Program, Substance Treatment Outpatient Program.
Postpartum Intervention Pilot

Project goals:
• Strengthen patient self-efficacy, ART adherence, engagement in care, and overall health status.
• Reduce HIV-related health disparities among HIV-positive women, especially women of color living in poverty in SF
• Eliminate perinatal HIV transmission; present and future
• Improve tracking for early identification of risk factors and early intervention with intensive case management
• Utilize patient navigation as a tool to improve retention
# EMCT Risk Assessment Tool

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>HIV diagnosis and care</strong></td>
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<tr>
<td>New HIV diagnosis during pregnancy</td>
<td></td>
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<tr>
<td>Late HIV diagnosis (in 3rd trimester/postpartum)</td>
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<tr>
<td>Detectable HIV RNA (viral load)(^1)</td>
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<tr>
<td>History of detectable HIV RNA in the past year</td>
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<tr>
<td>Lack of HIV care engagement prior to or during pregnancy, e.g., 2 or more consecutive missed visits for HIV care</td>
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<tr>
<td>Pregnant woman with perinatally acquired HIV infection</td>
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<tr>
<td>Has an HIV positive child</td>
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<tr>
<td><strong>Obstetric Care</strong></td>
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<tr>
<td>Missed prenatal care appointments</td>
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<td>Infant feeding concerns, wants to breastfeed</td>
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<tr>
<td>Pre-term delivery</td>
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<tr>
<td>OB, HIV &amp;/or Pediatric care not co-located</td>
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<tr>
<td><strong>Social and System</strong></td>
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<tr>
<td>Partner/family/key support network unaware of HIV diagnosis</td>
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<tr>
<td>Lack of social support network</td>
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<tr>
<td>Non-English speaking</td>
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<td>Undocumented legal status</td>
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<tr>
<td>Low health literacy</td>
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<td>Lack of transportation</td>
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<td>Unstable housing/homeless</td>
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<td>Intimate partner violence</td>
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<tr>
<td>History of involvement with child protective services</td>
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<tr>
<td>Recently incarcerated (mother or partner)</td>
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<tr>
<td>Exchanging sex for money or drugs</td>
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<tr>
<td>Inability to pay med copays or out of pocket expenses, underinsurance</td>
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<tr>
<td>Medicaid during pregnancy only, loses coverage postpartum</td>
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<td>Mother/Child receiving services in different jurisdictions and or funding sources, i.e., across state or county lines</td>
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<td><strong>Mental Health/Behavioral Disorder</strong></td>
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<td>Current or previous history of depression</td>
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<td>Psychological and/or mental illness NOT adequately managed</td>
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<tr>
<td>Current or recent past history of substance abuse/alcohol abuse</td>
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<td>Developmental delay(s) or intellectual disability</td>
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Outcomes to be measured

• All risk factors in ERAT assessment – pilot project will help determine most salient risk factors
• Custody of infant, custody of prior children
• Viral load throughout pregnancy and post-partum: at intake, delivery and post partum
• Retention in care: % post-partum visit appointments attended, proportion missed
• Completion of infant HIV ruleout
• Co-located maternal and infant services
• Proportion of patients with a fully-developed postpartum care plan
HIVE Partnerships

- 5M Women’s Health
- HOT/HHOME
- Ward 93 methadone clinic
- Ward 86
- Family HIV Clinic
- 6C Women’s Options
- Ob Psychiatry
- Homeless Prenatal
- Rita da Cascia
- South Van Ness Mental Health
- Compass
- Maitri
- CPS
Refer to HIVE

• Call HIVE clinical social worker Rebecca Schwartz at 415-206-4240.
  • Provide the following information:
    – Patient name
    – Patient DOB
    – Patient insurance information

• The HIVE team will obtain approvals for the patient to be seen at HIVE Clinic.
PRO-Men (Positive Reproductive Outcomes for HIV+ Men) Focus Groups

“All the men know how to get babies. And people with HIV know how to abstain from having sex. But if you have sex with a woman who doesn’t have HIV and try to have a baby? We want information on what to do and how to do it. Because I still don’t know how to do it.”

-PRO Men focus group participant, July 2012
HIVE Ward 86 Repro Health Clinic

- Guy Vandenberg, RN, MSW & Shannon Weber, MSW
- Patients or couples in serodifferent relationship.
- HIV-disclosure, transmission risk, prevention.
- Questions about family planning & HIV.
- Single parenting, co-parenting or surrogacy.
- Assessments, patient-education and counseling, referrals to W86 PrEP Clinic.
- Refer your patients!
  Guy.Vandenberg@ucsf.edu
  415-206-2482
Positive Outcomes for Women Engaged in Reproductive Health

• Audience: HIV-negative women who may be exposed to HIV & their partners.

• Online, multi-modal platform

• FY15-16: www.hiveonline.org had 41,254 unique page views; 15,850 unique visitors.
  – Social Media Impressions: 825,901
Hangouts with HIVE

- PrEP Champions
- PrEP for Women: SF Story
- PrEP Awareness Campaigns
- PrEP in Family Planning Clinics
- Beyond Compassion
- PrEP Pharmacokinetics
- Making PrEP Work for Youth
- Frameworks for Getting to Zero
- Where's My PrEP
- POWER Health
- GlobalSHARE

1,857 views
HIVEonline.org

Resources for providers
- Integrated resources on sexual & reproductive health
- Videos of how to counsel patients
- Sample order sheets

Resources for patients
- Information sheets on prevention options in and around pregnancy (Spanish & English)
- Videos of patient experiences

Slide used with permission from Dr. Dominika Seidman, UCSF/ZSFG
Yes, I Can

3 years ago, while living in Moscow, Russia I was diagnosed with HIV. Today I live in San Francisco, my viral load is undetectable, my CD4 count is at a normal level, and 2 months ago I gave vaginal birth to my healthy, HIV-negative son.

PrEP: Beneficial for Me

I found PrEP to be beneficial for me because I had two sex partners and wanted to protect us all and improve my chances of remaining HIV negative. I am aware that PrEP doesn’t prevent other STIs or pregnancy, but I think using it is a good choice for me to prevent HIV.

Living with HIV, Having Kids, & the Importance of Medication Adherence

I want a second chance with a new child of my own who I can raise and love throughout his whole life, living in the same city, and with lots of stability. I feel as though I’m in the right place, financially, mentally, and me and my girlfriend both love each other dearly.
Is PrEP Right for You? 

1. What is PrEP? 
   PrEP stands for: Pre-Exposure Prophylaxis. It is a single pill you take daily to prevent HIV infection. 

2. How does PrEP work? 
   PrEP works by preventing the HIV virus from attaching to your body cells and entering your body. This can help protect you from getting HIV when you have sex or when someone with HIV infected blood is sharing needles. 

3. Who should take PrEP? 
   PrEP is recommended for people who: 
   - Have a recent HIV exposure (e.g., unprotected sex or a new partner). 
   - Are at high risk for HIV infection (e.g., multiple sex partners). 
   - Are HIV-negative and want to prevent HIV infection. 

4. Is PrEP right for you? 
   If you have a recent HIV exposure, PrEP can help reduce the risk of HIV infection. 
   If you are at high risk for HIV infection, PrEP can help reduce the risk of HIV infection. 

Preventing HIV: 

- Because PrEP is most effective when taken daily, it is important to take PrEP consistently. 
- PrEP is most effective when taken before and after sex. 
- PrEP is not a substitute for other HIV prevention methods, such as condoms. 

Thinking About Having a Baby? 

A Guide for Men Living with HIV 

Planning for having a child can be a part of your life. Each family-building journey is unique. Conception options for people living with HIV are now more possible than ever. 

It is important to plan ahead and connect with a supportive medical provider. This pamphlet was written to help you make informed decisions about ways to have a family. Parenting partnerships can be formed in a variety of ways including: single parenting, co-parenting with a single person, co-parenting with another same sex couple. Whatever path you choose, we salute you. 

Safer Conception Options for Men Living with HIV: 

Minimizing HIV Transmission Risk & Optimizing Health: 

- Whether members of the parenting partnership are seroconcordant (both people are living with HIV) or serodifferent (one person is living with HIV and one is not), multiple safer conception options are possible. 
- Know Your Status: Get tested and treated for sexually transmitted infections (STIs) before collecting and donating or washing sperm. Many STIs can be present without symptoms. 
- Treatment as Prevention (TasP): With an undetectable viral load, the chances of HIV being transmitted during conception are greatly reduced. 
- Pre-Exposure Prophylaxis (PrEP): Antiretroviral drugs may be taken by the surrogate or co-parent before intercourse, home insemination, In-Vitro Fertilization (IVF) or intrauterine insemination (IUI). PrEP is highly effective at preventing HIV transmission. 
- Sperm Washing: Sperm washing concentrates and separates the fertilizing sperm from seminal fluid containing HIV. Washed sperm can be inseminated via IUI or used to create embryos via IVF. 

Conception Options: 

- An increasing number of centers offer assisted reproductive procedures to HIV-affected individuals, couples, and co-parents. All require an undetectable HIV viral load. 
- Intrauterine Insemination (IUI): Prepared sperm is injected directly into your surrogate or co-parent’s uterus while she is ovulating. You may choose to have your own sperm prepared by sperm washing or you may use donor sperm from a sperm bank or a known donor. 
- In-Vitro Fertilization (IVF): Your co-parent or egg donor’s eggs are removed by an ultrasound-guided outpatient procedure. Your semen is prepared for fertilization via sperm washing, and her eggs are fertilized in a lab with your prepared sperm. The fertilized eggs are placed directly into her uterus or fallopian tubes. 
- Sperm Storage: Several clinics in the US specialize in the storage of washed sperm from HIV+ people. This frozen sperm can be used in IUI or IVF. Laws and medical practices regarding access to sperm washing and assisted reproductive technologies (ART) for HIV+ people vary from state to state.
Provider Trainings: PrEP Awareness

- In 2016, HIVE led 12 educational PrEP talks/trainings in San Francisco.
- We reached an audience of ~700 providers, front-line staff, and community advocates.
PrEP is:
- Short for pre-exposure prophylaxis
- A pill taken once a day to prevent HIV
- Safe
- Over 90% effective when taken daily

Learn more: PleasePrEPMe.org/women

Looking for PrEP services?
In SF: Ward 86 PrEP Clinic
PrEP Navigation Services
Call or text 415.985.PrEP(7737)

In California: PleasePrEPMe.org
415.206.8919

As women, it is important to have an HIV prevention method that is in our hands.

Consider PrEP if you are a woman who:
- Worries about her HIV risk
- Has condomless sex with partners of unknown HIV status
- Recently had gonorrhea or syphilis
- Wants to have a baby with a man living with HIV
- Injects drugs
- Exchanges sex for $/food/housing/drugs

has a male sex partner who:
- Has condomless sex with others
- Has sex with men
- Injects drugs
- Has HIV or sexually transmitted infections
PrEP for U.S. Women: A collection of resources

Welcome! This page contains resources created by PrEP for women advocates nationwide. New resources will be added as they become available. Have suggestions for resources? Let us know! Email Yamini: yamini@hiveonline.org

Resources for Women

Printable Information on PrEP & Web Resources

1. 🏡 Is PrEP Right for Me? by HIV
3. 🌐 A New Option for Women for Safer Loving by Project Inform [Español]
4. #20DaysToStart: Enhancing Women's Health, Preventing HIV with a Daily Pill by Project Inform
5. PrEP for Women Fact Sheets by The Well Project
6. 🍀 Would you Like to Become Pregnant in the Next Year? By MHPPPI
7. PleasePrEPMe.org: PrEP for Women Palm Card
8. PleasePrEPMe.org/Women

Resources for Advocates

3. HIV's Resources for PrEP Implementation
4. Hangouts with HIV: PrEP for Women & the Female Condom Campaign; Safer Conception; Where's My PrEP
5. National Female Condom Coalition
7. IRMA: International Rectal Microbicide Advocates
To join, email avac@avac.org
9. PrEPForHer.com – Washington DC's campaign targeted at the 25-45 African-American female population
a hub of positive reproductive & sexual health

www.hiveonline.org