

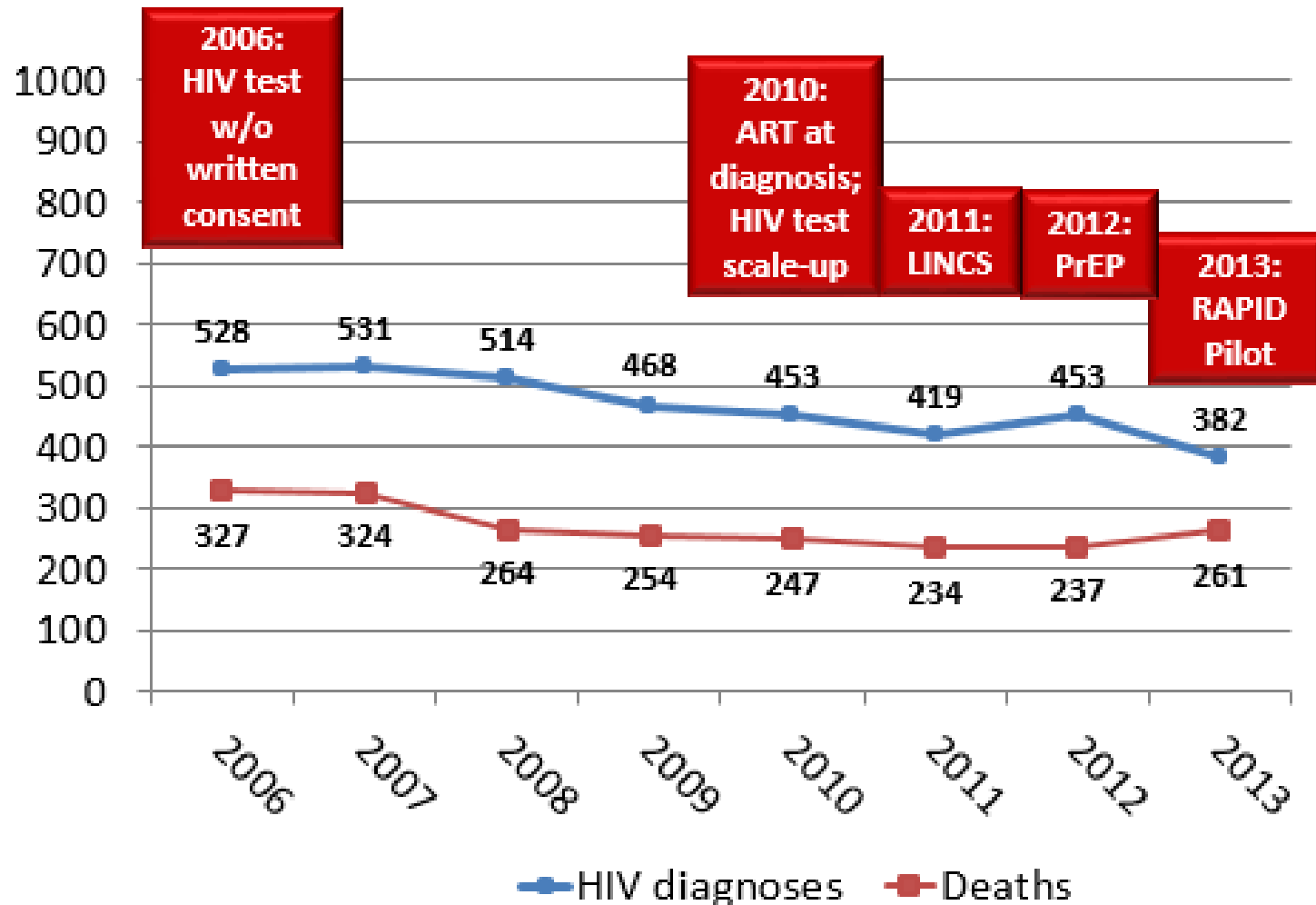


GETTING TO
ZERO

SAN FRANCISCO

HCPC Presentation 2-25-19

Getting to Zero San Francisco: Looking back to move forward



Getting to Zero Mission & Vision

Mission

Zero new HIV infections

Zero HIV deaths

Zero HIV stigma & discrimination

Vision

Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of “Getting to Zero”



Getting to Zero

Department
of Public
Health

HIV
Community
Planning
Council

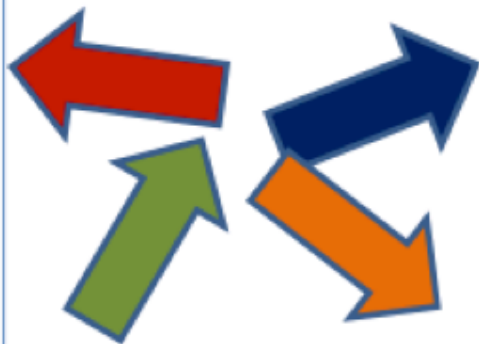
Community-
based
organizations

Private
Sector
e.g. Kaiser

UCSF
& other
research
institutions

Advocates &
Organizing
Groups

Isolated Impact



Collective Impact



Strategic Priorities


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

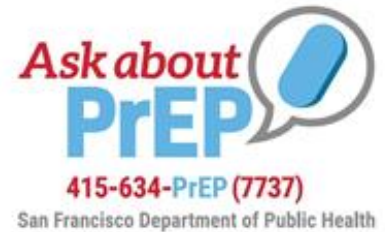
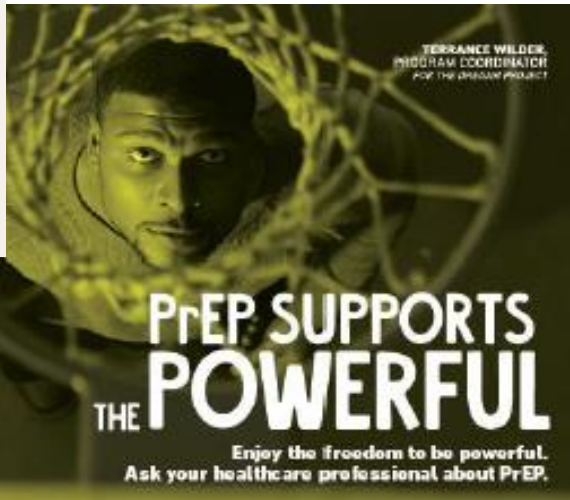
Syringe access

Health ed/risk
reduction

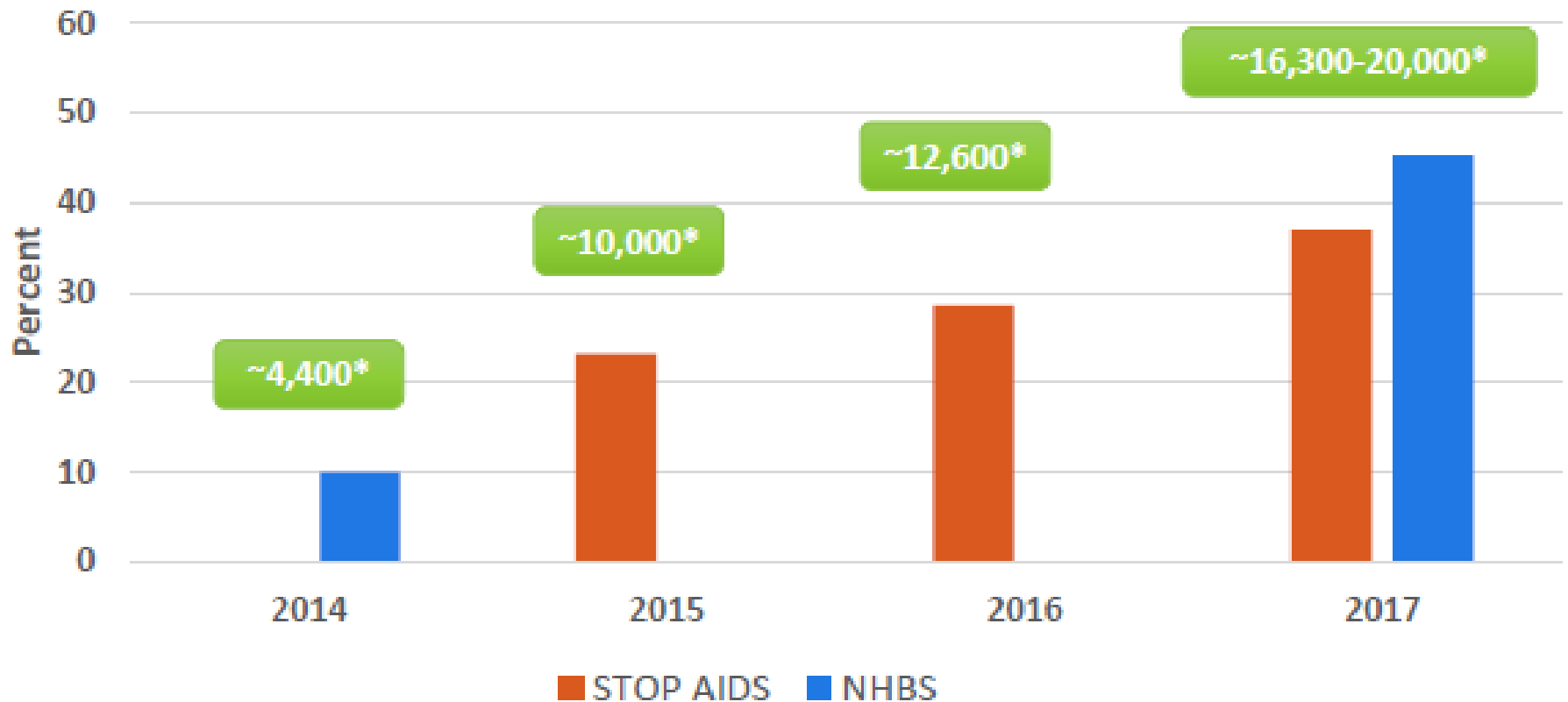
STD testing &
treatment

Prevention with
positives

HIV testing



PrEP Uptake Citywide



*Based on estimated sample size of 44,154 HIV negative MSM in SF in 2014
Hughes et al, J Urban Health 2017

RAPID: Better treatment, better prevention

Rationale

Expedited (same day) linkage and ART start:

- Reduces HIV illness and death
- Reduces transmission
- Empowers patient for disclosure

Started as pilot at ZSFG hospital, GTZ expanded RAPID citywide

Dissemination

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Rapid ART Program Initiative:

How immediate ART initiation improves health outcomes

Earlier treatment is better

START: HIV+ adults who started ART immediately compared to those who deferred until their CD4+ T cell count < 350 cells/mm³.

- were 0.43 times as likely to die from any cause
- experienced a 72% reduction in the number of AIDS-defining illnesses
- experienced a 39% reduction in the number of hospitalizations

TEMPRANO: HIV+ adults who started ART immediately compared to those who deferred until their CD4+ T cell count < 800 cells/mm³, versus those who deferred until their CD4+ T cell count < 350 cells/mm³.

- were less likely to reach death (any cause), AIDS, cancer, or non-AIDS defining invasive bacterial infection
- This also applied to patients with CD4+ T cell count < 350 cells/mm³

Earlier ART improves CD4+ T cell re-bounce

FIGURE 1. THE PERCENTAGE OF PATIENTS ON ART WITH CD4+ T CELL COUNT >500 CELLS/MM³ OVER TIME, STRATIFIED BY CD4+ T CELL COUNT AT ART INITIATION.

Years of ART	>350 cells/mm ³ (%)	<350 cells/mm ³ (%)
0	35	10
1	65	25
2	85	45
3	95	60
4	98	75
5	98	80
6	98	85

How to implement RAPID at your healthcare facility

FIGURE 4. RAPID CARE FOR PATIENTS TESTING HIV POSITIVE

```

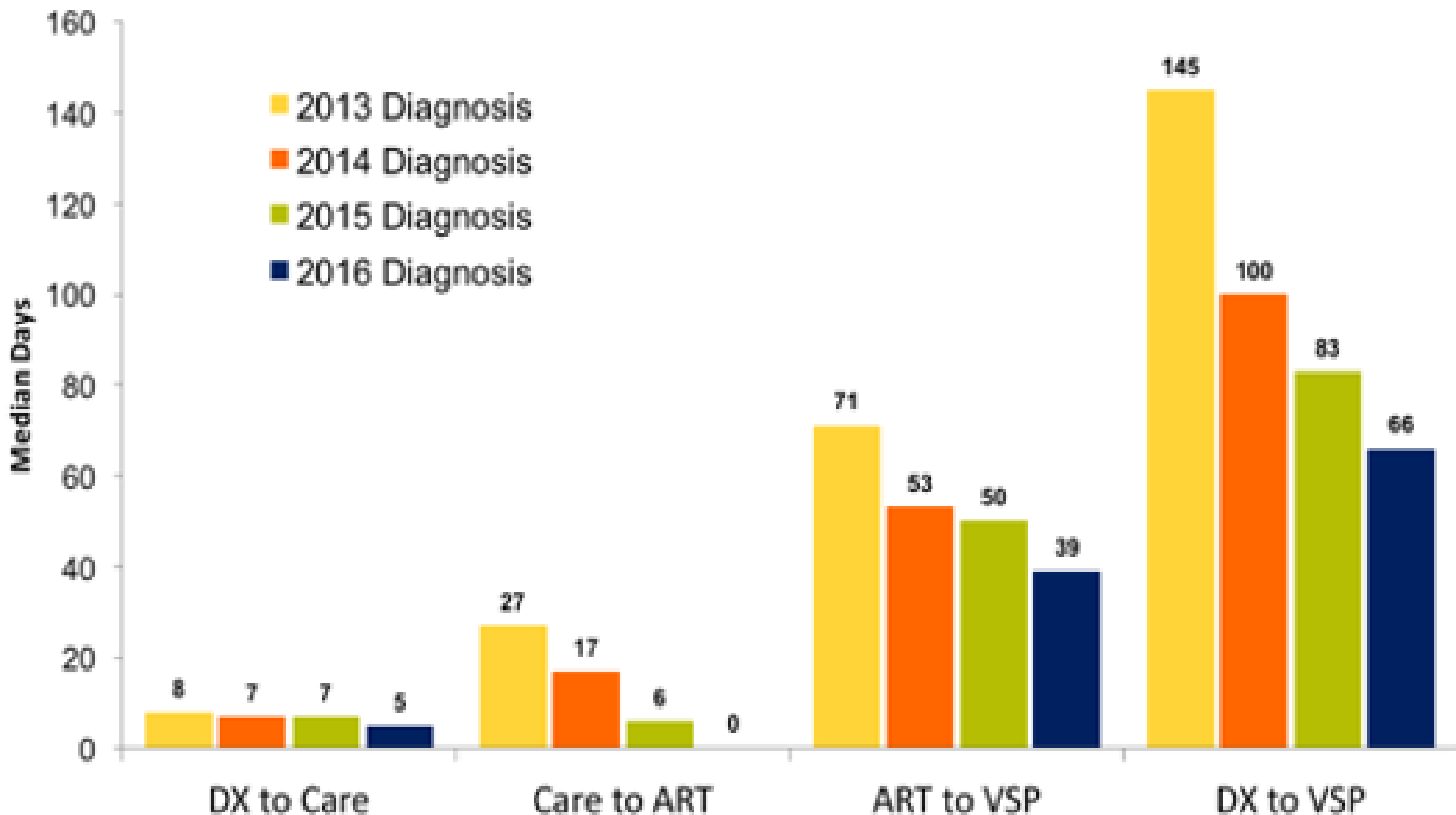
    graph TD
      A[Schedule a First Care Appointment 0-5 days after positive test.] --> B[Provide counseling and education.]
      B --> C{Is the patient eligible for ART at your site?}
      C -- NO --> D[If ineligible at your site, schedule intake at another clinic. Call LUNGS (415-487-5500) for help with navigating patient to appropriate site.]
      C -- YES --> E{If insured: Is additional coverage needed? If uninsured: Help enroll in a plan.}
      E --> F[Address barriers to care: -Schedule appt with social worker. -Notify partner services.]
      F --> G[Conduct medical evaluation: HIV history, medical history, labs.*]
      G --> H{Any medical contraindications to ART?}
      H -- YES --> I[Defer ART until medical contraindication resolved.]
      H -- NO --> J[Offer/prescribe RAPID.*]
      J --> K[Schedule follow-up in 5-7 days.]
      K --> L[Call patient in 2-3 days to check in.]
  
```

* See pages 6-7 for labs and recommended treatment regimens.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH 5

RAPID Outcomes

Faster Time to Care Indicators



Retention & Re-engagement



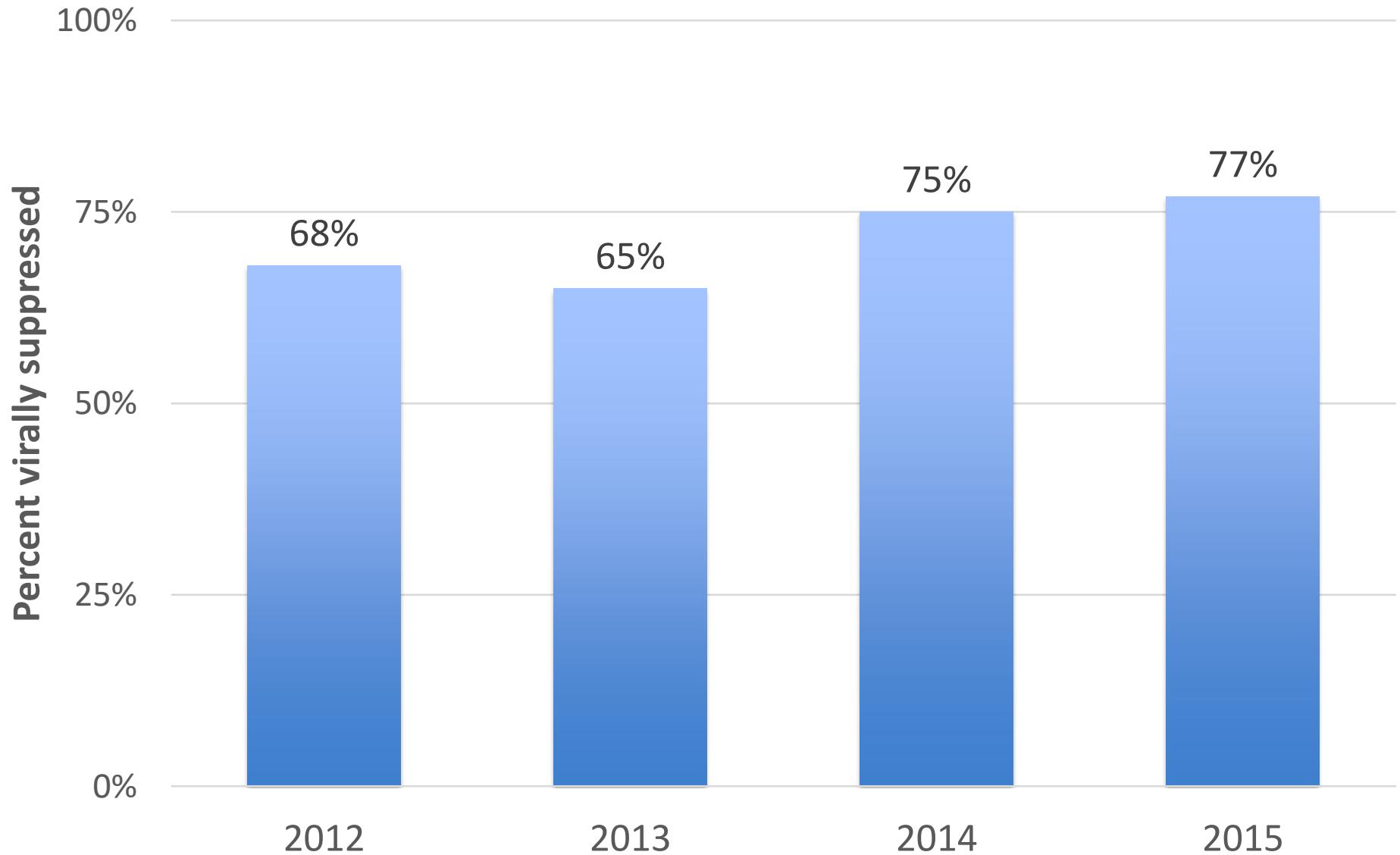
Expanded **LINCS**: Linkage
Integration, Navigation,
Comprehensive Services

Other initiatives:

- Intensive case management
- Food security
- Employment services
- Frontline Organizing Group
- Cell phone charging stations



Improvements in Viral Suppression



Where we are heading into 2019

-Nearly 16,000 PLWH

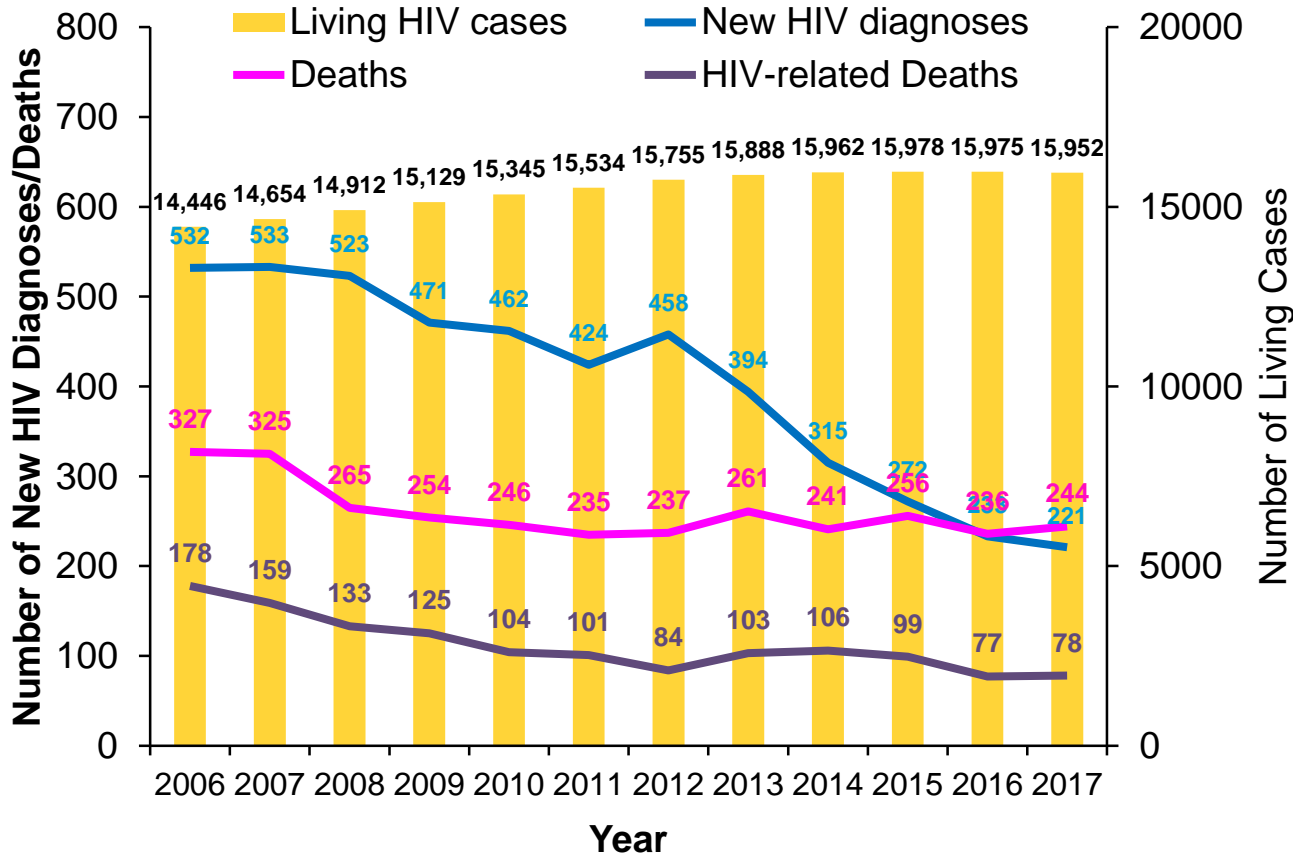
-New HIV diagnoses **decreased** 52% last 5 years but only 5% between 2016-2017

-# of deaths is level

-Survival **improving**; 65% of PLWH >50yrs

-Late AIDS diagnoses declined from 21% in 2012 to 11% in 2016

-Number of HIV-related deaths has **decreased** by 56% (178 in '06; 78 in 2017)

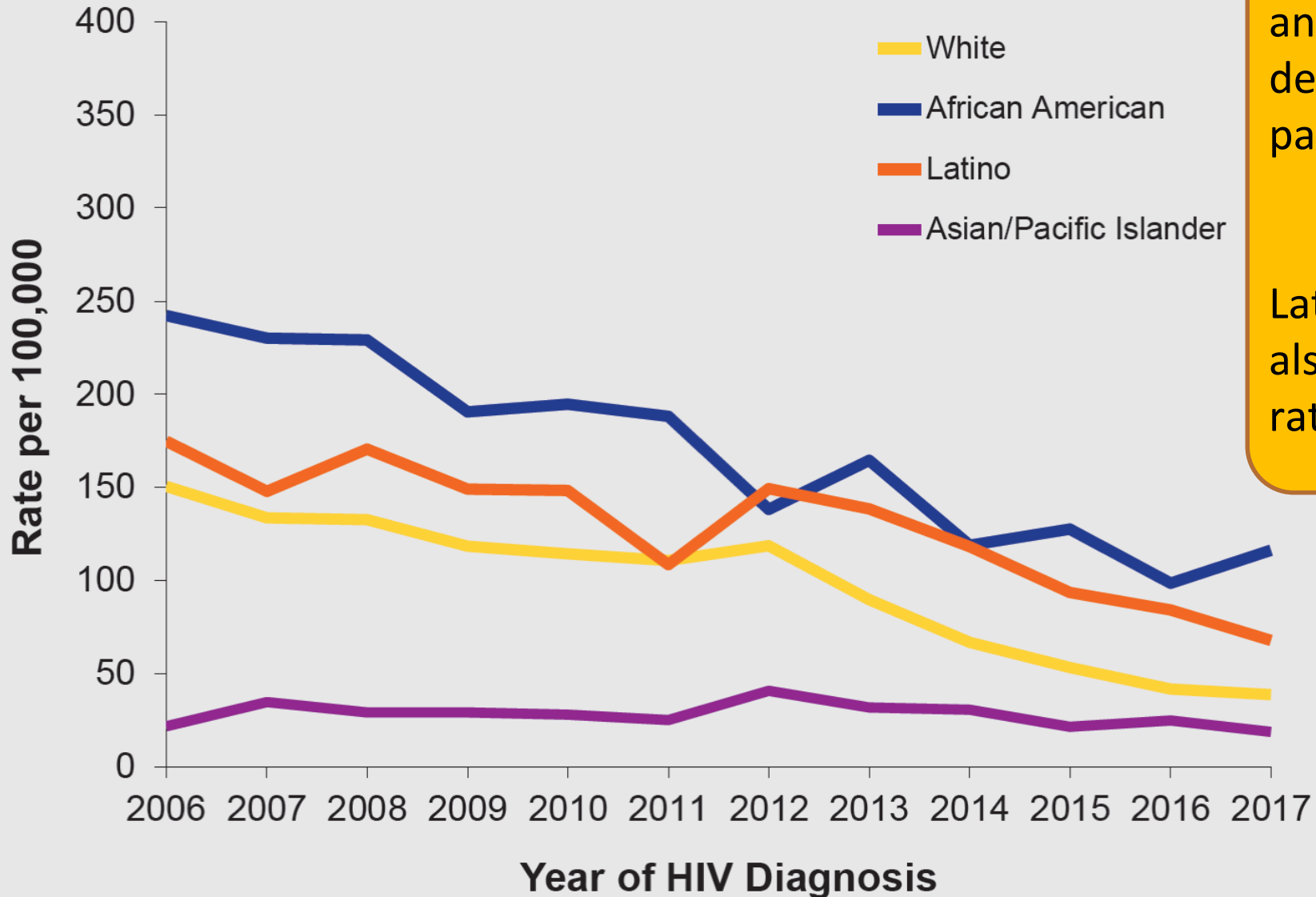


BUT, DISPARITIES REMAIN

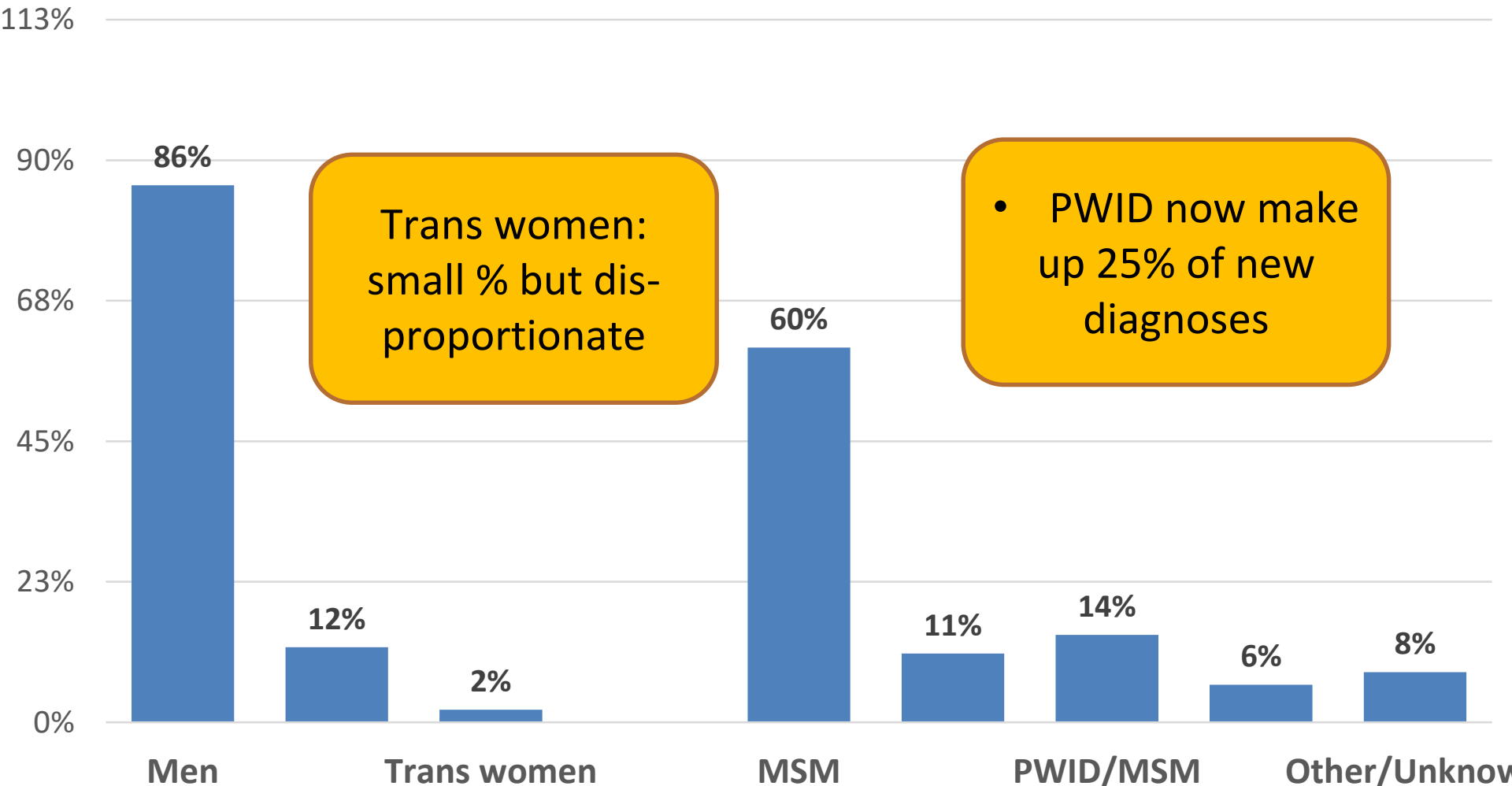
New Diagnoses by Race/Ethnicity in Men 2017

Rates highest in Black MSM and not declining in past year

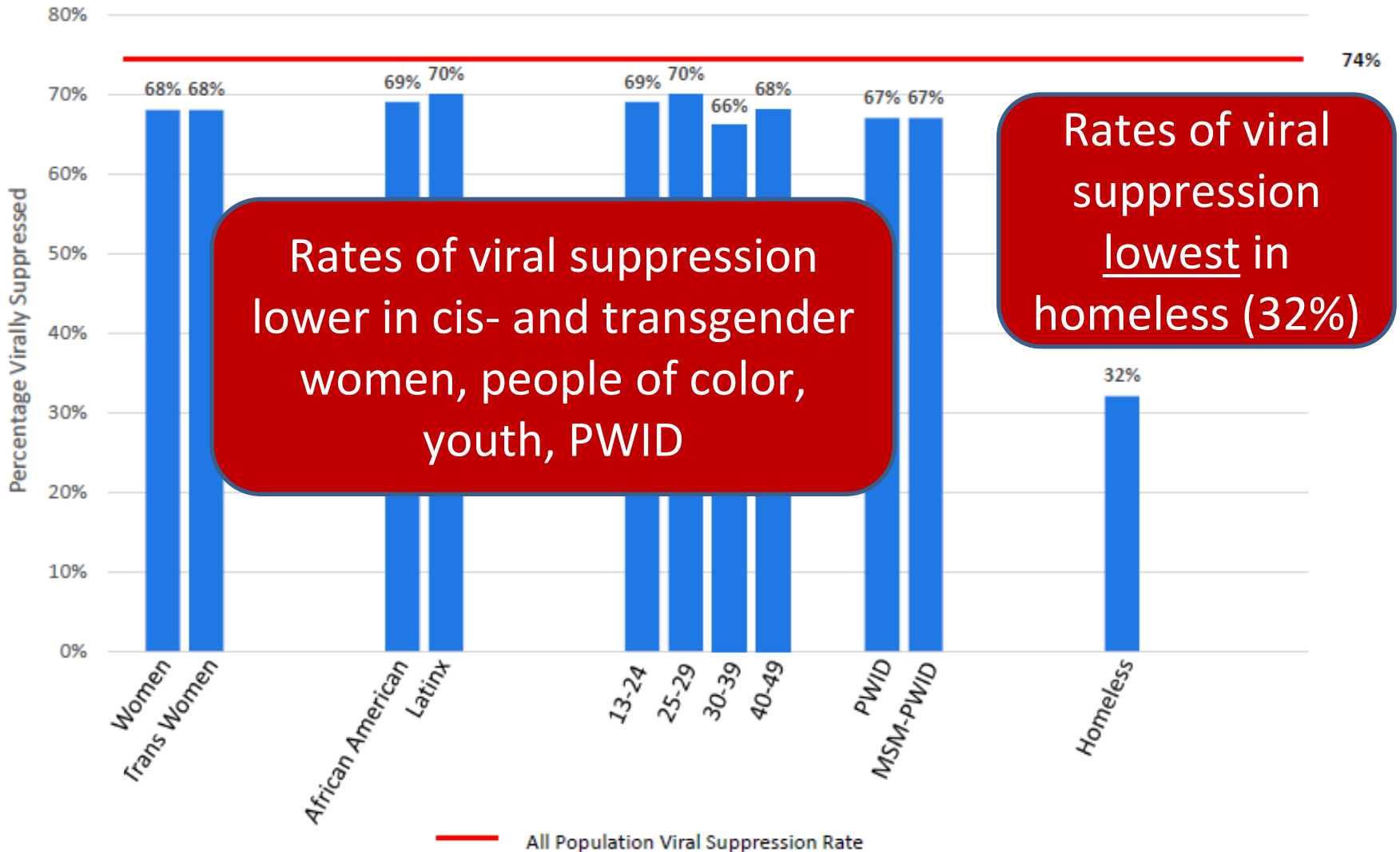
Latino men also higher rates



New Diagnoses in SF Highlight Disparities 2017

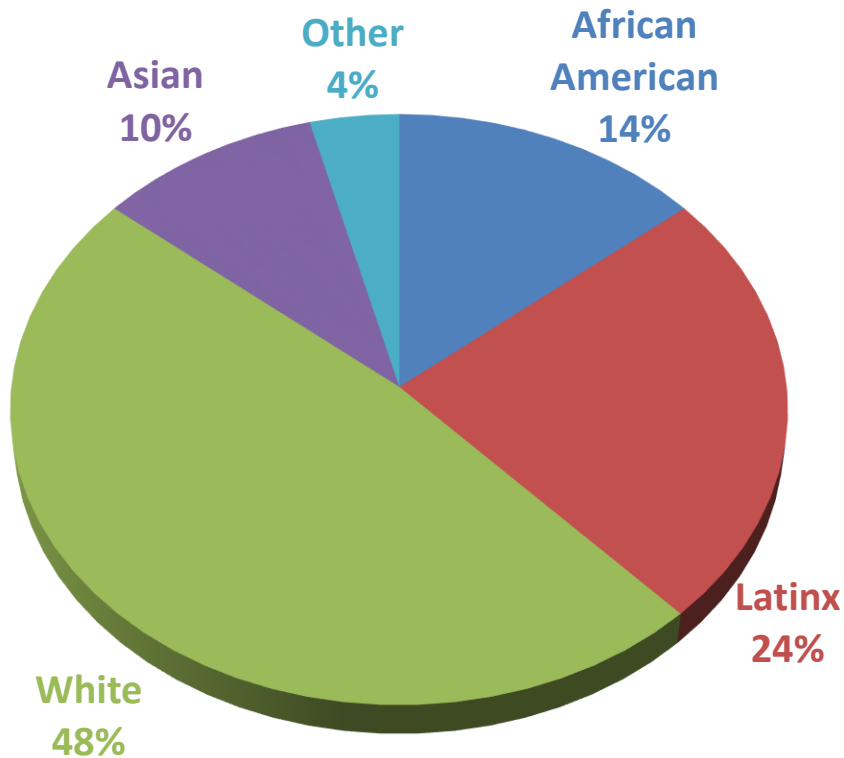


Disparities in Viral Suppression

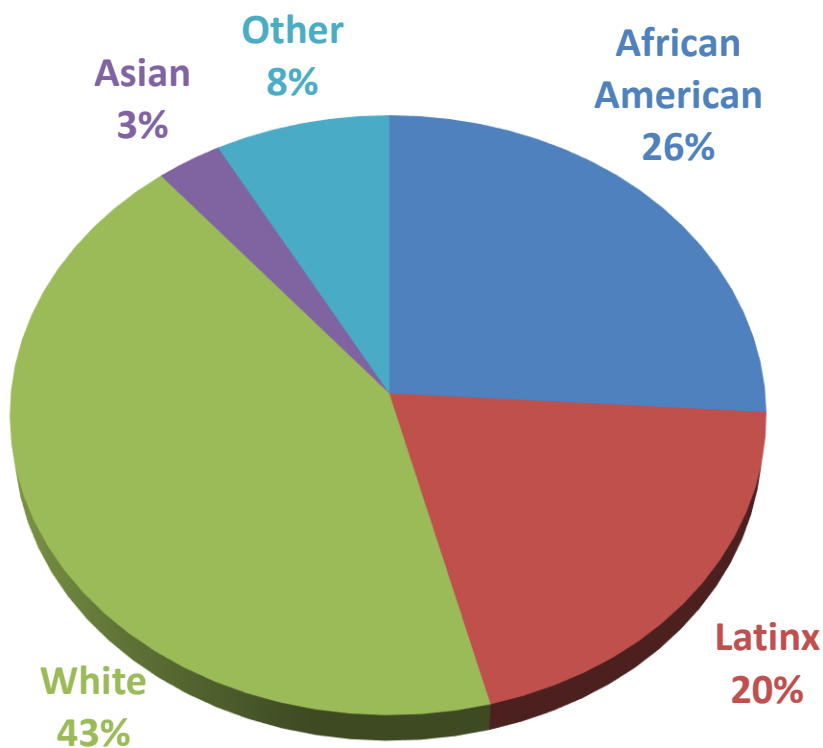


African-Americans Make Up 5.4% of the SF Population, 14% of PLWH, and 26% of Homeless PLWH

People living with HIV



Homeless living with HIV



Current Initiatives

- Project OPT-IN
- SFDPH Roadmap
- Hep-C micro-elimination among people living with HIV

Priorities for 2019

- Homeless/marginally housed
- People who inject drugs
- Integrating interventions for HIV with STI/HCV prevention & treatment
- Racial and economic justice

Challenges & Opportunities

