

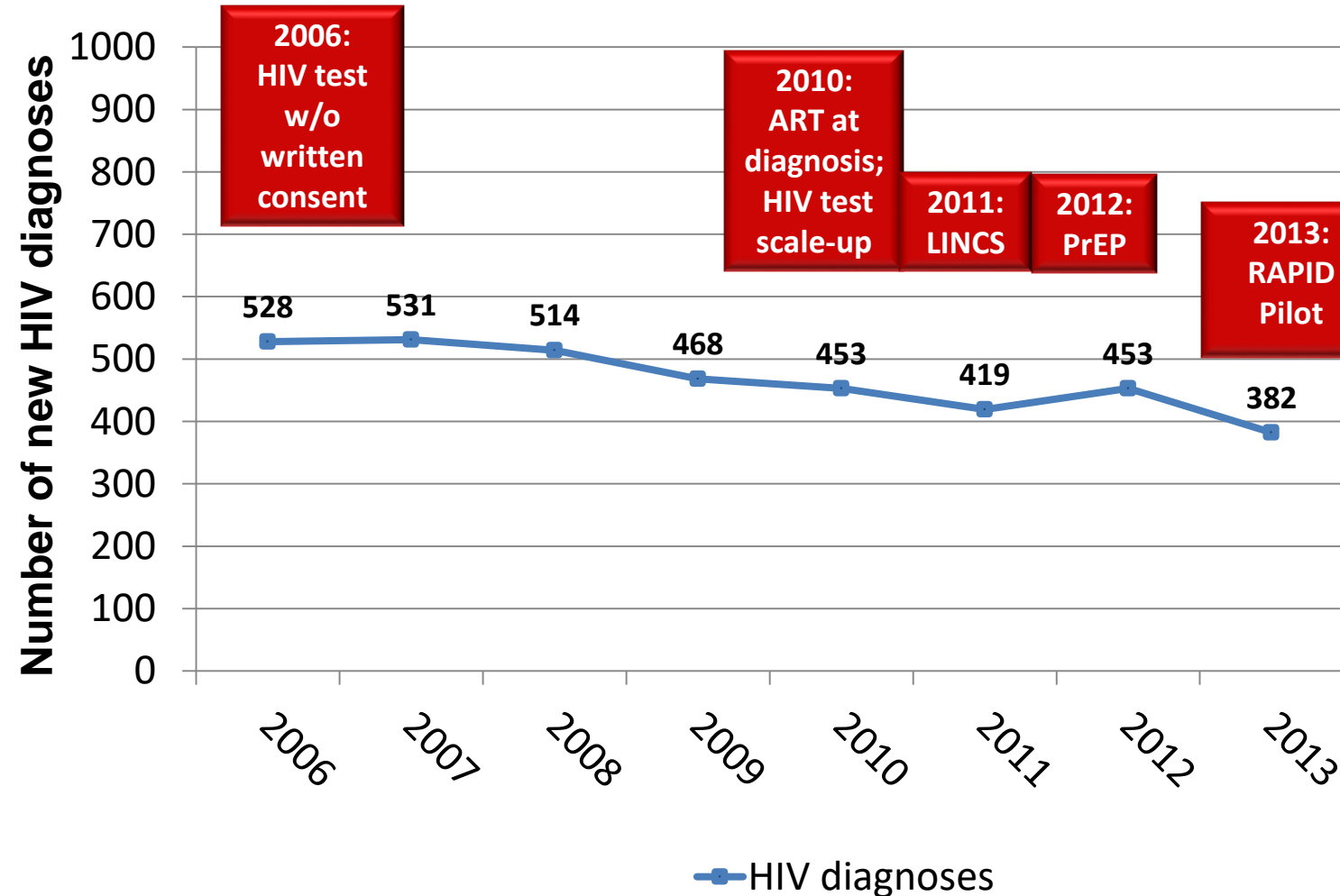
August 2024

Getting to Zero San Francisco

Our Mission: Zero infections, Zero HIV deaths, Zero stigma



Progress was being made through 2013 in SF



28% decline over 7 years

Getting to Zero San Francisco: How it began....

World AIDS Day Forum

Monday, December 2, 2013

Getting to Zero in San Francisco: How Close Are We?

6:30–8:30 PM

Rainbow Room, LGBT Community Center

1800 Market St., San Francisco

“This is all interesting, but are you working together?”

--Community member



Sheehy



Havlir



Giuliano



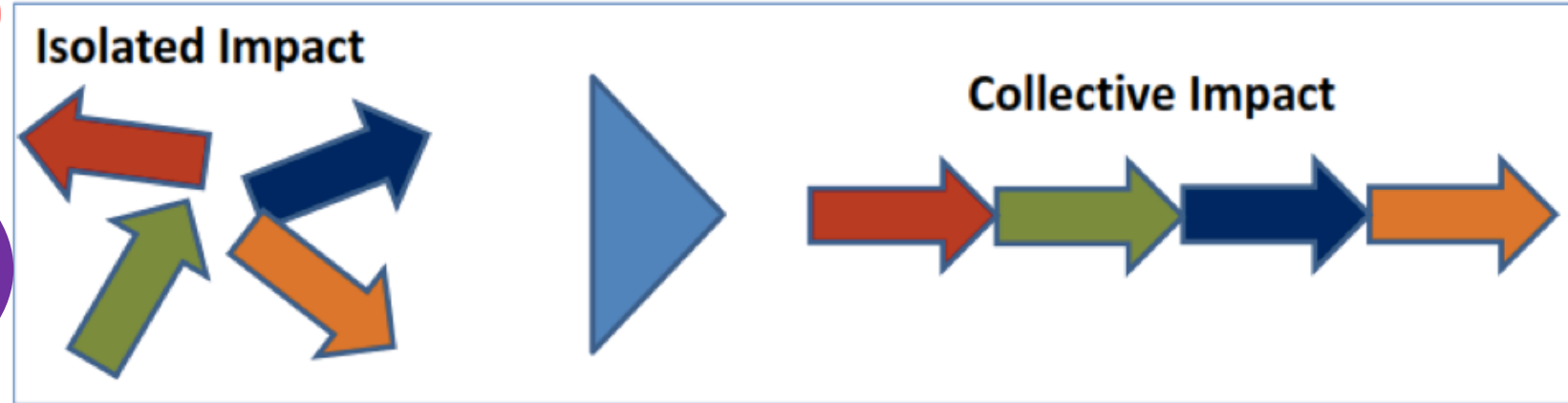
Buchbinder



VanGorder



Getting to Zero SF Consortium: A Collective Impact Initiative



Our overall goals are to:

- **Improve health** for persons at risk for or living with HIV/AIDS in San Francisco
- **Secure multi-sector funding** and support for existing and new programs
- **Develop and implement innovative programs with a priority placed on equity and demonstrate impact with measurable objectives**
- **Exchange best practices** with other cities

GTZ-SF Engagement & Impact

- **Over 20 Consortium (community) meetings since 2016**
 - Topics: Mental health; HIV & Aging; Substance Use, HIV & Stigma; GTZ Not without Housing; Prevention and Treatment for Cis & Trans Women; U=U; Social Determinants of Health, Health Inequity & HIV – Impact on Latinx and African-Americans in SF
- **Special forums on emergent topics**
 - Long-acting injectables for HIV prevention and treatment, Impact of COVID-19 on people living with HIV, COVID-19 vaccines for people living with HIV
- **Outreach & education with community**
 - [GTZ-SF Website](#), SF AIDS Walk, SF Pride, Medical Management of HIV/AIDS & Hepatitis
- **Regional & international collaboration and information-sharing**
 - US (CA, CO, DC, FL, GA, IL, LA, MA, MO, OK, NC, NV, NY, PA, SC, TN, TX, VA), Australia, Brazil, Canada, Central America, Finland, France, Kenya, Netherlands, Portugal, Taiwan, Thailand, Uganda, UK, Fast Track Cities/IAPAC



OUR VISION

Reduce HIV transmission and HIV-related deaths in San Francisco by 90% by 2025.
Improve quality of life for people living with HIV.

[*New* Aprelude Insurance Flowsheet](#)

[DoxyPEP Recommendations & Resources](#)

[SFGH Ward 86 HIV Clinic
CAB/RPV LA Protocol, April 2023](#)

[For RAPID Program Resources, click here!](#)

[Looking for Naloxone/Narcan?](#)

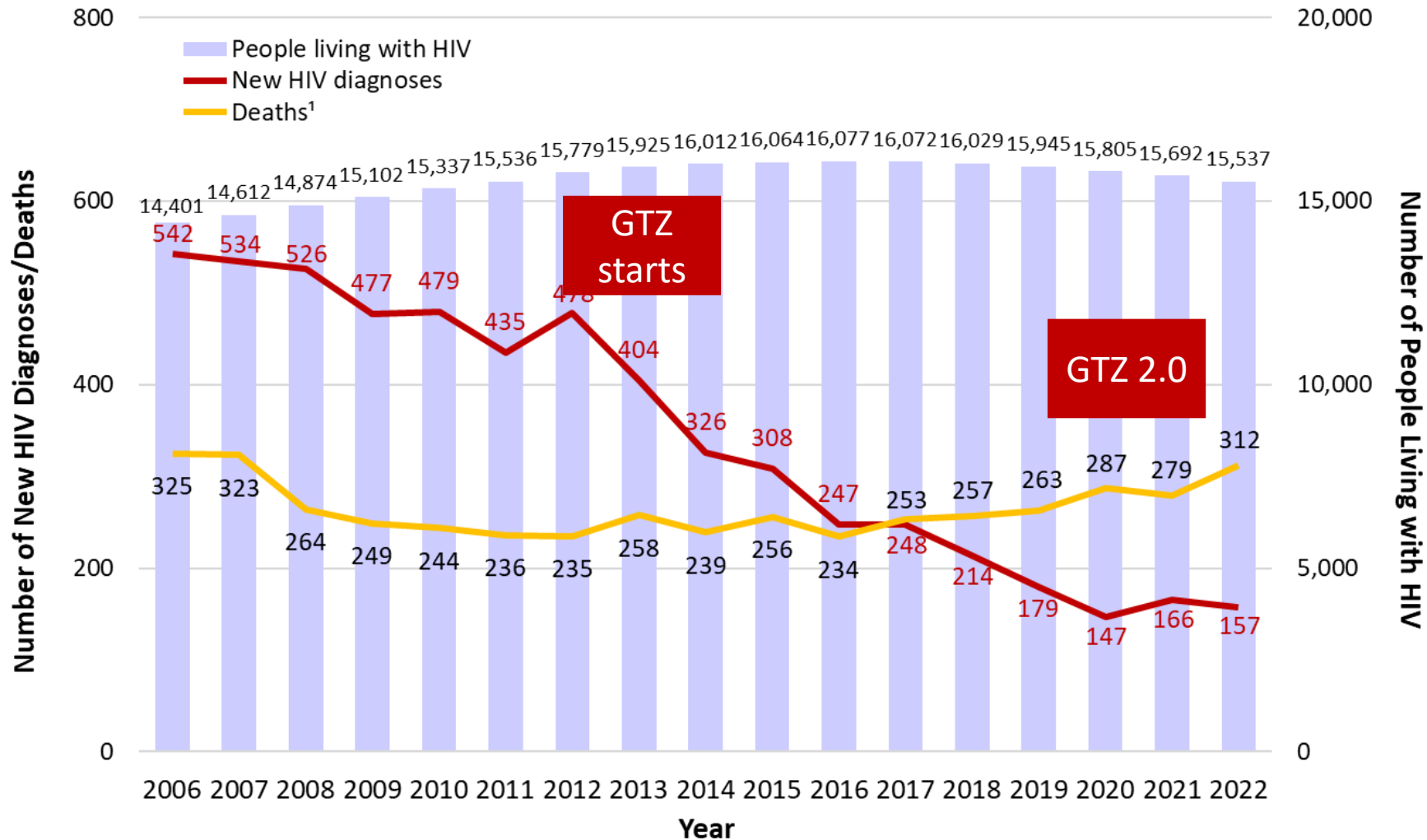
▶ SF Department of Public Health Reports ◀

[\(All Reports\)](#)

[2022 HIV Epidemiology Annual Report \(here\)](#)



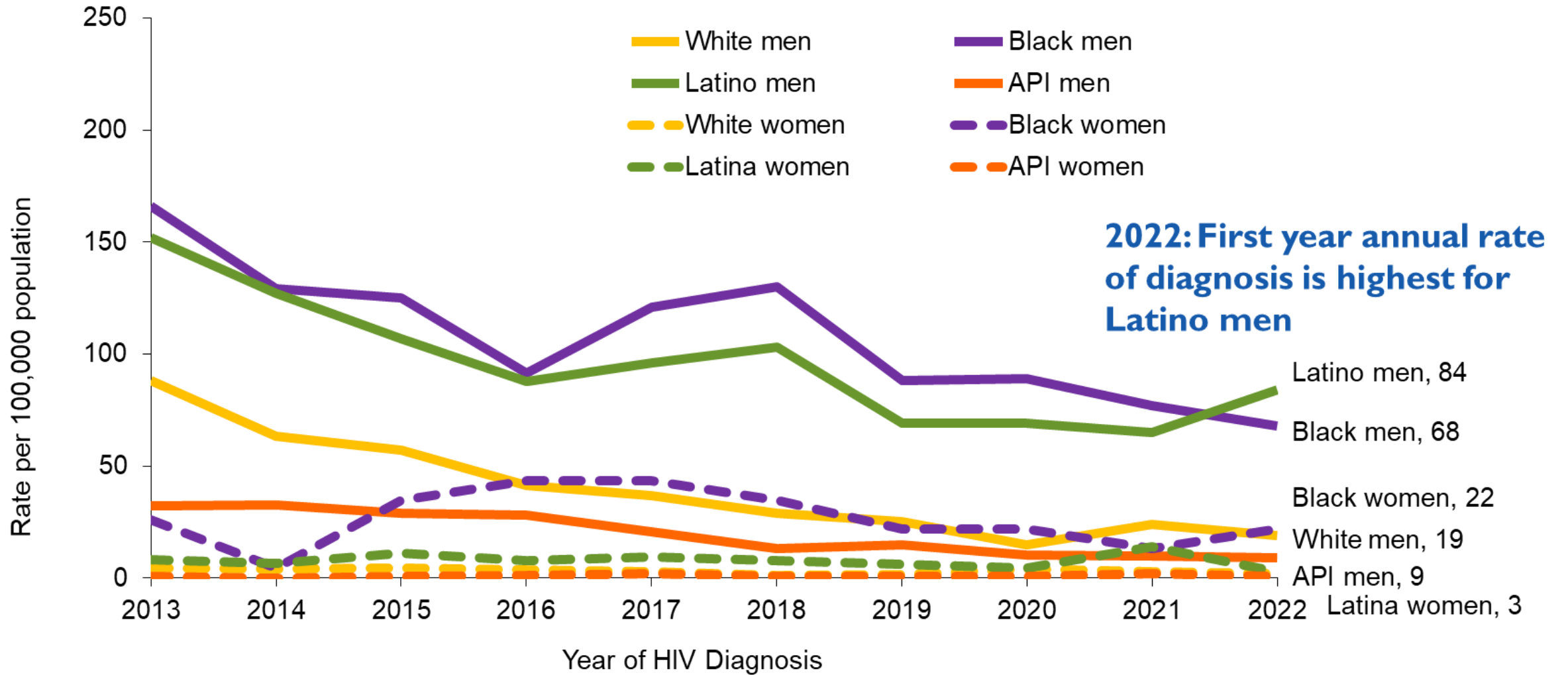
HIV diagnoses, deaths, and prevalence, 2006-2022, San Francisco



- Declines in new infections
 - Pre-GTZ 28% in 7 yrs
 - Post-GTZ 64% in 7 yrs
 - 2019-2022: 12% in 3 yrs
- 15,537 PLWH were SF residents at diagnosis:
 - 73% ≥ 50 years;
 - 41% ≥ 60 years
- Deaths gradually increased since 2016
 - HIV-related causes continued to decline
 - Deaths from overdoses increased from 10% in 2010-2013 to 18% in 2018-2021

¹Death reporting for 2022 is not complete.

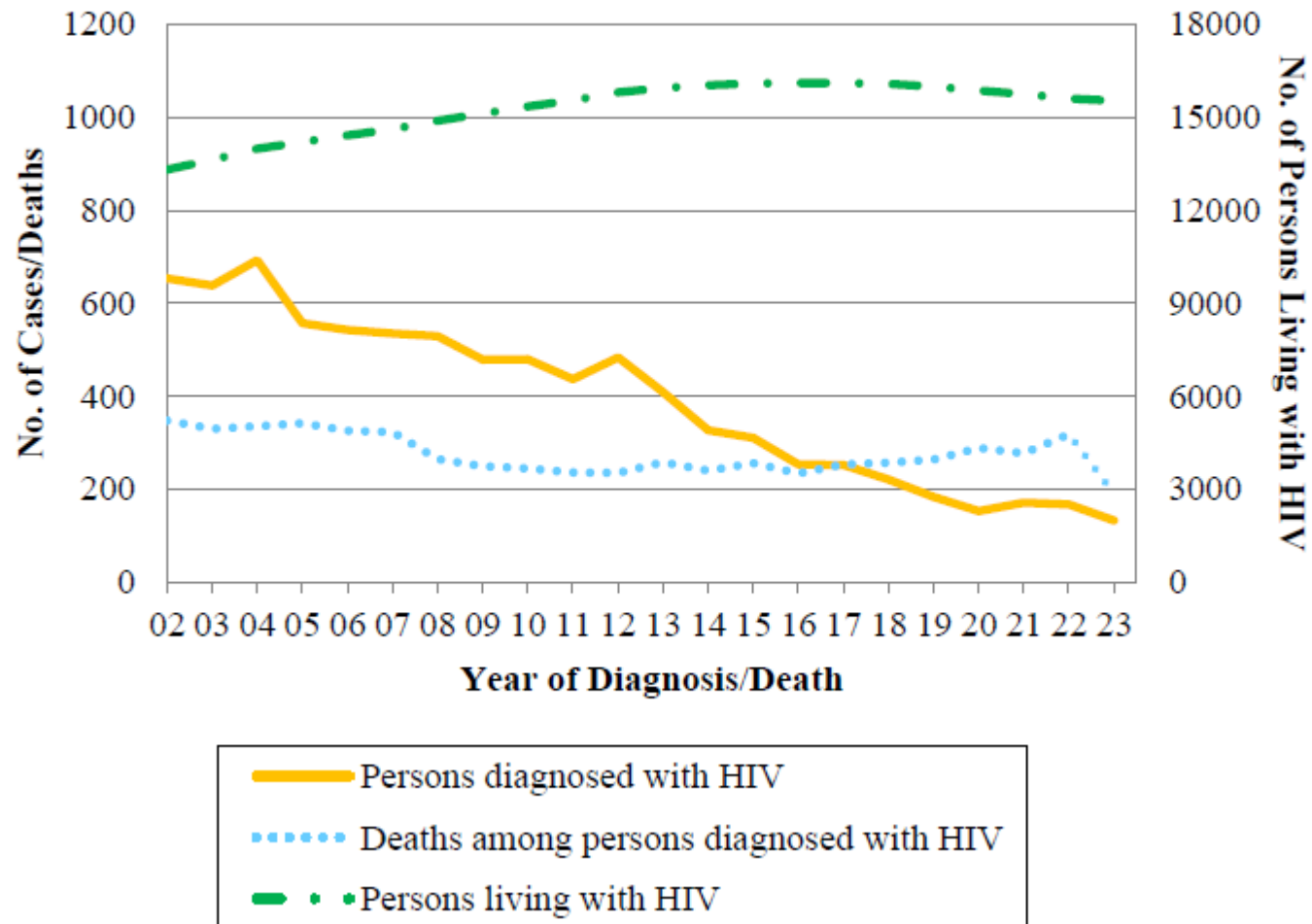
Annual Rates of HIV Diagnosis by Gender and Race/Ethnicity



Rates for some racial/ethnic, gender groups are too small and may be unstable to be released separately. Population denominators not available for trans women and trans men.

Update: Semi-annual SF Epidemiology Report

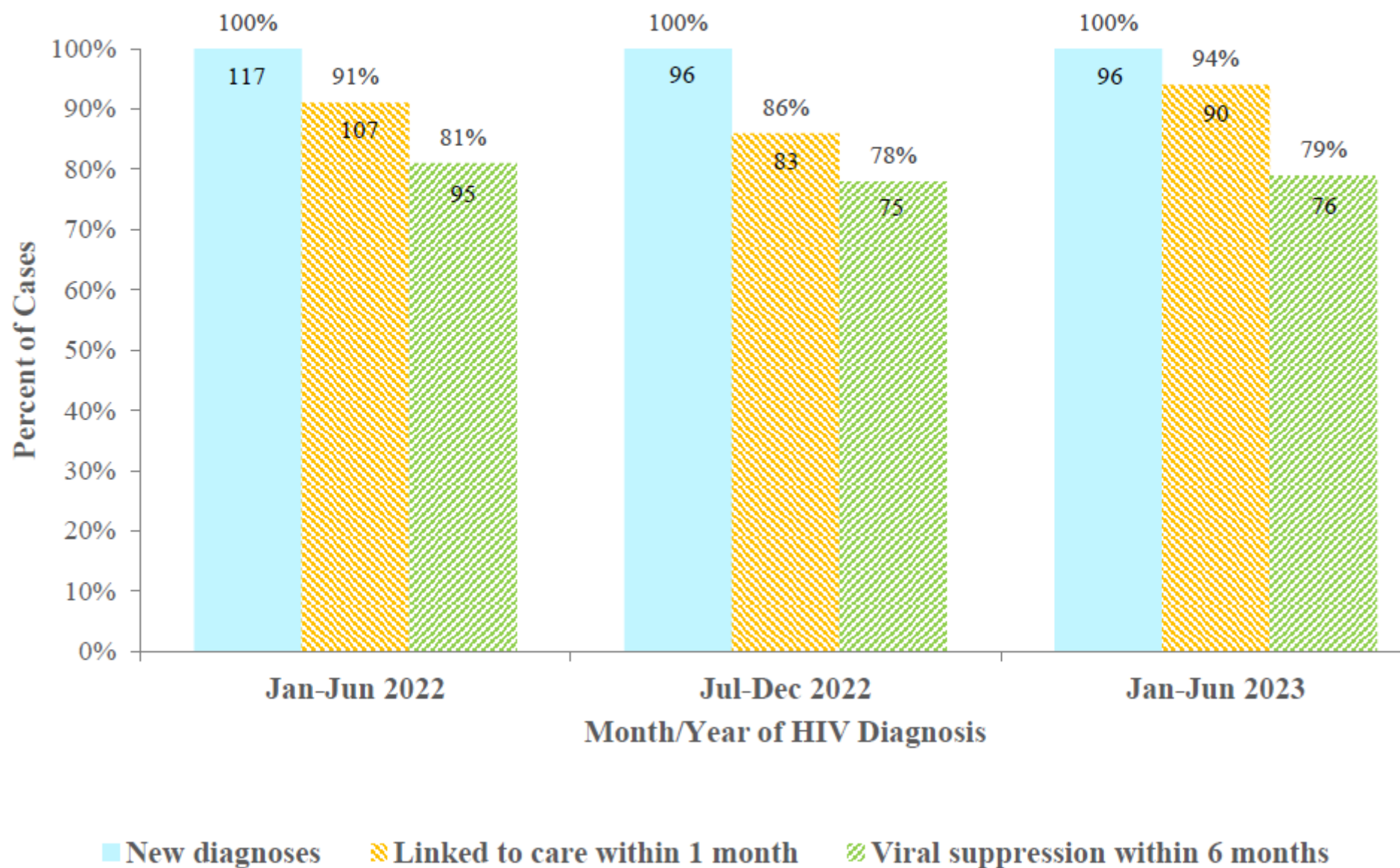
Figure 1. Diagnoses of HIV infection, HIV deaths and persons living with HIV by year, San Francisco, 2002-2023*



Changes from 2022 to 2023

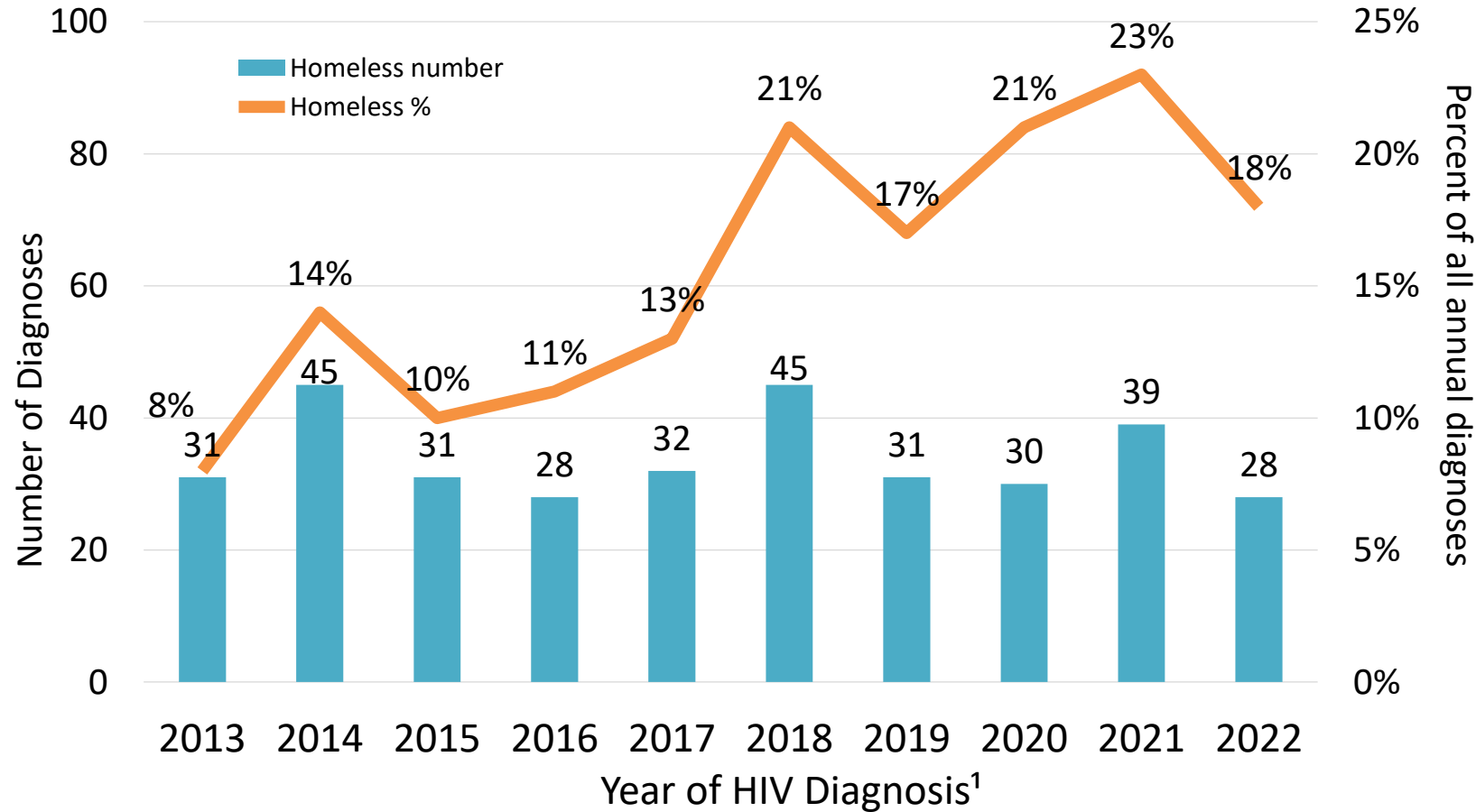
- 22% decline in new diagnoses
- 46% decline in new diagnoses in Latine
- Almost all of the decline in cis-men and MSM, across most age groups

Figure 3. Continuum of HIV care among persons newly diagnosed with HIV, San Francisco



Number and Percent Persons Experiencing Homelessness at Diagnosis, 2012-2022

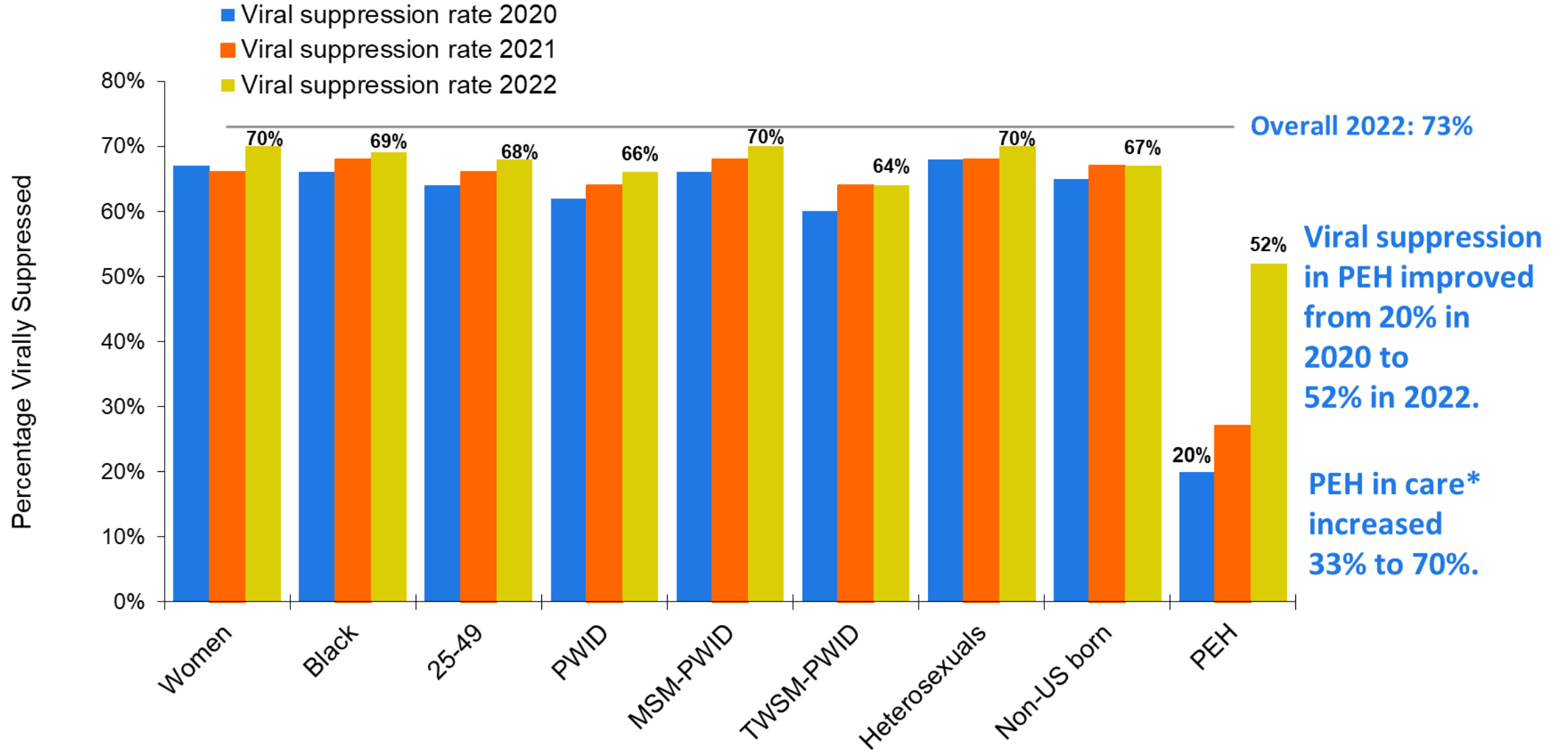
Nearly one in five are experiencing homelessness



Homeless definition:

- Noted as homeless or
- Address is homeless shelter or Nav center
- Does **NOT** include SRO, couch surfing, SIP, institutional setting
- People who inject drugs make up 19% of all new diagnoses in 2022

Disparities in Viral Suppression among PLWH



*Received one or more lab tests within the year.

GTZ-SF Committees & Leadership 2.0

PrEP: Promoting equitable uptake and persistence of PrEP through user and provider support

Leads: Al Liu + Aurora Chavez



RAPID 2.0: Rapid/Restarts and Retention

Leads: Susa Coffey + TBA



People Experiencing Homelessness: Tackling Disparities in the HIV Continuum

Leads: Liz Imbert + Erin Antuñez



Aging & HIV

Leads: Paul Aguilar + TBA



GTZ-SF Work Groups/Areas of Advocacy

HIV, COVID & Mpox -- dormant
Leads: Brad Hare + Janessa Broussard



Accidental Drug Overdose Prevention
Lead: Tyler TerMeer



Adolescent & Young Adult
Leads: Tonya Chaffee + Adam Leonard



Addressing disparities for Latine
Leads: Carina Marquez + Jorge Zepeda



PrEP Committee

Ask about injectables



Talk with your clinic to see if injectables might be a fit for you.



Injectable medications are safe for HIV prevention and treatment.



As few as six shots a year could suppress HIV and prevent transmission.



Injectables are an ongoing PrEP or treatment regimen. They are not a vaccine or cure.



Don't like shots? Stick with oral HIV treatment or PrEP.



SF sites and clinics offering injectables

ENDING the HIV EPIDEMIC

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- Inform client they will receive a call from Viviv Connect, asking for approval to have medication delivered to your office.
- Can follow-up with Viviv Connect after 2 business days to check on status: 1-844-588-3288
- Clients with Healthy San Francisco will need a covermyeds application to cover the cost of one-time initiation dose

Apretude Insurance Flowsheet

Client has Medi-Cal	Client has Private Insurance
<p>Medication is covered</p> <ul style="list-style-type: none"> • For Medicare clients, pharmacy can run test claim to see if prior authorization is necessary <p>Form</p> <ul style="list-style-type: none"> • Make copy of Medi-Cal card, get SS number • Send Rx to specialty pharmacy with this sig: <ul style="list-style-type: none"> ◦ Apretude loading dose: INJECT 3ML INTRAMUSCULARLY AS DIRECTED 2 LOADING DOSES EVERY 30 DAYS, THEN EVERY 2 MONTHS. ◦ Apretude maintenance dose: INJECT 3ML INTRAMUSCULARLY AS DIRECTED EVERY 2 MONTHS. • Pharmacies w/ Apretude expertise (can ship to all Bay Area Counties): <ul style="list-style-type: none"> • AHF Pharmacy 4071 18th St (Castro district): 415-255-2720 • CVS Specialty 445 Castro St (Castro district): 415-864-7030 • Walgreens 4129 18th St (Castro): 415-551-7837 • Walgreens 45 Castro (inside CPMC): 415-565-0991 • Walgreens 2262 Market St (Dobuo Triangle): 415-255-0101 • Walgreens 1100 Van Ness St (inside CPMC Van Ness): 415-785-1909 • Genoa Healthcare 245 11th St (SOMA district): 415-871-0117 • Walgreens 3009 Broadway, Oakland 510-285-0213 • AHF Oakland 400 30th St Ste 300: 510-628-0954 • Pharmacies may request patient face sheet with demographics and Pharmacy Services Agreement • Walgreens - 1615 Meridian Avenue, San Jose CA 95125; Phone: 408-978-5393 Fax: 408-978-5397 • CVS Store - 222 Saratoga Avenue, Santa Clara, CA 95050 • Walgreens - 1130 Bird Avenue, San Jose CA 95125; Phone: 408-295-7768 Fax: 408-295-7605 • Walgreens - 1399 W San Carlos Street, San Jose, CA 95126 	<ul style="list-style-type: none"> • Variable coverage, depends on whether provider is in-network • May need prior authorization • Have client complete Apretude Enrollment form to obtain Summary of Benefits (see forms and fax # in uninsured column) • Send prescription to a participating specialty pharmacy, e.g. CVS Specialty Pharmacy, and have them run a test claim • Determine if medical or pharmacy benefit • Pharmacist may send prior authorization via covermyeds.com • Clients with out-of-pocket costs after insurance can apply for a co-pay card at apretudecopayprogram.com. • Work closely with Viviv Field Reimbursement Manager and/or Pharmacist • If out-of-network and high co-pay, consider sending pts to sites that take commercial insurance: <ul style="list-style-type: none"> • St Mary's Infusion Center: 415-750-5717 • One Medical • Alternative injection sites in Bay Area: <ul style="list-style-type: none"> • AlerCare Berkeley • Option Care Health Hayward • Follow-up with pharmacist and Field Reimbursement Manager regularly for updates

Viviv Field Reimbursement Managers for Northern California are a great resource if you have questions or run into issues:
 Nick Van Groningen, PharmD (covering until 3/24) | East Bay | jennifer_x.mack@vivivhealthcare.com | 303-803-7953
 San Francisco and South Bay | East Bay | joelle.a.perex@vivivhealthcare.com | 408-818-0807
 916-216-5617

SF Options for Long-Acting Injectable (LAI) HIV Medications

A guide to San Francisco's clinics & providers that offer CAB-LA for prevention and CAB/RPV for treatment, clients they serve, and healthcare coverage they accept.*



Clinic name	Contact	CAB/RPV, CAB-LA or both	¡español!?	Same day access?	Benefits info
Kaiser-Permanente, San Francisco 2238 Geary Blvd and 1600 Owens Street Hours: Mon-Fri 8:30am-5pm	KPSF HIV Care: 415-833-4638 KPSF PREP line: 415-833-PREP or 415-833-7737	Both CAB/RPV and CAB-LA	No	Yes	<ul style="list-style-type: none"> • Only Kaiser Insurance • Interpreter services available • Public Insurance, e.g. Medi-Cal, Medicare, Healthy SF • Private Insurance, e.g. Employer-based Insurance, Covered CA, Off-Exchange • People who are undocumented • Be familiar with your particular Kaiser plan and CAM coverage
Magnet	Jorge Roman: 415-437-3417	Cabotegravir	Sí /Yes	Yes	<ul style="list-style-type: none"> • Public Insurance, e.g. Medi-Cal,

To promote the equitable uptake and persistence of PrEP use through user and provider support, based on PrEP metrics

- Ongoing discussions at Committee meetings to identify challenges, share best practices and tools.
 - Uptake among cisgender women
 - Long-acting injectable barriers to access, bottlenecks in implementation and problem-solving
- Developing and sharing LA-PrEP resources on GTZ website:
 - Protocols/workflows
 - Apretude insurance [flowsheet](#),
 - [A guide](#) to San Francisco's clinics & providers of CAB
 - Update [Ask about PrEP:](#) (provider brochure)
 - Links to materials developed by East Bay
- Developing a regional approach to equitable implementation of LA-PrEP with collaboration among GTZ SF, EBGTZ, and SCCGTZ with focus on AA, Latinx, cis/trans women, PEH/PWID

RAPID/Restart & Retention Committee

To support and promote RAPID start after new HIV diagnoses, and develop a new focus on

1) implementing RAPID Restart as a standard practice, and 2) exploring more effective ways of retaining people in care after restart

1. Maintain goals of RAPID starts for people with new HIV diagnoses
2. Ongoing survey of existing RAPID Restart practices in SF, including key elements, programmatic and patient barriers
3. Establish a new focus on RAPID Restart: immediate ART restart on day of presentation -
– published [updated provider brochure](#)

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Rapid ART:
 Immediate ART initiation at HIV diagnosis and re-engagement in care

Immediate ART initiation:

- Gets more people on treatment, and sooner, than waiting to start ART.
- Decreases time to virologic suppression by removing obstacles to care.



San Francisco citywide RAPID initiative (2013-2018):¹

- Faster time from HIV diagnosis to first HIV care visit, to ART initiation, and to virologic suppression.
- Faster ART initiation and viral suppression regardless of race/ethnicity, sex/gender, age, and housing status.

TIME TO HIV CARE, ART START, AND HIV SUPPRESSION

Median Days	2013	2014	2015	2016	2017	2018
Diagnosis to 1 st care visit	8	7	7	5	4	2
1 st care visit to ART start	27	17	7	1	0	0
ART start to VL <200 c/mL	76	54	53	42	46	35
Diagnosis to VL <200 c/mL	134	92	79	65	65	46

San Francisco General Hospital Ward 86 RAPID Program (2013-2017):¹

- Highly acceptable to newly-diagnosed persons (98% accepted RAPID)
- Very high rate of viral suppression: 95.8% by 1 year

In San Francisco, RAPID has been implemented in community-based clinics, public health clinics, HMO clinics, hospitals, and private practices.

RAPID Restart ART regimens

Select ART regimens on an individual basis and in consultation with an expert HIV clinician.

Common RAPID Restart ART scenarios:

- Patient was taking a 1st or 2nd ART regimen, no suspected resistance, consider: BIC/TAF/FTC; DTG + (TAF/FTC, TDF/FTC, or TDF/3TC); or DRV/c/TAF/FTC; or (unless contraindications) can restart the patient's previous regimen.
- Patient has known or suspected history of virologic failure with ART resistance: select the ART regimen based on the suspected resistance mutations. Consult with an HIV expert.
 - If concern for NRTI resistance with/without NNRTI resistance, consider: boosted PI + 2 NRTIs ± an integrase inhibitor (e.g., DRV/c/TAF/FTC ± DTG).
 - If concern for NRTI resistance with/without INSTI resistance, consider: boosted PI + 2 NRTIs ± a 2nd generation NNRTI (if no significant NNRTI resistance) (e.g., DRV/c/TAF/FTC ± doravirine).
 - If more extensive resistance may be present, consider: multi-class regimen with boosted DRV + an integrase inhibitor ± an NNRTI, fostemsavir, NRTIs, and/or other ARVs, depending on anticipated ARV activity.
- Pregnancy: If patient is pregnant or may become pregnant on RAPID Restart regimen, discuss possible risks and benefits of specific ARVs; select regimen through shared decision making.

 **ARVs to avoid for RAPID Restart:**

- 2-ARV regimens, e.g., DTG/3TC, DTG/rilpivirine, cabotegravir + rilpivirine, others (high risk of virologic failure if resistance is present, not studied in this setting)
- Abacavir, unless HLA B*57:01 is known to be negative

Abbreviations: 3TC, lamivudine; BIC, bictegravir; c, cobicistat; DRV, dolutegravir; DTG, dolutegravir; FTC, emtricitabine; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate

HIV & Homelessness (PEH) Committee

To create a coalition of stakeholders across San Francisco to work collaboratively in identifying gaps in services, defining key goals, developing, and implementing countermeasures, and tracking progress toward reducing HIV incidence, viremia, and mortality among PWH experiencing homelessness or unstable housing.

1. Troubleshoot challenges to implementing long-acting injectable prevention & treatment among PEH and PWUD
2. Facilitate coordination and connection across low-barrier care programs in SF
 - Updating resource - Cheat sheet with services that are available for PEH in SF. Will be finalized within the next month or so.
3. Advocate for more case management and mobile programs for this population
4. Collaborations
 - GTZ PrEP Committee; (e.g., developing targeted PrEP materials for PEH)
 - Cross-bay relationships (e.g. Dr. Meggie Woods, Lifelong Medical)
5. Keep informed of public policy:
 - Affordable housing navigation and access
 - Overdose prevention
 - Mental health care

HIV & Aging Committee

To amplify and address the needs of PLWH and Long-Term Survivors (LTS) to improve quality of life outcomes, and promote prevention knowledge & services among persons age 50+ at risk for HIV and STIs

1. Advocate for and support the implementation of recommendations shared w/HHS
 - Expanding peer support for clients
 - Increase intensive case management
 - Prevent housing displacement
 - New/ongoing training for providers/clinicians/staff who see patients or clients 50+ PLWH
2. Coordinate with CHEP around ensuring HIV + STI testing and PrEP for people 50+
3. Support harmonization/coordination with HIV Health Services, Disability and Aging Services, and Mayors Office of Housing and Community Development
4. Coordinate/mobilize with the HIV Advocacy Network and other organizations around impending City budget and federal cuts

GTZ-SF Work Groups/Areas of Advocacy

Advancing HIV Prevention & Care Among SF's Latine Communities

To convene a coalition of stakeholders across San Francisco to identify drivers, barriers, and solutions to improve the HIV prevention and care cascade for the Latine community.

Drug Overdose Prevention

To advocate to local and state governments to immediately address accidental drug overdose and to meet Getting to Zero's goal of eliminating HIV and preventable deaths in San Francisco.

1. Urgent appeal to release allocated funds and implement plan to open wellness hubs in 2024
2. Promote opening overdose prevention centers (also known as Safer Consumption Spaces).
3. Improve the coordination of existing services and collaboration across city agencies so that individuals can move seamlessly through the continuum of care.

GTZ-SF Work Groups/Areas of Advocacy

Adolescent & Young Adult

To advise the consortium on ensuring inclusion of adolescent and young adult perspectives in all GTZ-SF priorities

1. Re-establish PrEP and PrEP navigation services dedicated for adolescent & young adults in SF
2. Two successes for 2024:
 - Able to stock PrEP (pill form) in all CHPY clinics
 - Able to offer rapid HIV testing in all CHPY clinics
3. CHPY has developed an HIV Prevention SOP (with oral and injectable PrEP) for youth serving clinics; will be developing an HIV PEP SOP soon and GTZ-SF can help disseminate.

Special Project: Informed Free Choice in Infant Feeding

To provide support for people living with HIV who choose to breast/chest feed their infants.

1. Funding enabled direct community participation to include people with lived experience in the development of UCSF/SFGH's model of care.
2. Supported development of materials for providers and clients/parents to support discussion about and implementation of infant feeding choices.



As a new parent, there are so many choices to make, including how to feed your baby. We are here to support you as you figure out what is best for you, your baby, and your family.

Many new parents wish to breast/chestfeed¹ their baby for reasons including bonding and the proven nutritional and immunological benefits of breast milk. People living with HIV are no different, but the decision whether to breast/chestfeed can be more complicated because of the potential for HIV to be transmitted to your baby through breast milk.

Getting to Zero New Product Initiative (NPI)



- **3 new products** that **could greatly benefit persons** living with or at risk with HIV-
 - 1) Injectable CAB-LA for HIV prevention (PrEP)
 - 2) Injectable CAB/RPV for HIV treatment
 - 3) Doxy-PEP for STI prevention.
- Each of these interventions requires new education for providers/clients and new infrastructure for delivery, GTZ started a New Product Initiative (NPI) with a goal to **track uptake and identify facilitators and gaps for these 3 new products**.
- NPI will allow to identify areas for intervention to **ensure that these new products are reaching the persons most in need, funding is available** and that lessons learned on product deployment can be shared among stakeholders.



Scope of Initiative

Includes 4 large providers

The NPI initiative will welcome participation of other health systems should they want to join.

Ward 86 –Gandhi , Luetkemeyer

SFAF/Strut- Scott

City Clinic- Cohen

Kaiser- Hare

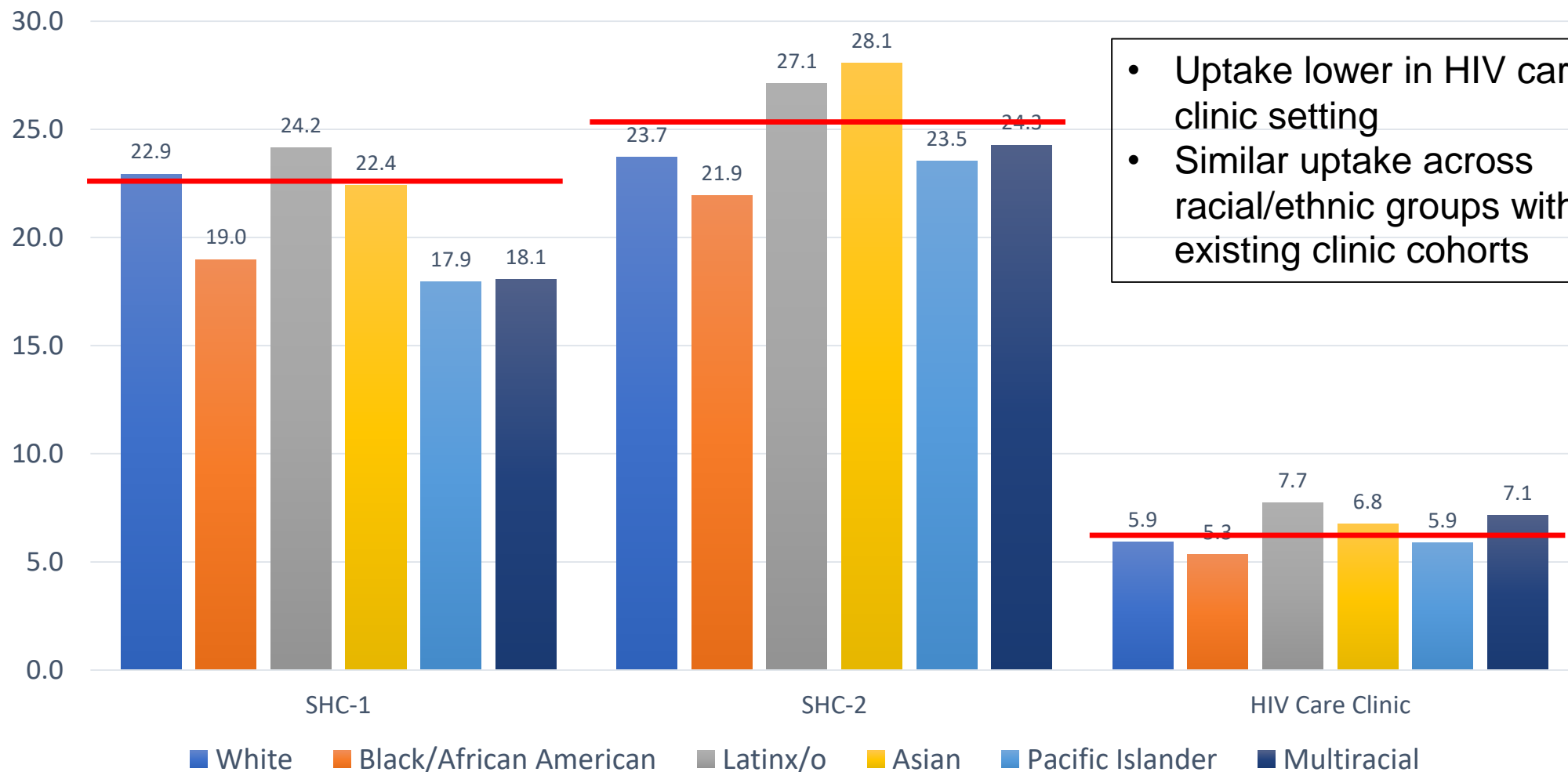
Liebi- Project Manager

Torres- Data Analyst

GTZ leads- Havlir, Buchbinder



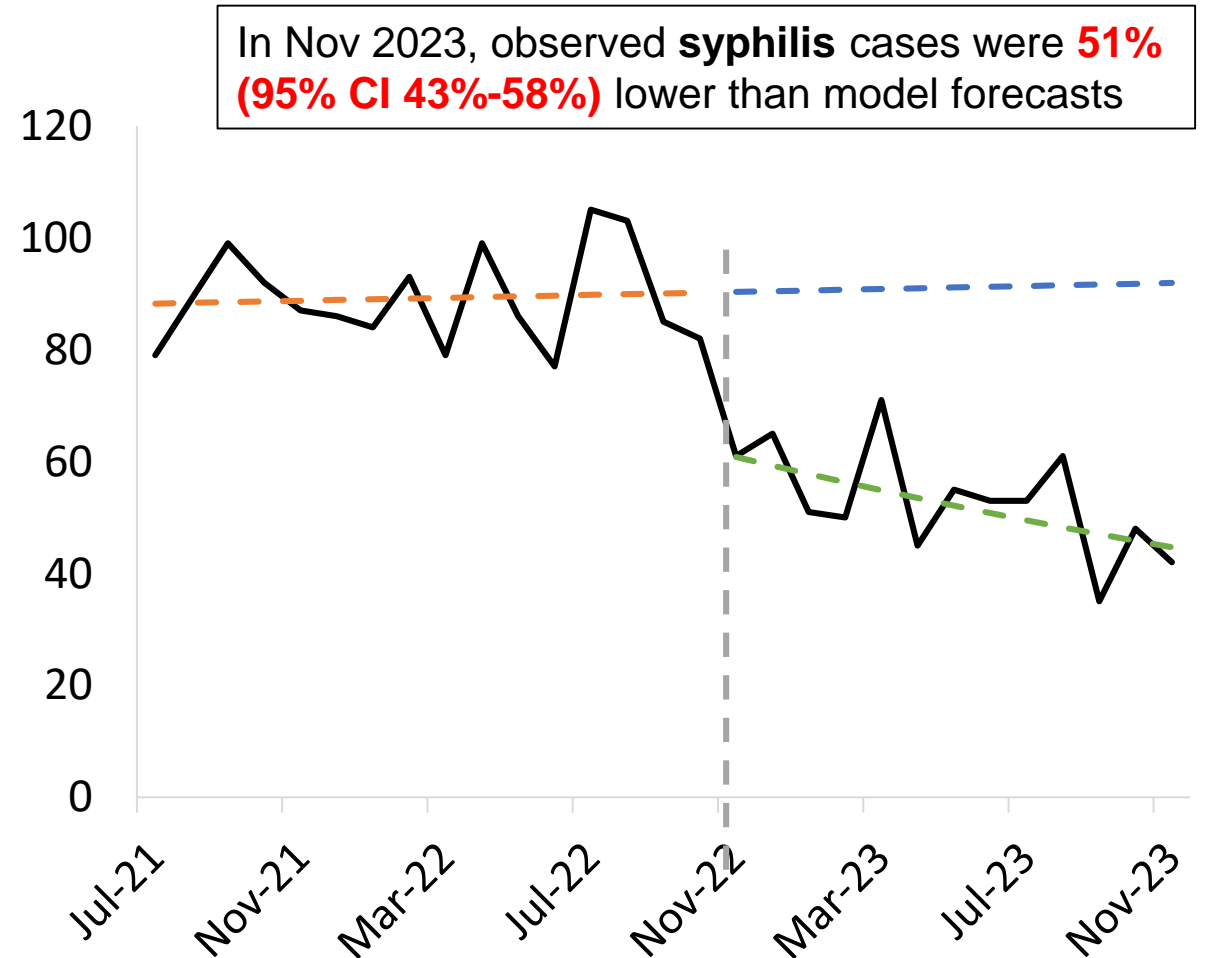
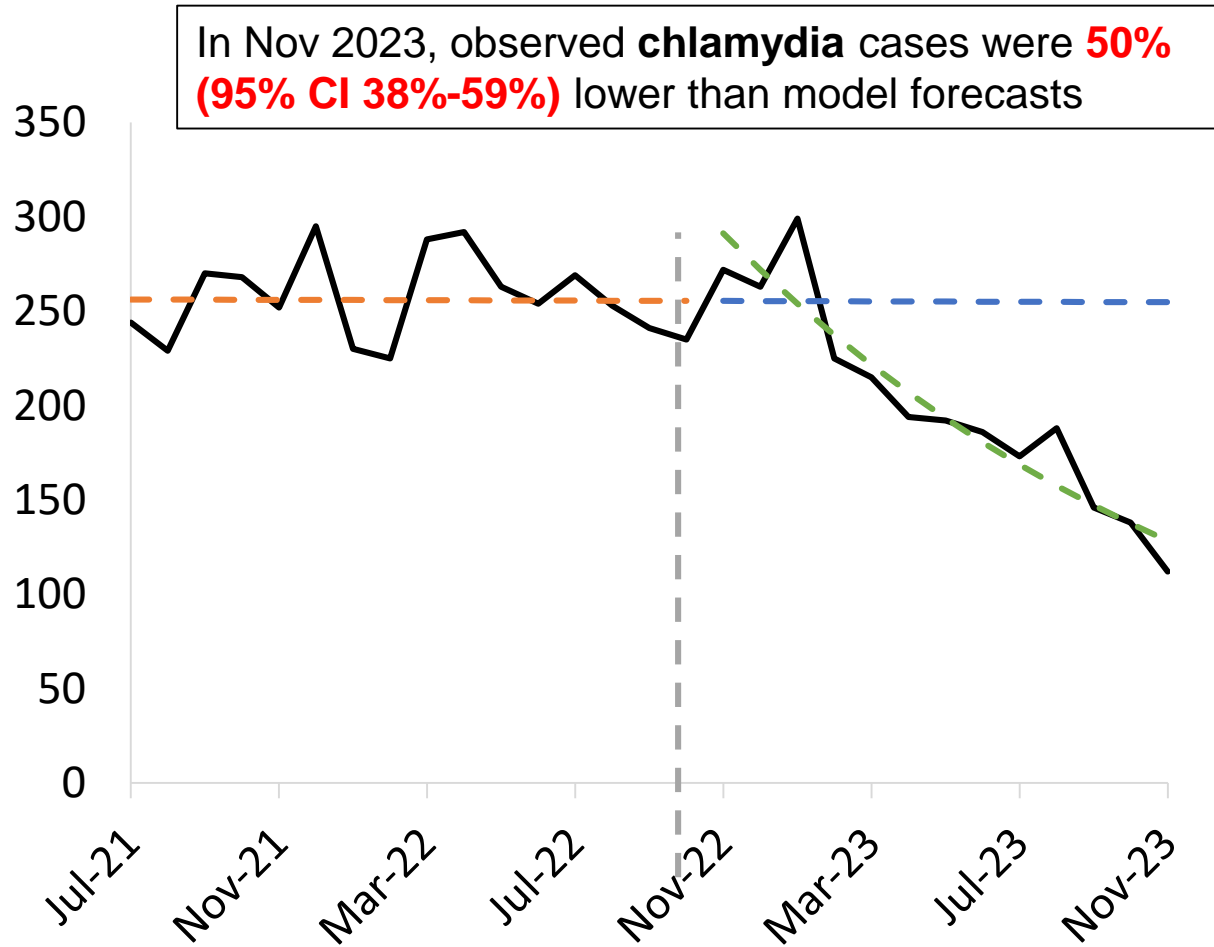
Doxy-PEP Uptake by Race/Ethnicity at 2 Sexual Health Clinics (SHC) and 1 HIV Care Clinic San Francisco, Oct 2022 – Dec 2023 (n=3779)



% of MSM and TGW prescribed doxy-PEP

- Uptake lower in HIV care clinic setting
- Similar uptake across racial/ethnic groups within existing clinic cohorts

Decline in **citywide** chlamydia and early syphilis cases in MSM and TGW in SF after release of doxy-PEP guidelines



GTZ-SF Steering Committee



Diane Havlir, Co-Chair
UCSF



Susan Buchbinder, Co-Chair
SFDPH



Brad Hare, Kaiser SF



Chip Supanich, Community
Member



Hyman Scott, SFDPH



Mary Lawrence Hicks, GTZ-SF
and SFCHC



Mike Shriver, Community Member



Reina Hernandez, HIV
Community Planning
Council



Shawn Demmons, Bay Area
Region, PAETC



Stephanie Cohen, SFDPH



Tyler TerMeer, SF AIDS Foundation



Will Hua, Alliance Health Project



Franco Chevalier, HIV Community
Planning Council & SFDPH



Courtney Liebi, Coordinator

Summary & Next Steps

- Collective impact has been a fruitful mechanism for working together
- Great progress is being made in new HIV infections, linkage to care, viral suppression but disparities remain:
 - Must dig deeper into addressing poor outcomes for Latine, Black/African Americans, people experiencing homelessness
 - Implement more programs for PWUD including safe injection sites
 - Treat mental health and fill gaps in services
- Must be nimble – add new initiatives to address changing epidemic
- Integrate interventions for HIV with STI/HCV prevention and treatment
- Track equitable uptake of new products (doxy-PEP, CAB-LA, CAB/RPV)
- Working on Bay-Area wide strategies

Many thanks to our >300 members for all of their volunteer work and our sponsors for financial support!

San Francisco Support

Mayor London Breed
(late) Mayor Ed Lee
Dr. Grant Colfax, Director of Public Health
San Francisco Board of Supervisors
HIV Planning Council

