

Modernizing Public Health Infectious Disease Programs: PrEP and TasP



a hub of positive reproductive & sexual health
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POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Funded by Centers for Disease Control and Prevention

The San Francisco Story

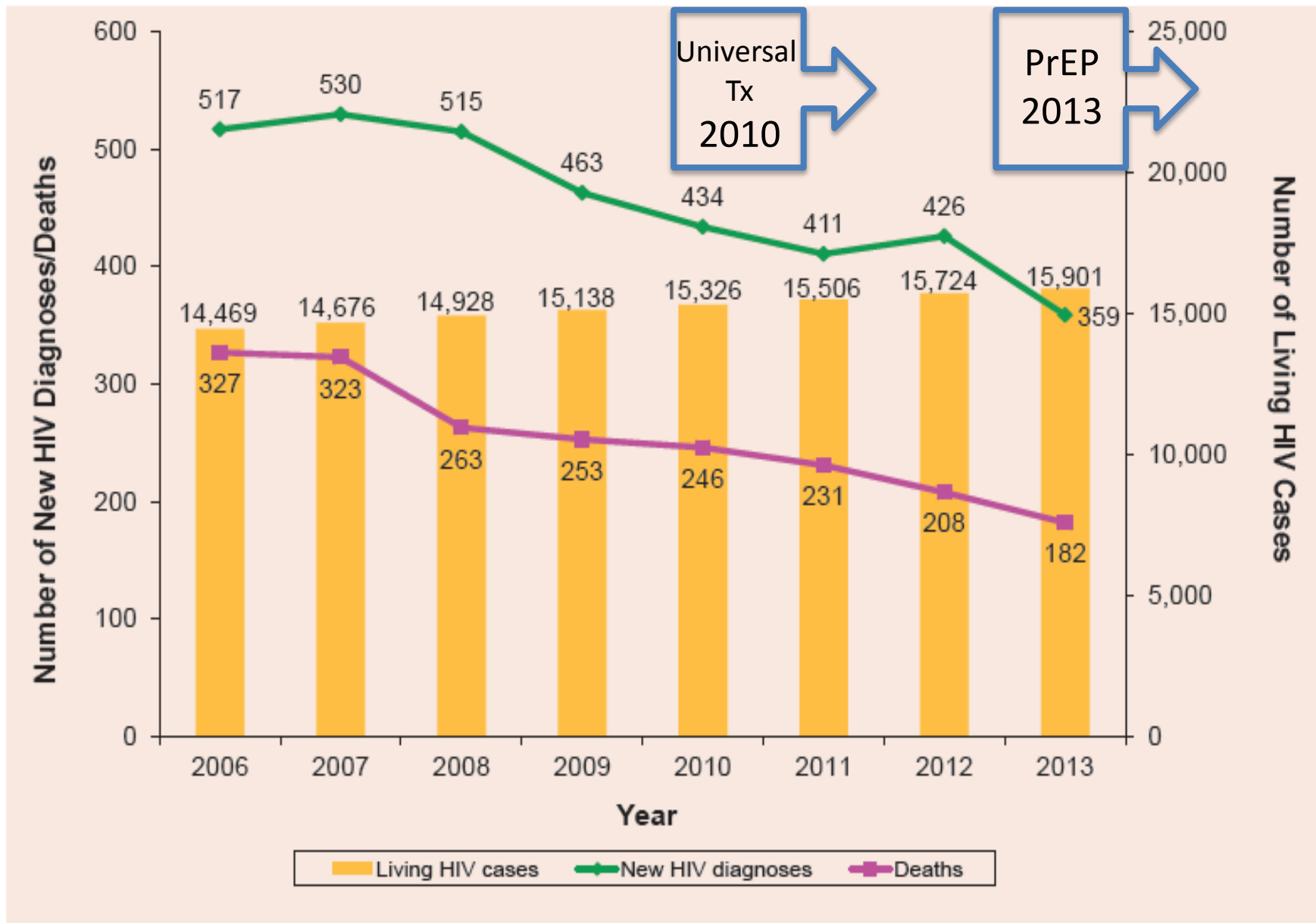
- widespread targeted HIV testing
- early antiretroviral (ARV) treatment
- syringe exchange programs
- a decade of all SF babies born HIV-free
- community led disclosure & seroadaptive practices
- early implementation of PrEP



The San Francisco Story : 2013

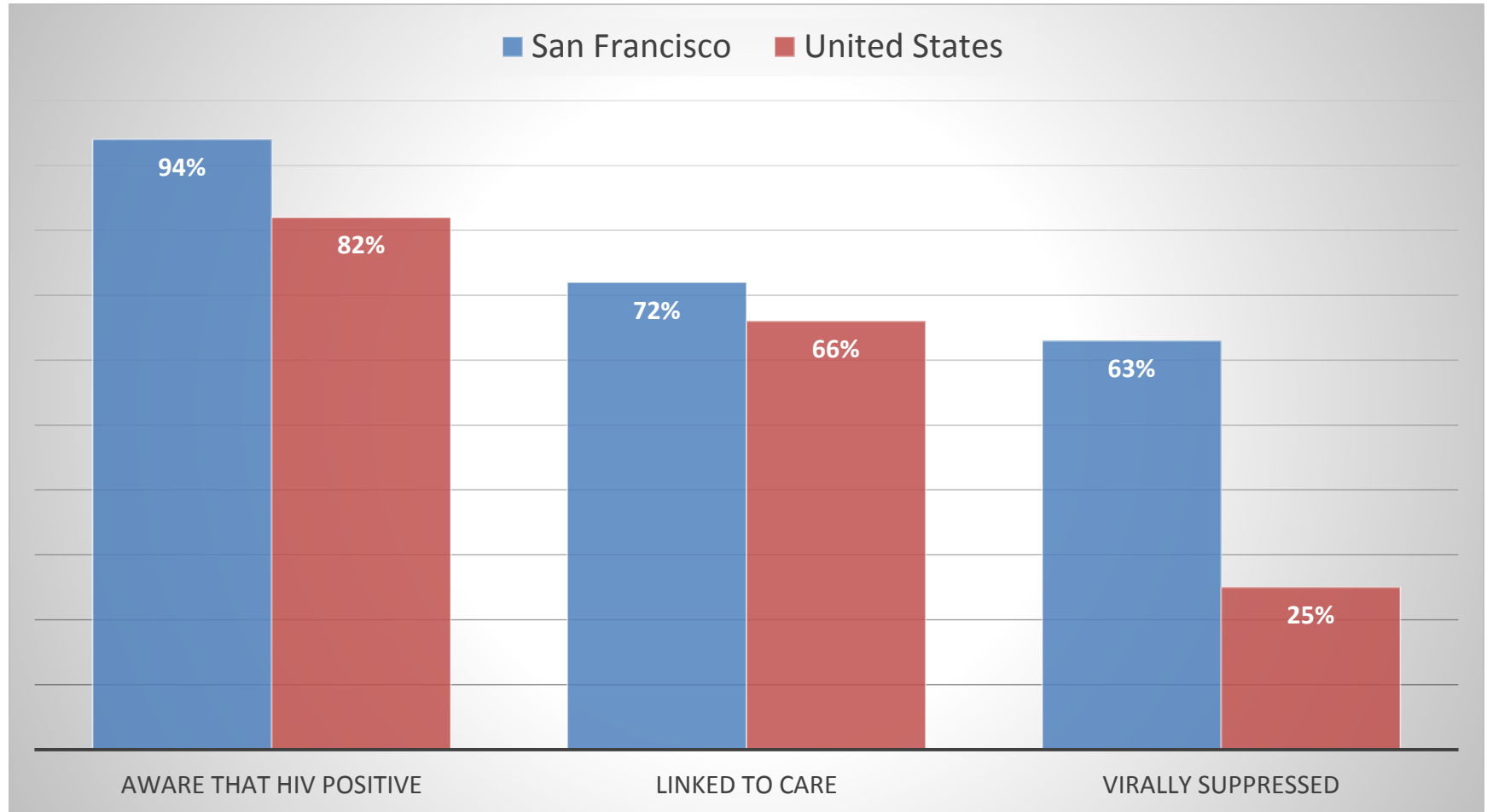
- 94% of San Franciscans living with HIV are aware of status
- 89% of those living with HIV are linked to medical care within 90 days of their diagnosis
- 85% of all San Franciscans living with HIV are receiving ARV treatment
- new HIV diagnoses have fallen to 359

Figure 1.2 New HIV diagnoses, deaths, and prevalence, 2006-2013, San Francisco



Adapted from SF DPH, 2013 HIV/AIDS Epidemiology Annual Report, August 2014.

HIV Care Cascade 2012, San Francisco vs. US



Positive trends are a result of political and community commitment

The SF Board of Supervisors and Mayor have shown their commitment to the health and well-being of San Francisco by:

- Back-filling positions cut through federal, state, and local budget tightening
- Providing ongoing support for successful existing programs
- New multi-year commitment to Getting to Zero



GETTING TO ZERO SAN FRANCISCO

Launching June 11, 2015: www.GettingToZeroSF.org



What is Getting to Zero SF?

- Based on the UNAIDS effort toward zero new HIV infections, zero HIV related deaths, zero HIV stigma by 2020
- Launched Dec 1, 2013 as a multi-sector initiative operating on the principles of collective impact with a focus areas:
 - RAPID
 - Retention
 - PrEP
 - Stigma



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Getting to Zero SF is

- Committed to support existing funding
- Committed to not competing for new funding
- Committed to reaching underserved populations
- Not a new agency or organization but a framework based on the principles of collective impact
- Prioritized through goals established in committees
- Based on measurable objectives and developing plans, including budgets, for implementation.

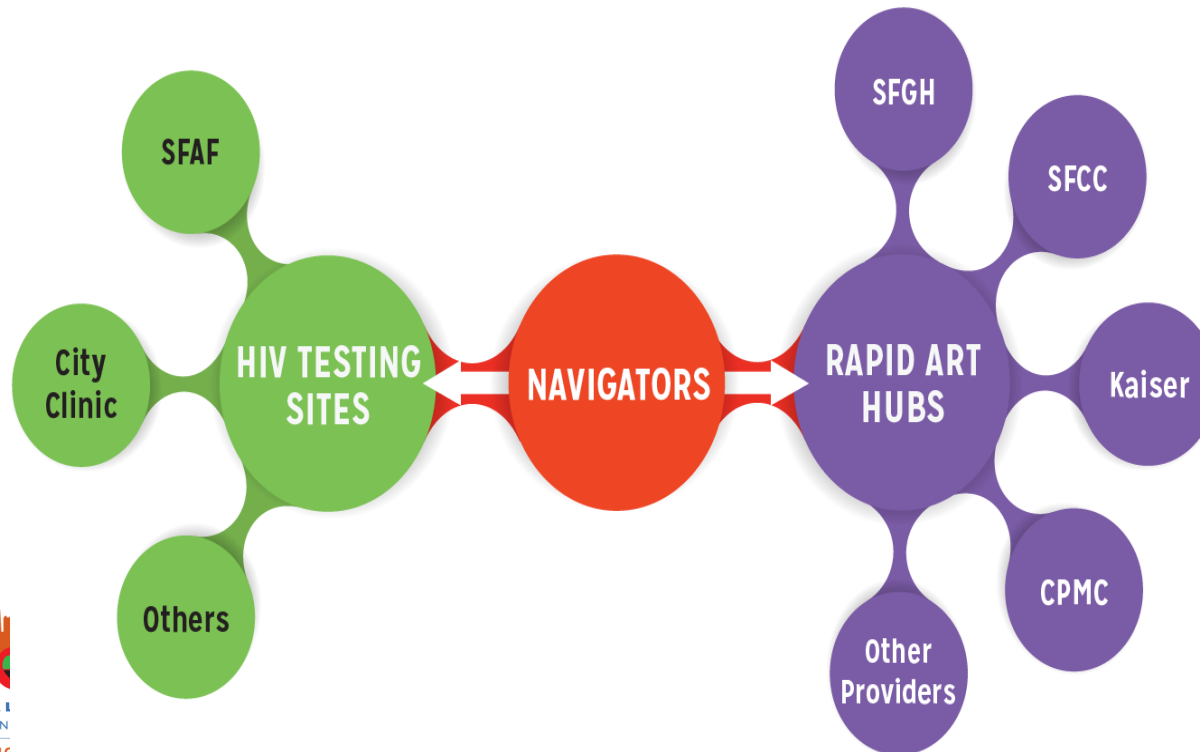
HIV Treatment in San Francisco: What is needed now?

**There is a gap in successfully starting and maintaining treatment.
There continue to be new HIV infections in our city.
Starting therapy right after a new HIV diagnosis is advantageous.**

- Program to enhance start of treatment
“RAPID”
- Program to retain persons in HIV care
Expanded retention programs

RAPID Committee

Expand services city wide by building upon existing LINC programs at DPH to create hubs for rapid initiation of ARV to all individuals



2010: SF recommends treatment for all

The New York Times

Monday, April 5, 2010 Last Update: 5:54 PM ET

City Endorses New Policy for Treatment of H.I.V.

By SABIN RUSSELL
Published: April 2, 2010

In a major shift of H.I.V. treatment policy, San Francisco public health doctors have begun to advise patients to start taking antiviral medicines as soon as they are found to be infected, rather than waiting — sometimes years — for signs that their immune systems have started to fail.

[Enlarge This Image](#)



Theo Rigby for The New York Times
Dr. Bradley Hare, an H.I.V.

The new, controversial city guidelines, to be announced next week by the Department of Public Health, may be the most forceful anywhere in their endorsement of early treatment against H.I.V., the virus that causes AIDS.

BAY AREA REPORTER



SF health officials advise early treatment for people with HIV

by Liz Highleyman

A standing-room only audience packed Carr Auditorium at San Francisco General Hospital on Tuesday to hear about the city's new policy recommending treatment for all people diagnosed with HIV regardless of CD4 T-cell count.

As first described in an April 2 article in the New York Times, the policy change reflects a shift from delaying antiretroviral therapy until a person's immune system sustains significant damage to encouraging everyone to receive treatment as soon as possible.

New program of RAPID ARV upon diagnosis in San Francisco

- Pilot programs at SF General Hospital and SF City Clinic
 - Offer of ARV at time of HIV diagnosis; focused on those with acute HIV infection
- What are advantages for such a program?
 - Immediate linkage and treatment initiation may increase likelihood of retention in care
 - Early ARV associated with individual health benefit and will decrease time to virologic suppression

Retention Committee



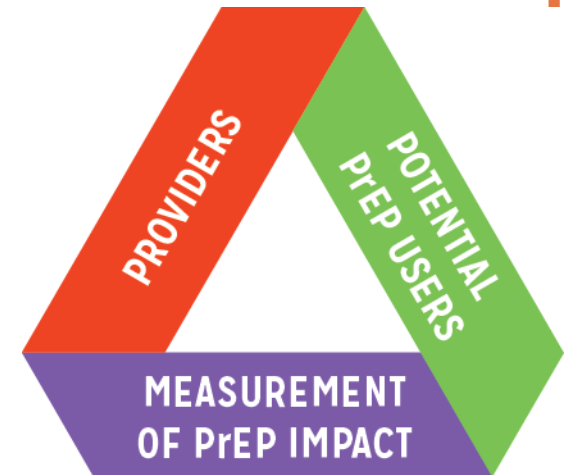
Strengthening retention and re-engagement in care

- Hotline to support return to care
- Outreach for missed patient appointments
- Bolster case worker staffing
- Evidenced based use of surveillance data to identify pt's who are out of care
- Interactive data system in DPH to track progress

We need continued support of current services in addition to these new initiatives in order to achieve goals of Getting to Zero

PrEP Committee: What is needed now?

- Providers
 - Support for PrEP clinics
 - Training, online tools
- PrEP users
 - Education campaign for those at risk
 - User hotline
 - Affordability
- Measurement of PrEP impact
 - PrEP use
 - Impact on HIV infections
 - Negative impacts (e.g., denial of insurance)



Early PrEP implementation in SF

- Bridge HIV (SFDPH) participated in **first PrEP trials**
- SFAF launched **PrEP information campaign** (PrEPFacts.org)
- SFCC launched **first PrEP demonstration project** in US and now offers PrEP as part of routine STD clinic services
- National PrEPline based at SFGH
- Project Inform – access & info
- HIVE (www.HIVEonline.org)

KEEP IT REAL with **PrEP**

LEARN MORE AT PrepFacts.org

PrEP: Pre-Exposure Prophylaxis is where HIV-negative people take medication to reduce their risk of getting infected with HIV

Adherence Matters: Risk for HIV infection reduced by 92% to 99% among those who take PrEP daily and consistently

Safe and well tolerated: Nausea is most commonly reported side effect but typically goes away after first month.

Coverage: Most insurance and Medicaid cover. Funds for PrEP with payment assistance program available for those who qualify.

PrEP is a newly available HIV prevention strategy, not a cure for HIV



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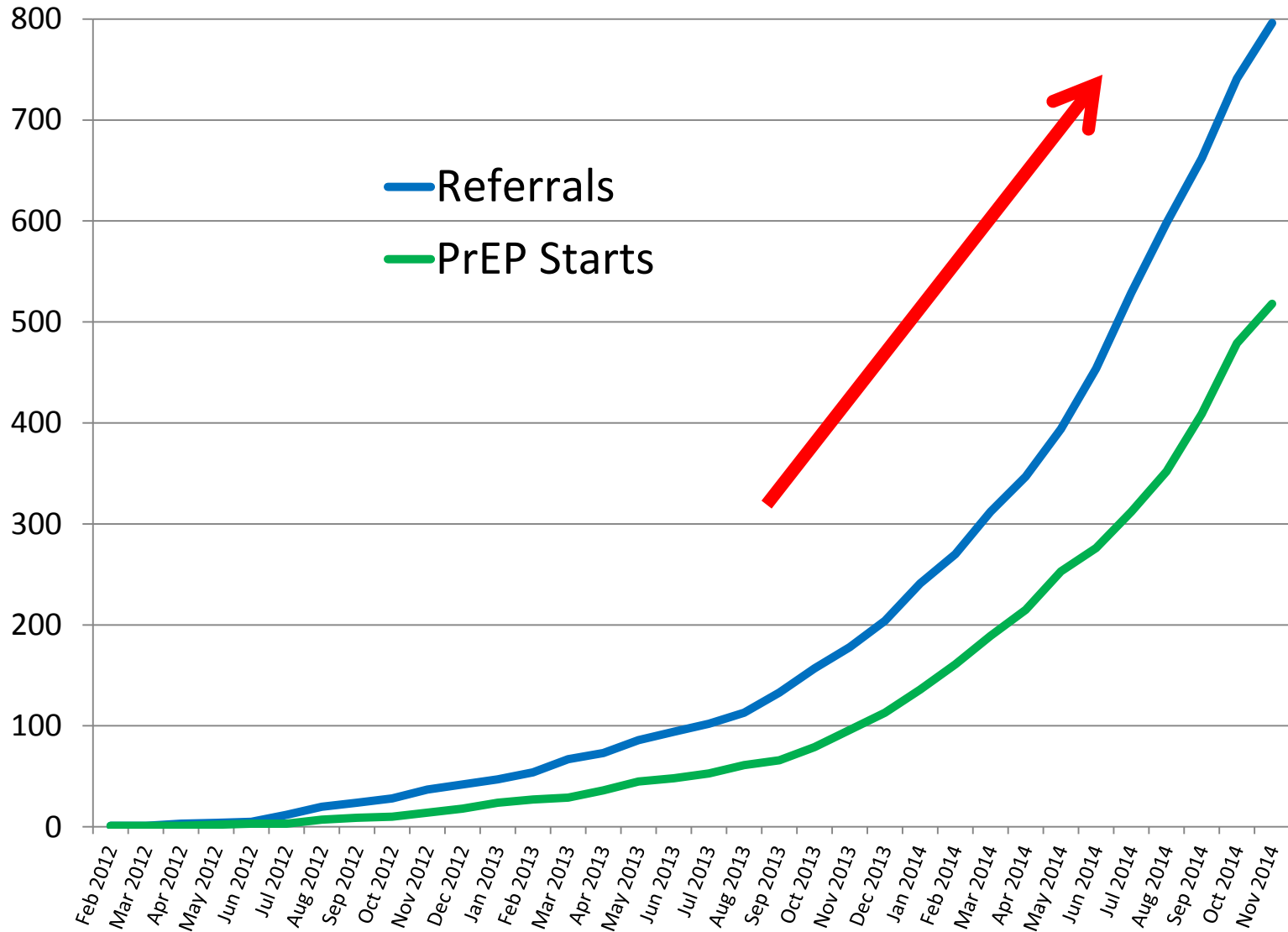




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- **#HIVLoveWins**
 - **#WeAreAllWomen**
 - **Videos!**
 - **Patient/PrEP User blog posts**
 - **PrEP Patient and provider tools**
 - **Bay Area PrEP Provider Directory**
 - **Coming June 12th: PleasePrEPMe.org**
- www.HIVEonline.org**

Kaiser PrEP Experience: 2012-2014



Paying for PrEP

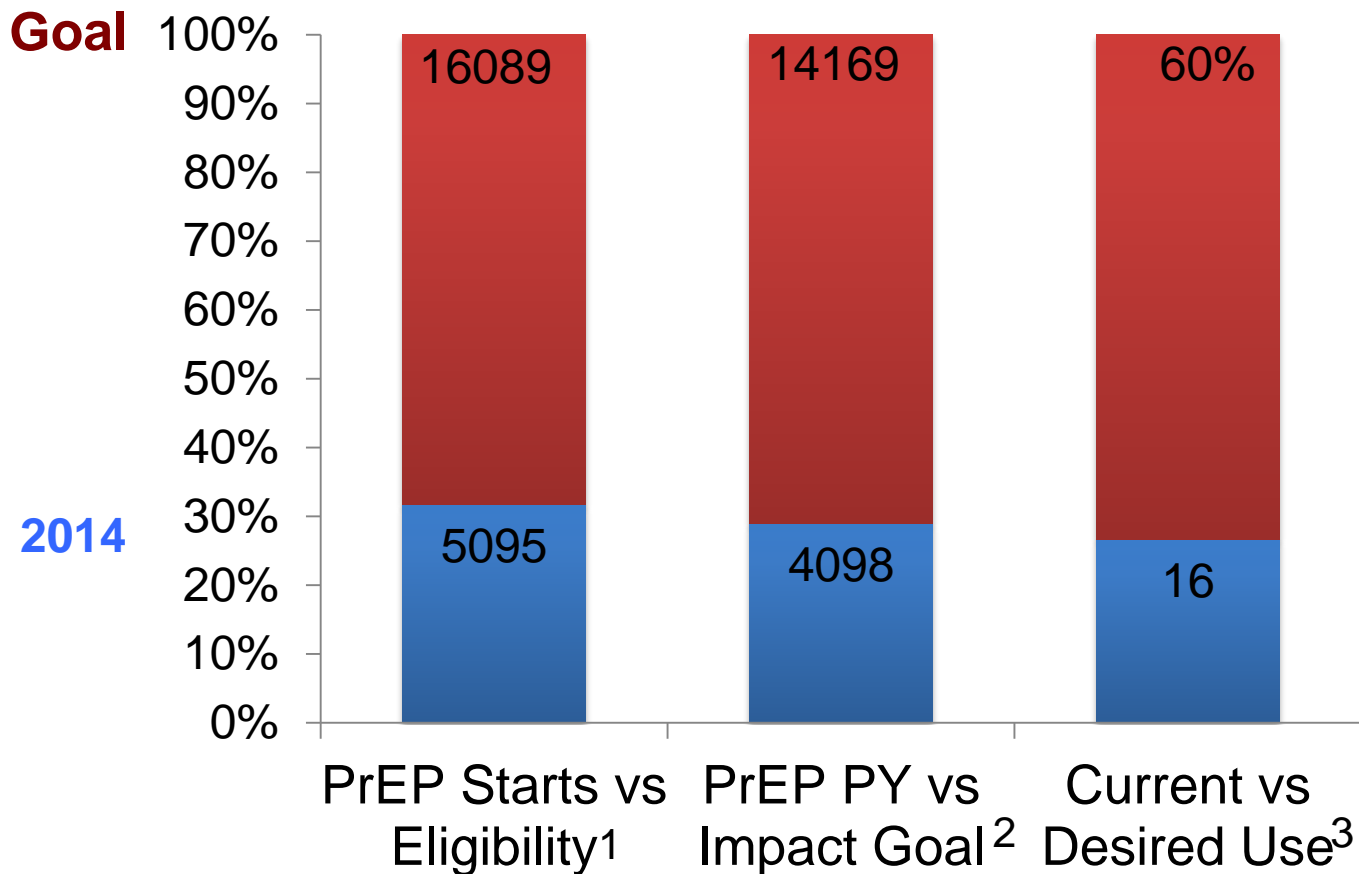


Coverage	How to access
Uninsured and < 500% FPL*	<ul style="list-style-type: none"> Gilead will provide meds at no cost May need to pay for office visit and labs
Uninsured and > 500% FPL*	<ul style="list-style-type: none"> \$1250/month + office visits, lab costs
Medi-Cal	<ul style="list-style-type: none"> Covered; No prior authorization
Employer-sponsored health insurance	<ul style="list-style-type: none"> Most cover; some require prior authorization Cost sharing varies Gilead offers \$300/month co-pay assistance
Covered California	<ul style="list-style-type: none"> Bronze: High deductible, 30-40% co-pay after deductible met <ul style="list-style-type: none"> TDF/FTC ~\$800/mo (with co-pay assistance) Silver, Gold: Most have no cost after co-pay card

* 500% FPL = ~\$58,350 for a single person

PrEP Metrics

PrEP use increased in SF, yet still 1/3 of goals.



1. Any PrEP use in past year on NHBS in 2014 vs. number eligible.

2. PrEP py if 81% stay on PrEP, and py needed to reduce infections 70% relative to 2011,

3. Current and desired PrEP use at the SFAF STI clinic.

Initiative 4: Stigma

First meeting:
May 13th at
Project Open
Hand



On the horizon



#SFHIVWorkers
May 7, 2015

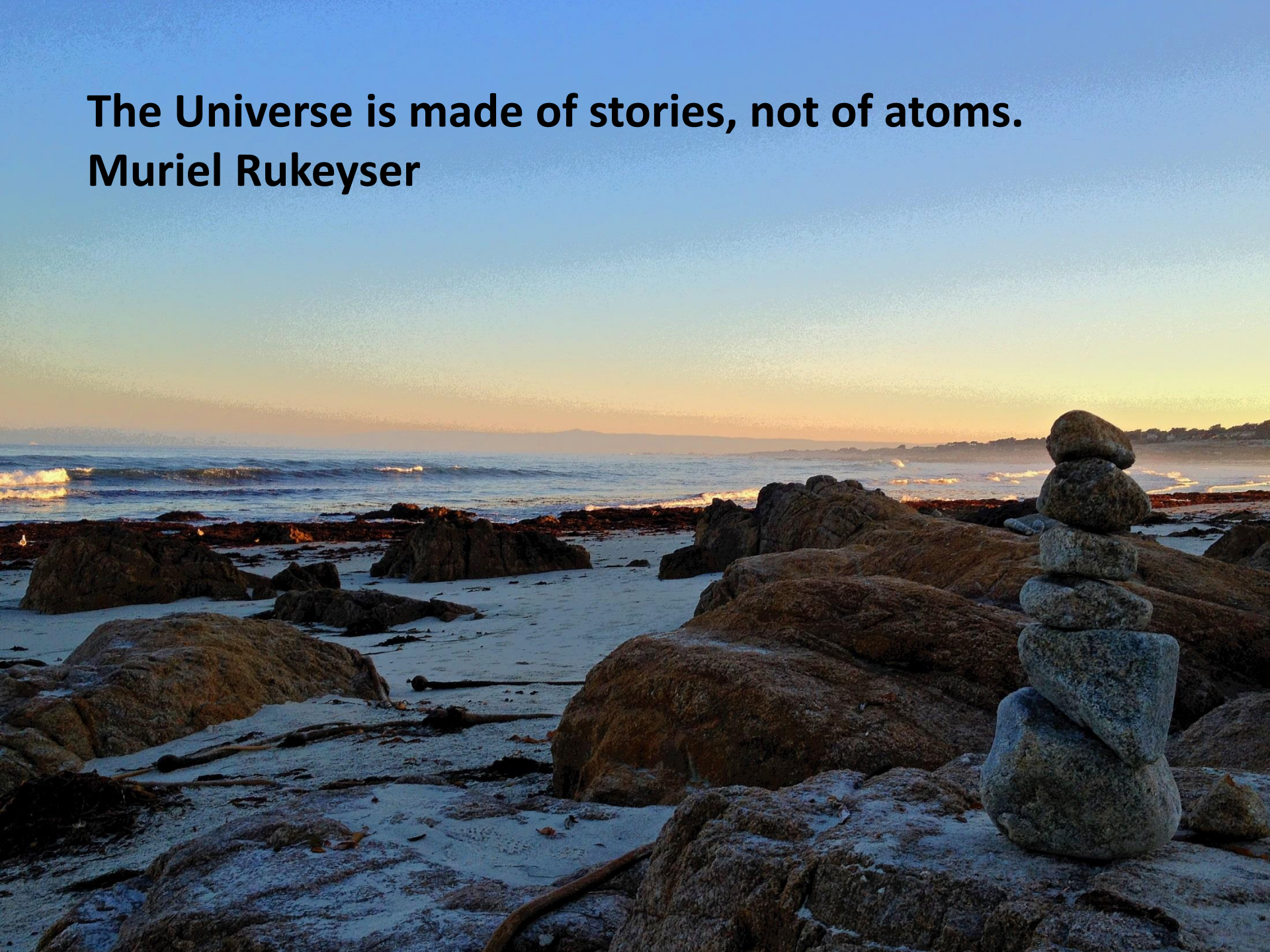


People who inject drugs

Barriers and Challenges

- HIV stigma is pervasive and difficult to measure
- Ensuring affordable housing for PLWH remains critical and increasingly challenging in SF's housing market
- Need ongoing advocacy to both **maintain** and **expand** current funding
- HIV tx & px requires a multidisciplinary approach: substance use and mental health treatment, food security, needle/syringe exchange, legal services

**The Universe is made of stories, not of atoms.
Muriel Rukeyser**



Capacity Building Assistance in High-Impact HIV Prevention for Health Departments

How we deliver:

- Peer-to-peer mentoring
- Site visits
- Resources and toolkits
- Online learning communities
- Webinars
- Live chat office hours
- ***Cooperative approach***

Contact Us!

Visit: www.getSFcba.org

Call: 415.437.6226

Email: get.SFcba@sfdph.org



Many thanks!

- Stephanie Cohen
- Mehroz Baig
- Susan Buchbinder
- Oliver Bacon
- Jonathan Fuchs
- Bob Grant

Love Superhero Hall of Gratitude

