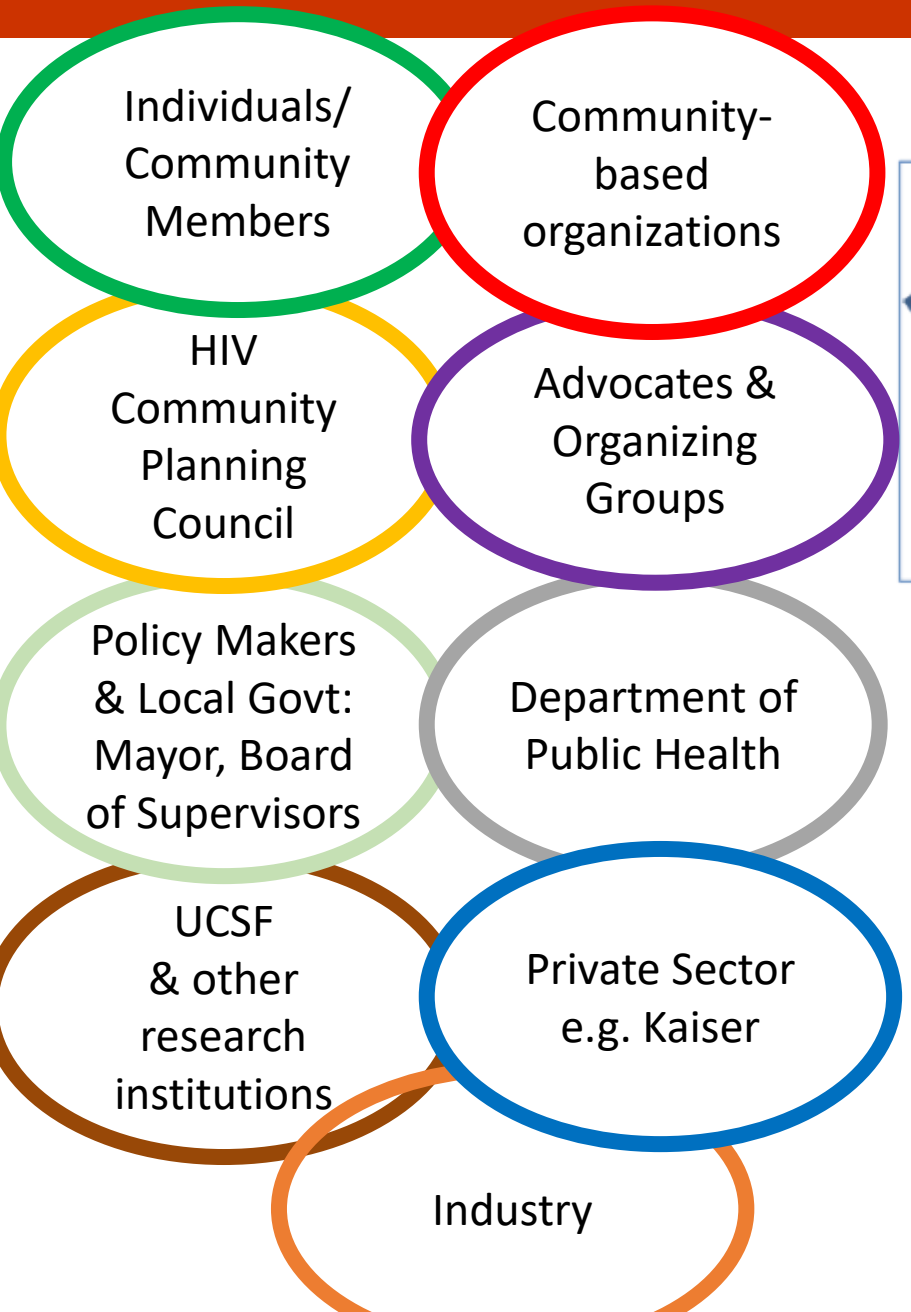
November 2025

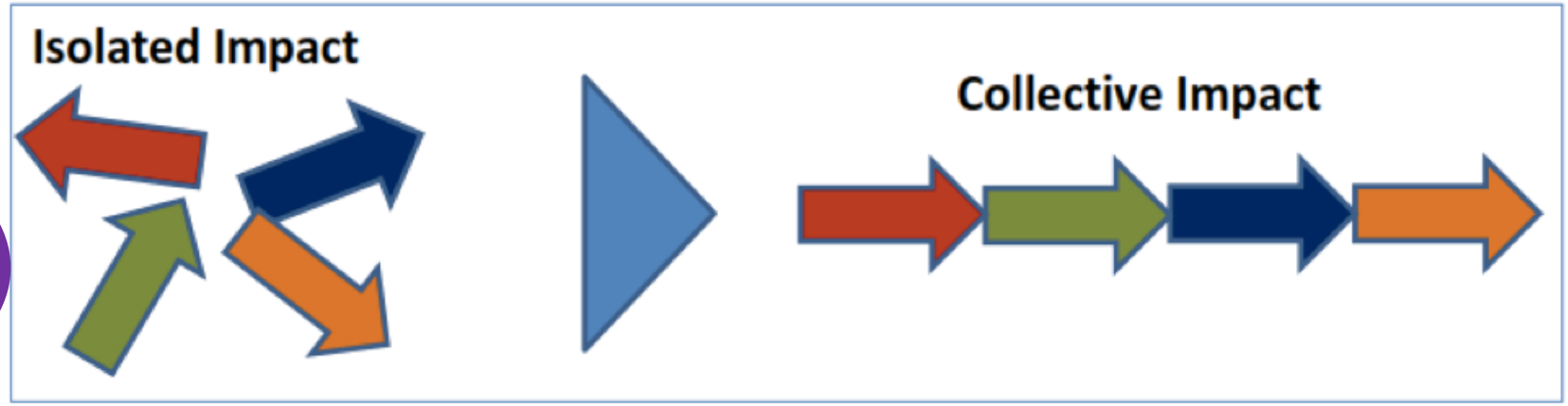
Getting to Zero San Francisco

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

Susan Buchbinder, GTZ-SF Co-chair

Getting to Zero SF Consortium: A Collective Impact Initiative

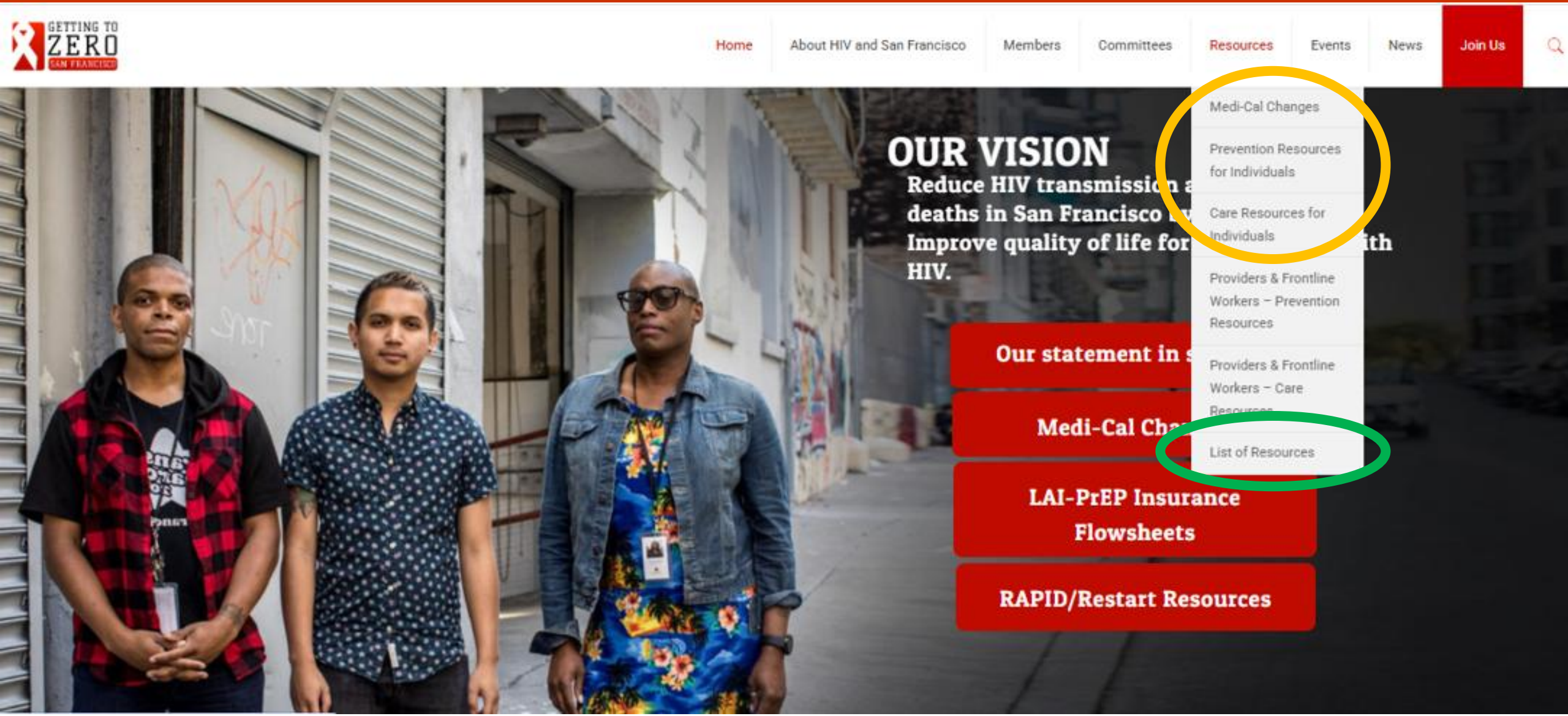




Our overall goals are to:

- **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 Website



HIV & STI PREVENTION RESOURCES FOR INDIVIDUALS

Staying informed and accessing resources for HIV prevention is crucial. If you're considering PrEP (Pre-Exposure Prophylaxis), San Francisco has numerous accessible services.

PrEP Basics

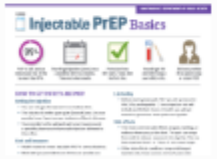
PrEP Basics/Lo Esencial de PrEP

Factsheet on basics and staying healthy with PrEP

Comparing PrEP Options

A chart developed by SFAF that compares pill & CAB-PrEP

Injectable PrEP – Basics & List of Providers



Injectable PrEP Basics/Lo Esencial de la PrEP inyectable

Factsheet on basics and staying healthy with PrEP

About CAB-LA PrEP

One-page overview of long-acting injectable cabotegravir for PrEP developed by SFAF (en español)

Sites Offering Lo

List of clinics & provide prevention & treatment

Youth

HIV CARE RESOURCES FOR INDIVIDUALS

If you are living with HIV, comprehensive treatment and support services are available in San Francisco.

Living & Thriving

HIV Care Options in SF

How to pay for health care and medication

SFDPH HIV Health Services

SFDPH department that oversees and ensures state-of-the-art, client-centered services that improve and sustain the quality of life of people with HIV

Resource Guide for People 50+

Resources for San Franciscans over the age of 50.

U=U

What does Undetectable=Untransmittable mean?

I=I

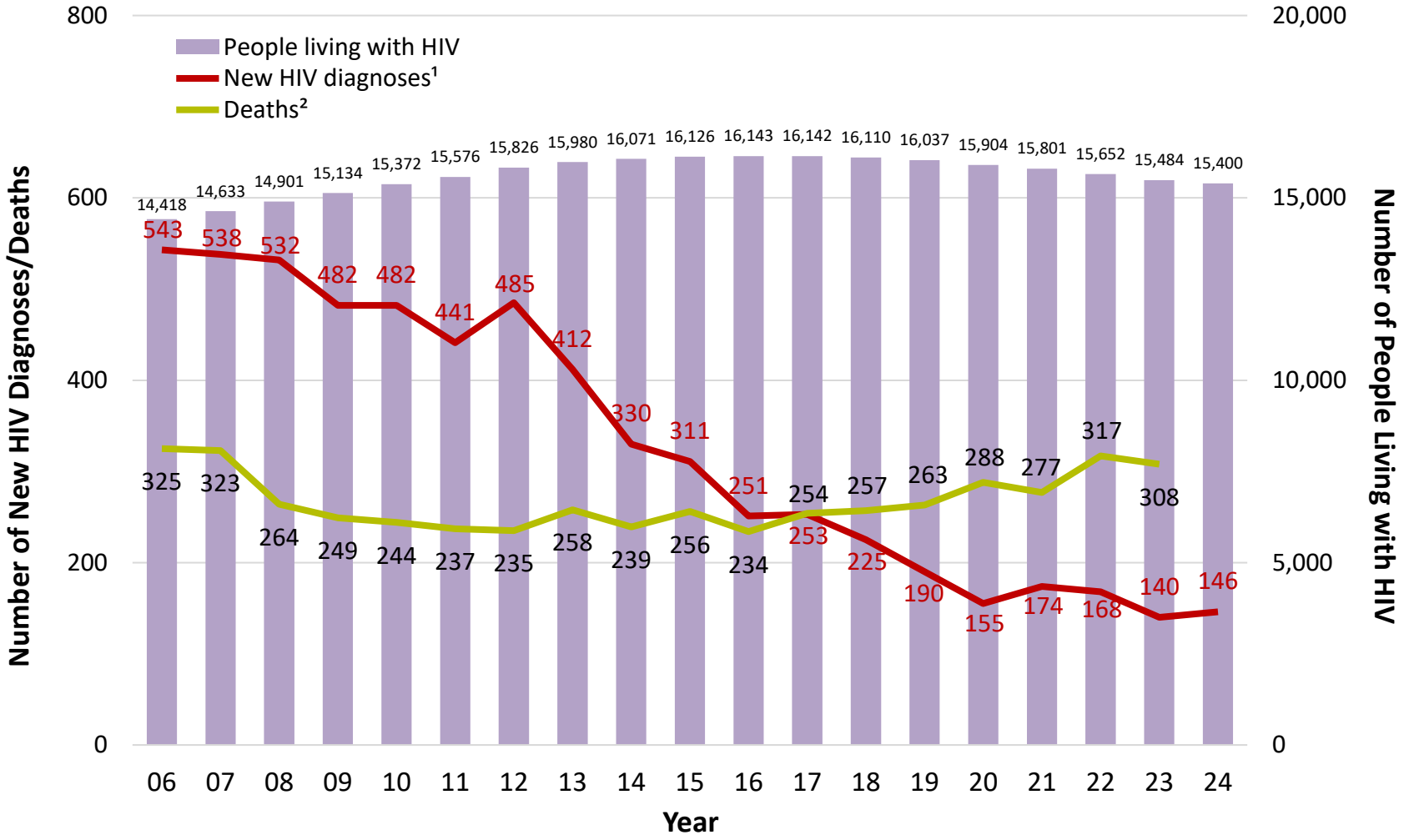
¿Qué significa Indetectable= Intransmisible?

Healthcare for youth ages 12-24

List of 10 clinics that provide a variety of medical services for San Francisco youth with a special commitment to uninsured, low-income and medically underserved families

Long-acting medication to treat HIV

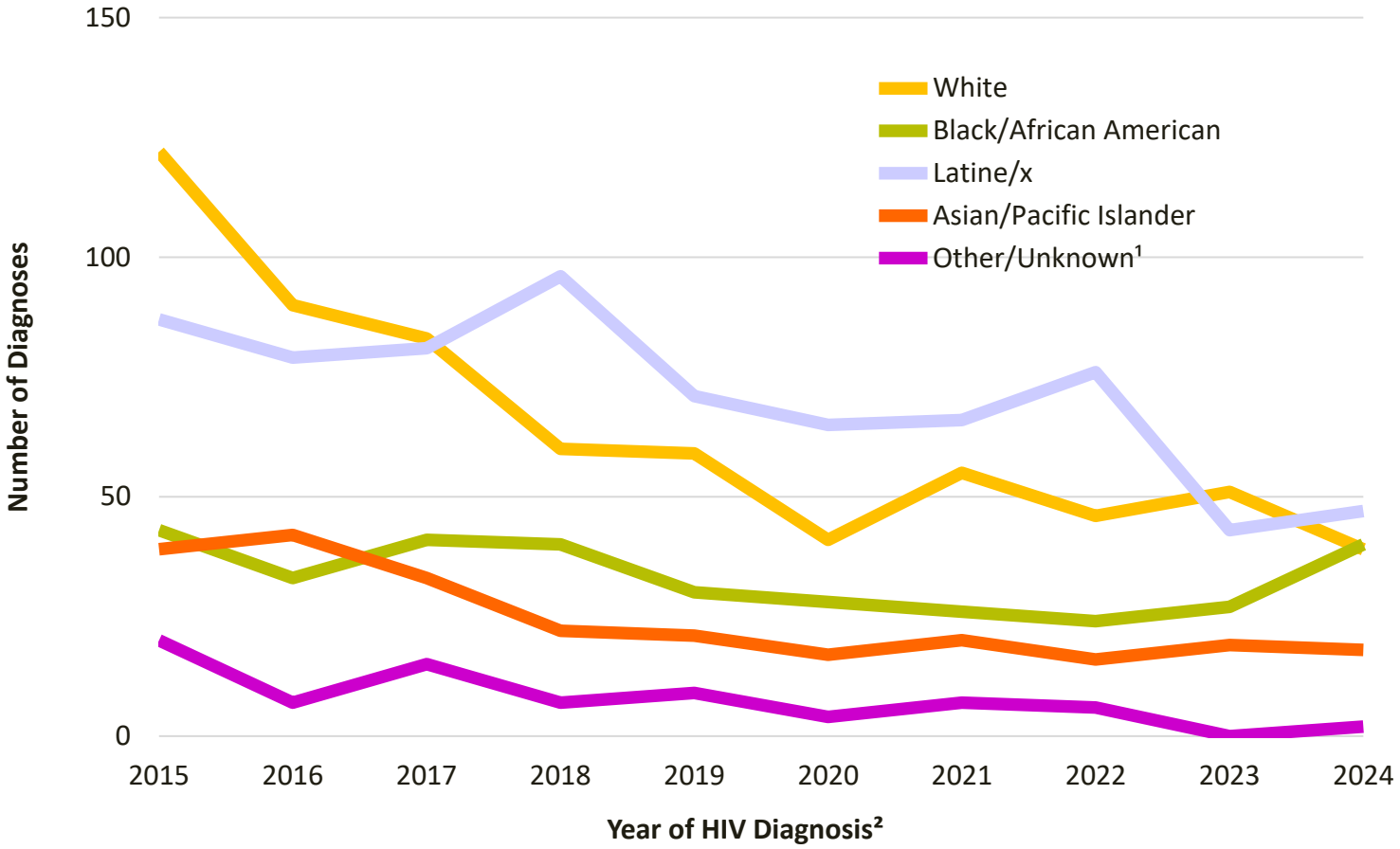
HIV diagnoses, deaths, and prevalence, 2006-2024, San Francisco



1 See Technical Notes "Date of Initial HIV Diagnosis."
2 Death reporting for 2024 is not complete.

- New HIV infections have come down from 2019 by 23%, but seem to be leveling off
- 15,400 PWH were SF residents at diagnosis:
  - 75% are 50+ years
  - 48% are 60+ years
- Deaths increased since 2016 as population ages
  - HIV-related causes continue to decline
  - Deaths from overdose 2nd leading cause of death

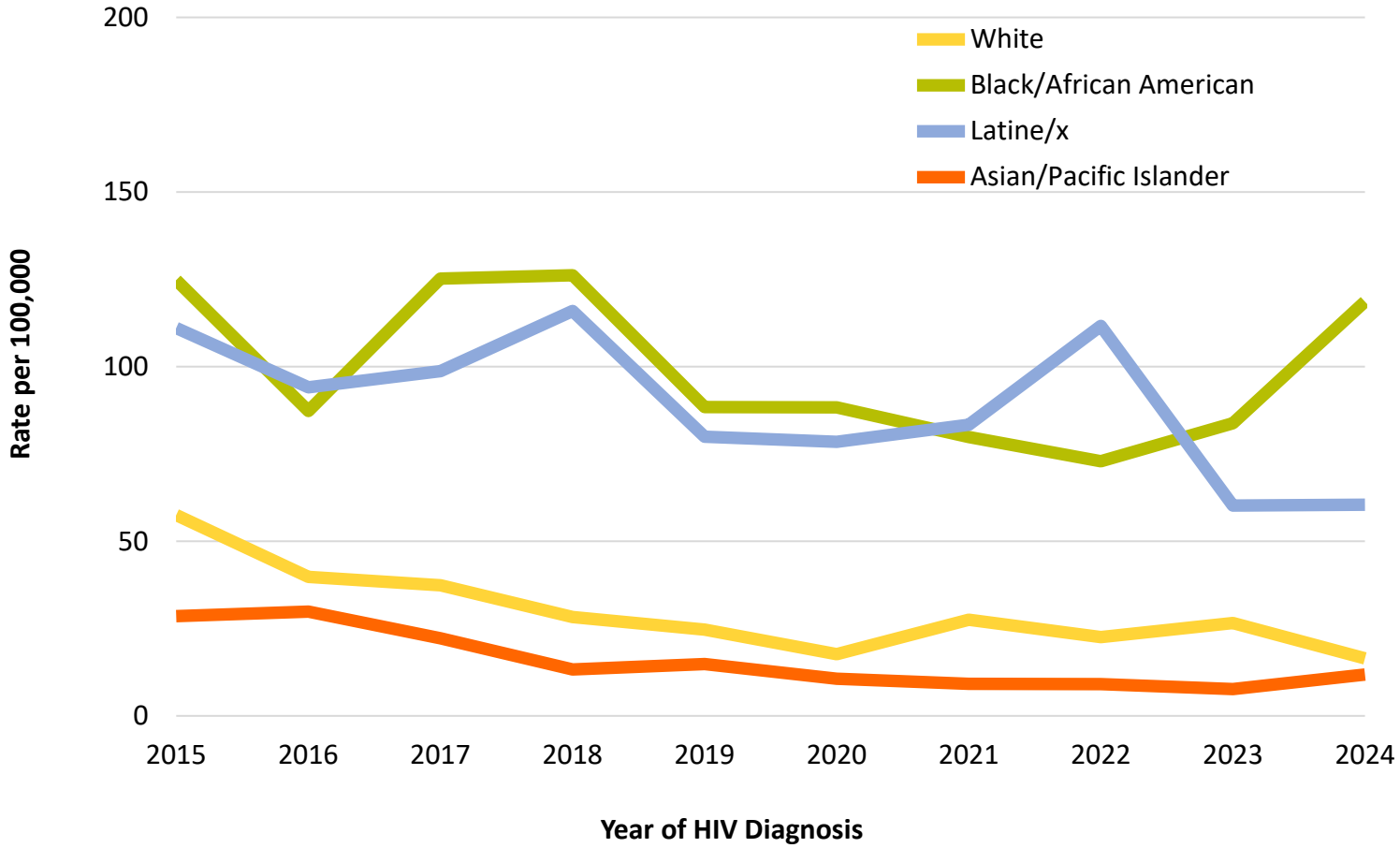
Number of people diagnosed with HIV by race/ethnicity, San Francisco



- Number of new infections highest in Latine: 32%
- Numbers approximately equivalent for White and Black persons: 27%
- But sizes of the Latine and Black populations in SF are much lower

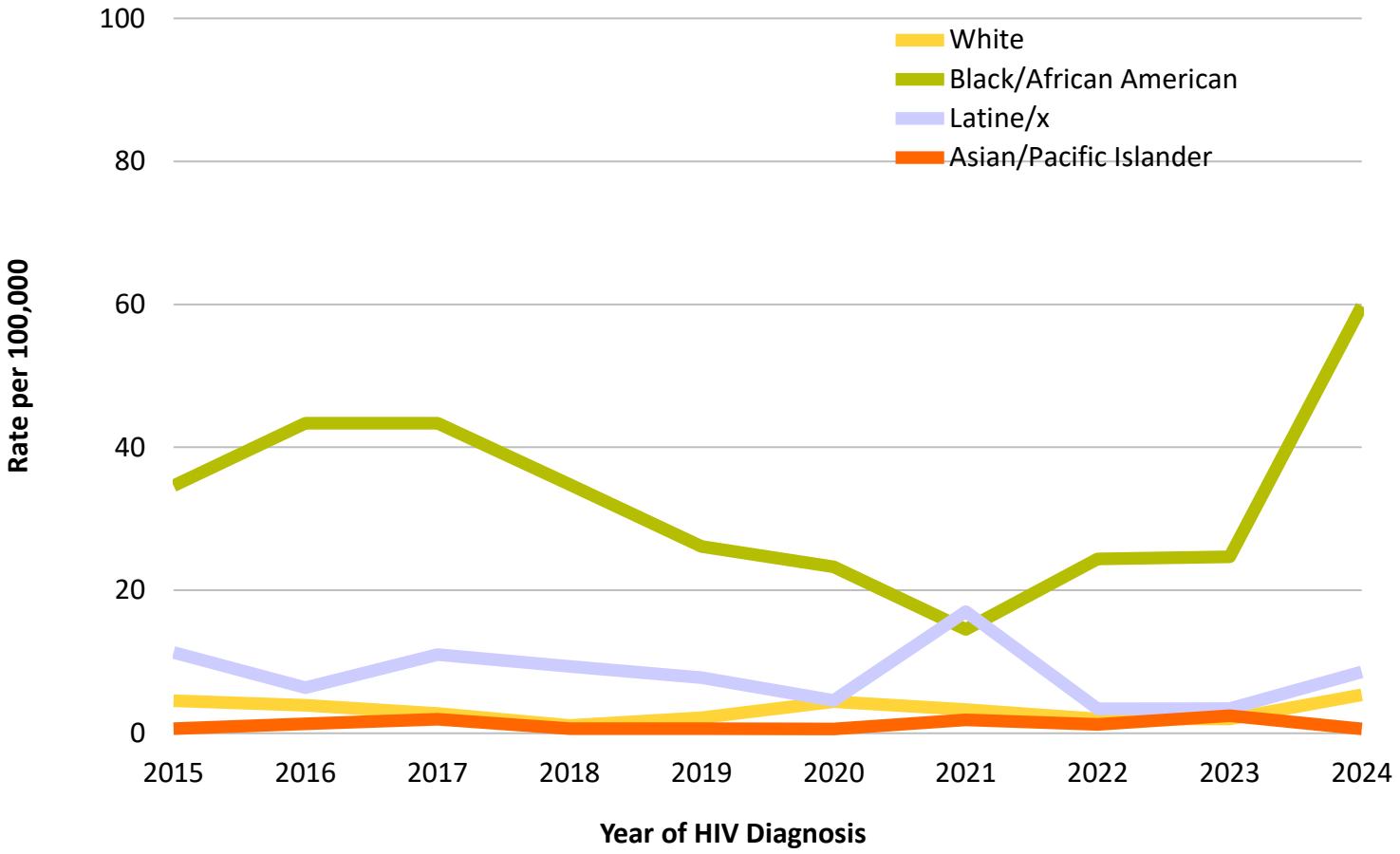
1 HIV diagnoses in the "Other/Unknown" racial/ethnic category included 22% Native Americans, 77% multi-race, and 1% unknown.
2 See Technical Notes "Date of Initial HIV Diagnosis."

Annual rates of new HIV diagnoses in cis men per 100,000 population by race/ethnicity, San Francisco



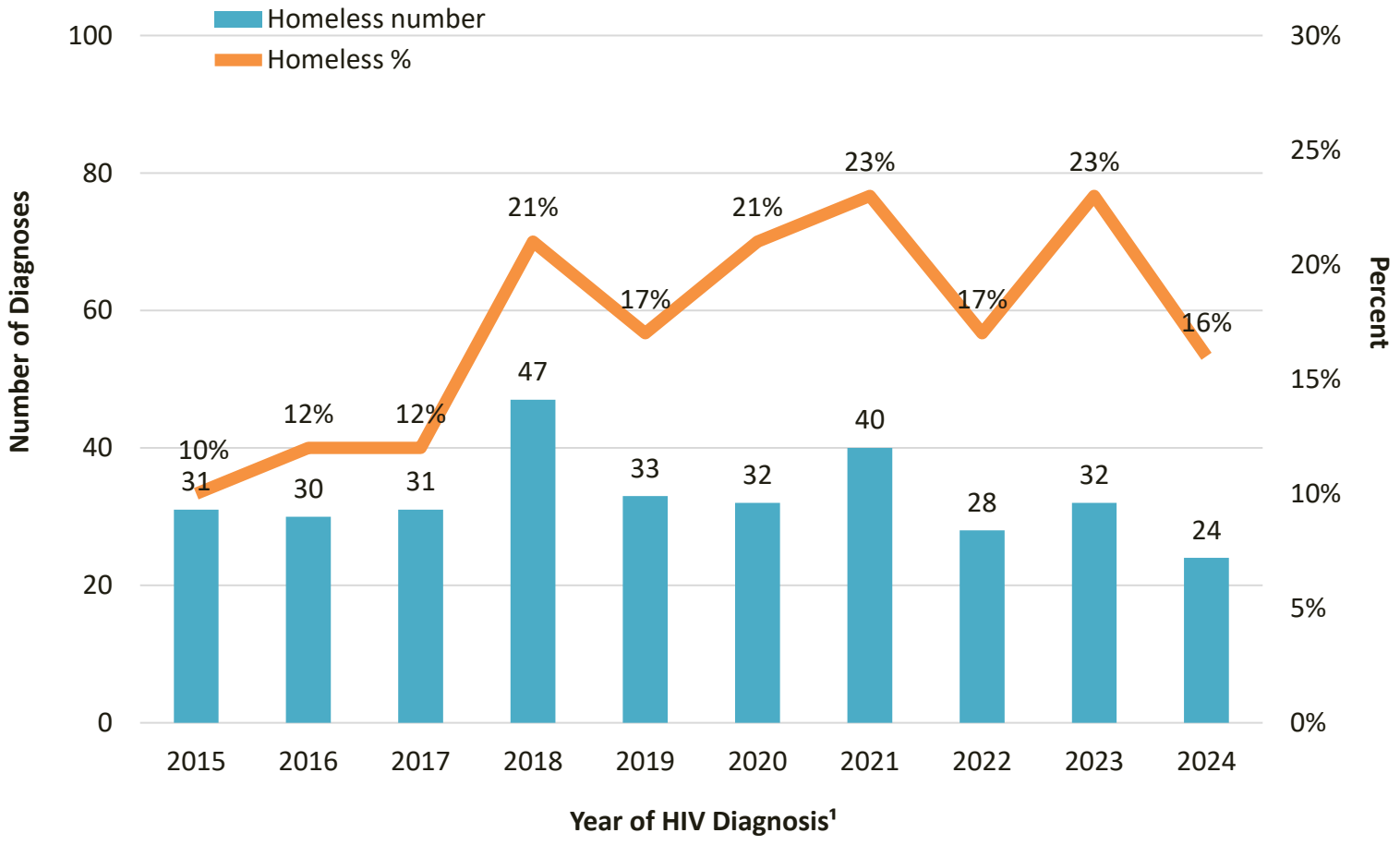
- Cis-men make up 75% of all new diagnoses
- Rates highest in Black men and rising: twice as high as in Latino men and >7x as high as in White men
- Rates second highest in Latino men and declining; almost 4x higher than White men
- 83% of new diagnoses in cis-men are MSM
- 8% are MSM/PWID

Annual rates of new HIV diagnoses in cis women per 100,000 population by race/ethnicity, San Francisco



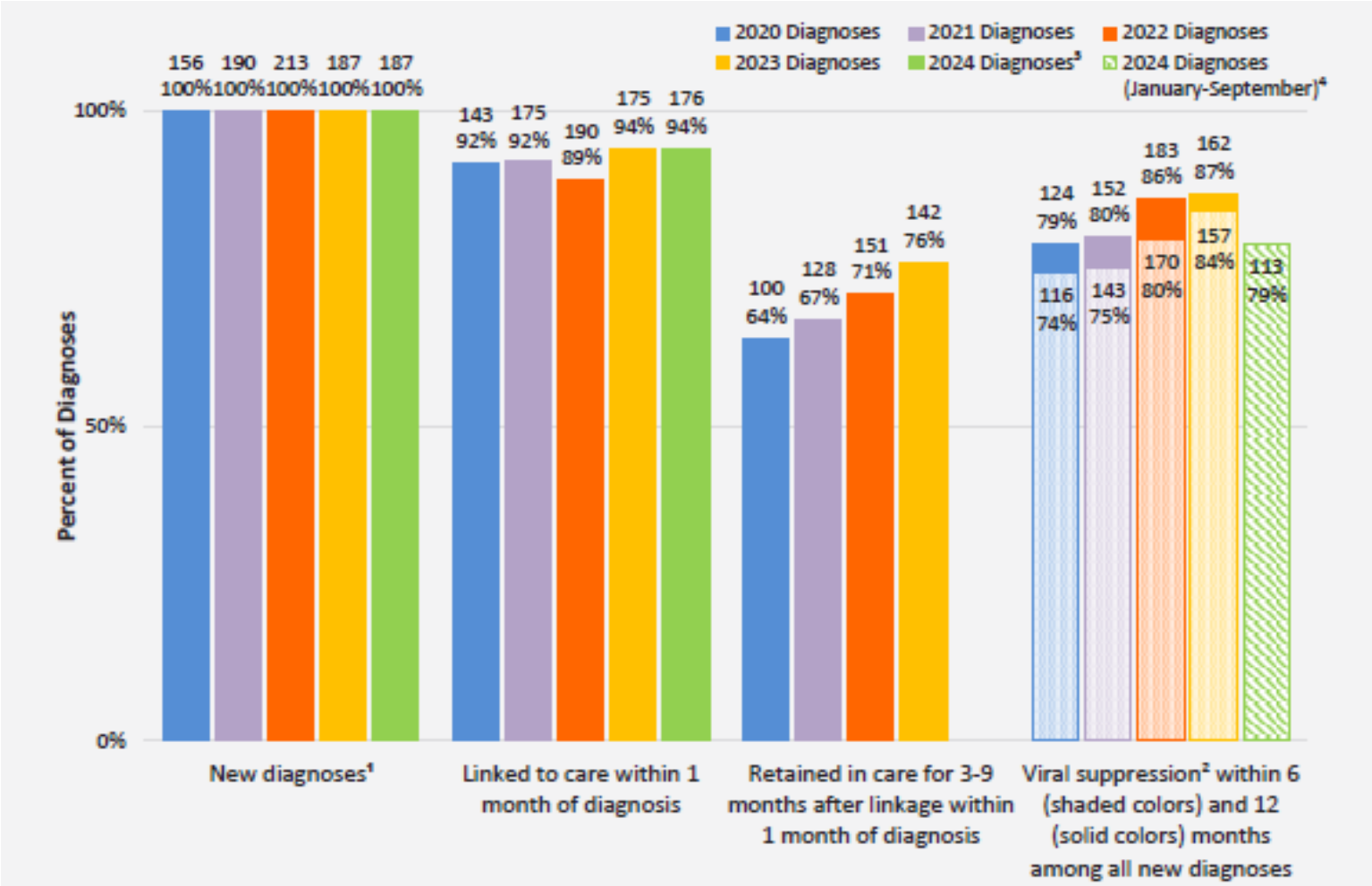
- Absolute number of new dx in cis-women jumped from 14 to 26 women (18% of all diagnoses); Trans women made up 6% of new diagnoses
- Rates highest in Black cis women and rising; as high as in Latino men; >6x as high as Latina women and 12x as high as White women
- Rates second highest in Latina women, also rose
- 81% of new diagnoses in cis-women are heterosexual
- 15% are PWID

Number and percent of people diagnosed with HIV who experienced homelessness at diagnosis, San Francisco



Homeless definition does <u>not</u> include persons in SRO, transitional housing, couch surfing, residential treatment, or other institutional facility

Continuum of HIV care among people diagnosed with HIV, San Francisco



- 97% of PLWH are aware of their diagnosis
- 94% linked to care within 1 month of diagnosis
- 76% retained in care for 3-9 months
- 87% virally suppressed within 12 months

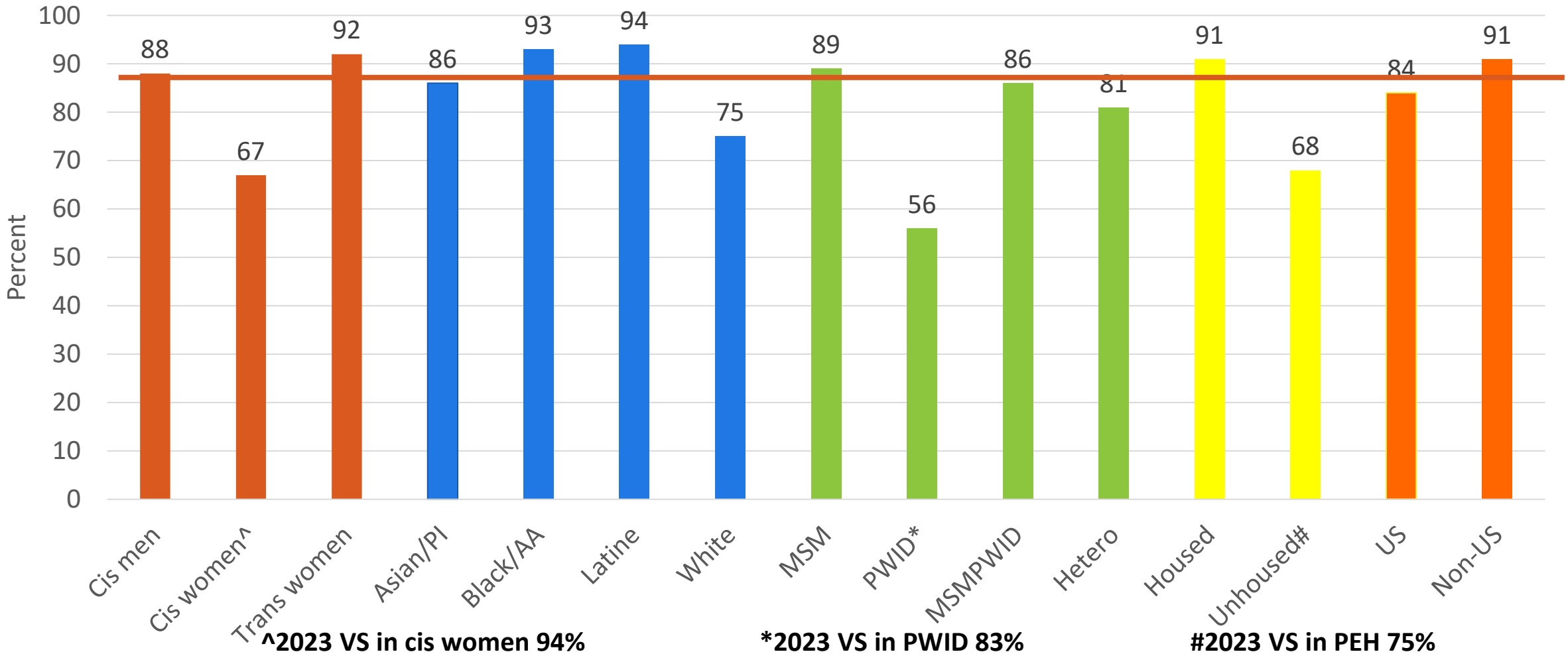
1 Number of new diagnoses shown each year was based on evidence of a confirmed HIV test and did not take into account for self-report of HIV infection. The proportion of people who died within 12 months of their HIV diagnosis were 5% in 2020, 1% in 2021, 3% in 2022, 1% in 2023, and 2% in 2024. All these individuals had at least one laboratory test before death.

2 Defined as the latest viral load test within 6 and 12 months of HIV diagnosis <200 copies/mL. See Technical Notes "HIV Care Outcomes and Definitions."

3 Retention in care and viral suppression data were not available yet for all of 2024.

4 People who were diagnosed between January and September 2024 (N=143) and virally suppressed within 6 months of their HIV diagnosis.

% Virally Suppressed Within 12 Months of Diagnosis
Overall = 87%

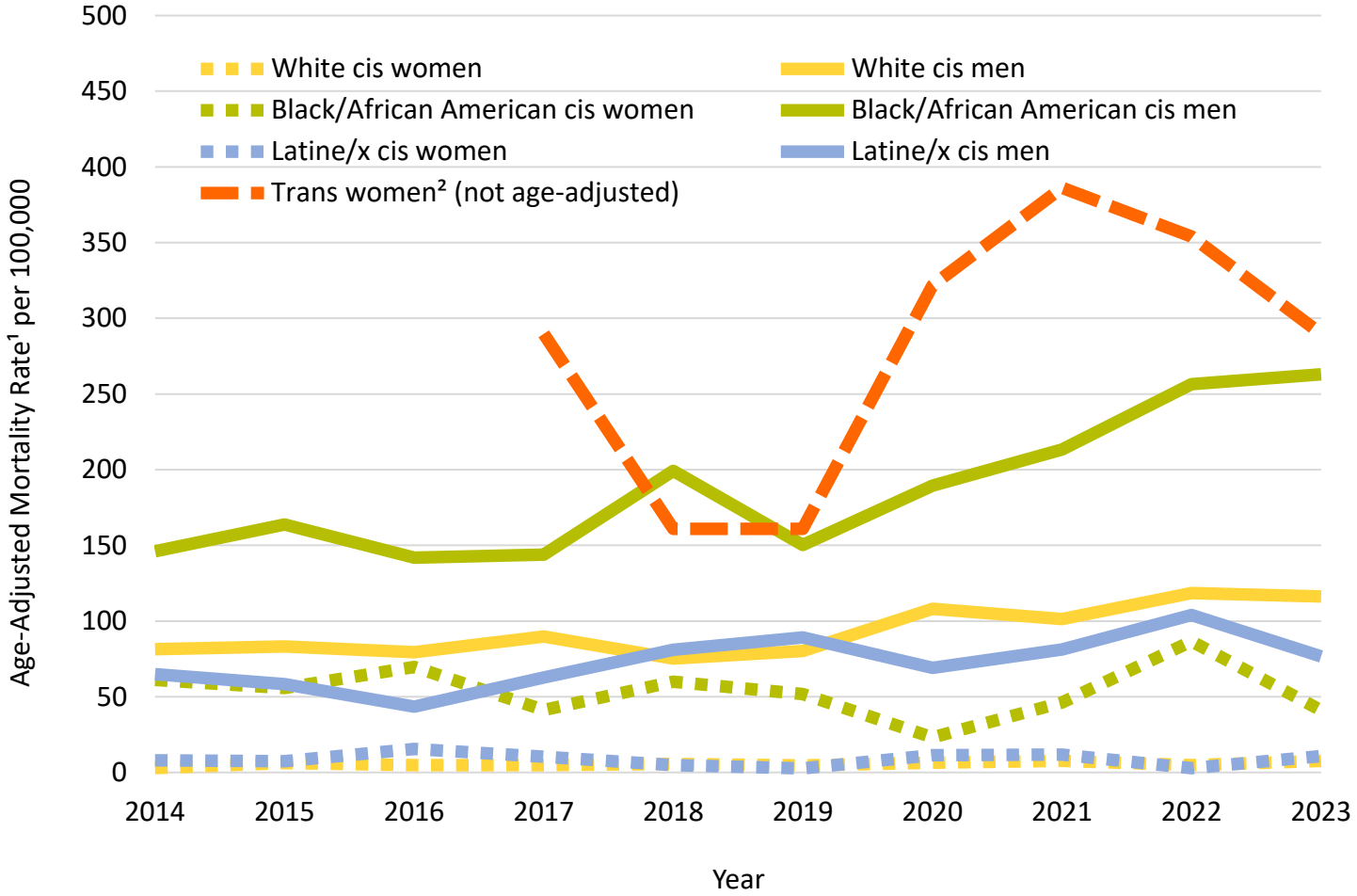


^2023 VS in cis women 94%

*2023 VS in PWID 83%

#2023 VS in PEH 75%

Age-adjusted mortality rates among people aged 18 and older with HIV per 100,000 by gender and race/ethnicity, San Francisco



- Mortality highest in Trans women (but not age-adjusted)
- Mortality next highest in Black men, then White men, then Latino men, then Black women
- Death from HIV-associated causes dropped from 40% in 2012-2015 to 24% in 2020-2023
- Overdose deaths rose from 12% in 2012-2015 to 24% in 2020-2023

1 Age-adjusted mortality rates are calculated for people 18 years and older. For each race/ethnicity and gender, the number of people with HIV who died each year was divided by projected San Francisco population estimates across fourteen age groups (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+) to generate crude rates applied to the standard population, defined using the California population estimates from the Department of Finance. See Technical Notes for "HIV Case Rates and HIV Mortality Rates."

2 Mortality rates for trans women are not age-adjusted. Due to small numbers, trans women are not stratified by race/ethnicity and mortality rates for trans men are not calculated. San Francisco trans women population estimate from Raymond HF, Wilson EC, McFarland W. Transwoman Population Size. Am J Public Health. 2017 Sep;107(9):e12. doi: 10.2105/AJPH.2017.303964. PMID: 28787216; PMCID: PMC5551612.

Summary

1. Numbers of new diagnoses have declined from pre-pandemic, but appear to be leveling out
   - Increases particularly among Black cis-women
   - Racial/ethnic disparities in all genders
   - Nearly 1 in 6 new diagnoses in people experiencing homelessness; 1 in 7 new diagnoses in people who inject drugs (PWID)

2. Linkage to care and viral suppression continue to improve
   - Groups lagging behind: people experiencing homelessness, PWID, cis-women, White people

3. Deaths increasing with aging population, particularly among Black men
   - HIV-associated deaths declining but overdose deaths increasing

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

Lead: Susa Coffey

People Experiencing Homelessness: Tackling Disparities in the HIV Continuum

Leads: Liz Imbert + Erin Antunez

Aging & HIV

Leads: Paul Aguilar + Vincent Crisostomo

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 Communities
Leads: Carina Marquez + Jorge Zepeda

PrEP Committee

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

Getting to Zero San Francisco PrEP Goals & Activities, as of November 2025

	Priority populations/settings	Currently Underway	Short-term Activities	Long-term Activities
Goal: Increase PrEP awareness and uptake	Black MSM Cisgender women PWUD/PWID PEH	• Complete local artists' designed materials, working with CHEP and graphic designer to create messaging and text • Create limited palm cards/flyers/ brochures with local artists' designed materials and distribute to local CBOs, clinics, HAPs, soup kitchens (e.g. Martin de Porres), syringe exchanges, other community partners • Add QR code to materials to take folks to Have Good Sex website with information about PrEP and clinics offering oral and injectable PrEP or to specific clinic websites	• Launch broader ***citywide*** campaign with local artists' designs via social media, sexual networking sites • Support direct-booking with a PrEP navigator and PrEPmate (SMS) navigation and linkage to a PrEP clinic	• Launch SF Bay Area ***regionwide*** campaign with local artists' designs – social media, sexual networking sites, billboards in partnership with EBGTZ and SCCGTZ • Expand direct-booking / PrEPmate evaluation to ***Bay Area wide***
	Cisgender women Black cis-women	• Continue pole parties • Distribute local artists' designed materials to beauticians /salons across SF	• Expand pole parties • Sponsor Afrocentric or Latin cooking classes to include info about HIV/STI prevention, and PrEP • Train beauticians to be ambassadors of PrEP and support through stipends	• Establish and fund an expanded PrEP ambassador training and support program, Bay Area-wide wide in partnership with EBGTZ and SCCGTZ • Expand outreach / educational events Bay Area-wide in partnership with EBGTZ and SCCGTZ
	Black community		• Table/outreach at Black Joy Parade Feb 23 (coordinate with other PrEP providers, EBGTZ)	
	Latine community	• Continue day parties at coffee shops, etc	• Expand day parties and other outreach/educational events • Identify influencers who can be ambassadors of PrEP to the Latine community and support through stipends	
	All communities	• Continue quarterly cross-bay (SF, Alameda, Santa Clara) meeting to share best practices around PrEP/prevention • Set up meeting to explore same-day starts of CAB-LA / LEN with drug donations or other options within DPH		

PrEP Committee plans, part 2

Getting to Zero San Francisco PrEP Goals & Activities, as of November 2025

	Priority populations/settings	Currently Underway	Short-term Activities	Long-term Activities
Goal: Increase Provider & Frontline Worker Capacity	Health Access Points (HAPs)	• Needs assessment of HAPs regarding PrEP delivery (end of 2025) • Bolster referral from HAPs to partnering PrEP clinics		• Support staff and training to establish clinical spaces within HAPs to deliver PrEP
	Pharmacies	• UCSF started pharmacy-led PrEP delivery in June 2025	• Establish Community of Practice for PrEP delivery in CBO pharmacies	• Bay Area-wide effort to expand pharmacy-led PrEP delivery in community pharmacies
	Street/Mobile outreach	• Continue monthly collaboration meetings with GTZ PEH group • Set up meeting with WPIC/Street medicine teams to understand new landscape and potential for delivering LA-PrEP • Set up meeting with SFCHC Mobile PrEP team to understand best practices and coordinate outreach • M-PULSE grant to conduct DCE for best delivery strategies for Merck's monthly PrEP pill for PWUD	• Mobile delivery of PrEP with linkage to Lobby and MXM	• Establish a coordinated street/mobile PrEP delivery program across Bay Area
	Youth clinics	• Continue joint PrEP / AYA GTZ committee meetings to strategize to support peer navigation support for youth • ATN 165 (LYPS) to deliver PrEP to youth via mobile van and home visits / at Bridge HIV [launch Dec 2025] • ATN 166 (CHOOSE) to test package of mHealth tools to support PrEP uptake and persistence among young men		
	Transgender/NB communities	• Bridge Clinic offering oral and injectable PrEP to 200 TNB individuals in SF Bay Area		•
Goal: Increase PrEP persistence	PWUD PEH	• To pilot increased location data collection by front desk staff within Lobby • Share pilot materials with other clinics working with PWUD/PEH • Develop handout with ancillary services in community (showers, laundry, food assistance, etc) with locations and hours • Distribute Lobby flyer with map and list of services to key organizations	• Work with industry partner to fund ongoing financial support program for both HAP and POP-UP • Offer Lyft/Uber health support to PrEP visits at the Lobby	• Hire LINCS navigators to support biomedical prevention retention • Hire a case manager and/or social worker to help with housing and other support needs for PWUD/PEH • Robust evaluation to test distribution of mobile phones, geolocating tiles, and other innovative strategies to support retention in PrEP care

PrEP Committee

New & updated resources on GTZ-SF website:

- Yeztugo & Apretude insurance flowsheets
- A list of San Francisco's clinics & providers of CAB & LEN for PrEP, and LA-ART
- Ward 86 Long Acting Pre-Exposure Prophylaxis (PrEP) Guidelines

Yeztugo® Insurance Flowsheet

Client is Uninsured or Underinsured	Client has Medi-Cal	Client has Private Insurance
• Client may qualify for the **Medication Assistance Program (MAP)**	• Medication is covered • For Medicare clients, pharmacy can run test claim to see if prior authorization is necessary	• Variable coverage, depends on whether provider is in-network • May need prior authorization • Can send Rx to Specialty Pharmacy

• Complete Advancing Access Enrollment form for MAP eligibility determination
  ○ English Form
  ○ Spanish Form
• Check box for "MAP Eligibility Determination" and complete all required MAP sections
  ○ Fax forms to 1-800-915-3003
  ○ Inform client they will be contacted by Advancing Access via preferred contact method
• ARx pharmacy ships all medication for Gilead MAP enrollees
  ○ The pharmacy operates from 9 AM-8 PM EST M-F and from 9 AM-3 PM EST on Saturday.
  ○ Pharmacy will reach out to provider to set up delivery
  ○ Spanish-speaking agents are available
• Providers and patients can follow-up with Advancing Access to check on status: 1-800-226-2056
	• Make copy of Medi-Cal card, get SS number
	• Send Rx to specialty pharmacy with this sig:
	  ○ Yeztugo injection doses: 309/mg/mL solution injection, dispense 3 mL: Administer 927 mg (2x1.5 ml) subcutaneous injections in the abdomen or thigh every 26 weeks
	  ○ Yeztugo oral loading dose: 300 mg tablet: Take 2 tablets (600 mg) on day 1 with injection and 2 tablets on day 2
	Pharmacies w/ Yeztugo experience:
	• 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
	• 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
	• Walgreens - 1399 W San Carlos Street, San Jose, CA 95126
		• Complete Advancing Access Enrollment form to obtain Benefit Investigation (BI) report OR
		• Send Rx directly to authorized specialty pharmacies for BI and fulfillment:
		  ○ AcariaHealth
		  ○ Accredo
		  ○ Avita Pharmacy
		  ○ Curant Health
		  ○ CVS Specialty
		  ○ Genoa Healthcare, a part of OptumRx
		  ○ Walgreens Specialty Pharmacy
		• Pharmacist may submit prior authorization via covermymeds.com if applicable.
		• Clients with out-of-pocket costs after insurance can apply for a co-pay card at gileadadvancingaccess.com/copay-coupon-card
		• If out-of-network and high co-pay, consider sending to Alt Site of Care (ASOC).
		• Option Care Health [Yeztugo Referral Form]

WARD 86 LONG-ACTING PRE-EXPOSURE PROPHYLAXIS (PREP) GUIDELINES

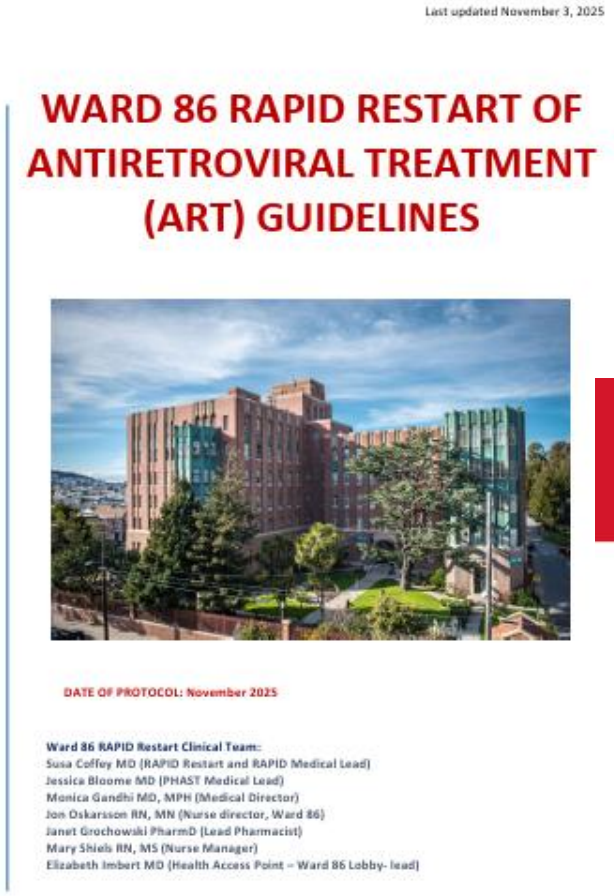
DATE OF PROTOCOL: November 2025

Ward 86 Leadership Team:
Matthew Spinelli MD, MAS, Medical Lead of PrEP program
Monica Gandhi MD, MPH, Medical director of Ward 86
Janet Grochowski PharmD, Supervising pharmacist of Ward 86
Jon Oskarsson RN, MN, Nurse Director of Ward 86
Mary Shiels RN, MS, Nurse Manager of Ward 86
Christina Camp, RN, MS, Nurse lead of Health Access Point (Lobby of Ward 86)
Elizabeth Imbert MD, MPH, Medical lead of Heath Access Point (Lobby of Ward 86)

RAPID/Restart & Retention Committee

To promote immediate access to ART to persons with new HIV diagnoses (RAPID) and those who are off treatment (Rapid Restart), and to develop best practices for ongoing retention in HIV care.

1. Maintain goals and focus of RAPID starts for people with new HIV diagnoses
2. Focus on Retention. Challenges: lack of robust, dedicated wraparound services and Different sites are addressing differently, yet some opportunities
3. Data gathering/metrics; program evaluation - focus on and track disparities, identify needs of specific populations
4. Published *new* Guidelines for RAPID Restart of ART –immediate ART restart on day of presentation
5. Published updated RAPID ART provider brochure (Feb 2025)

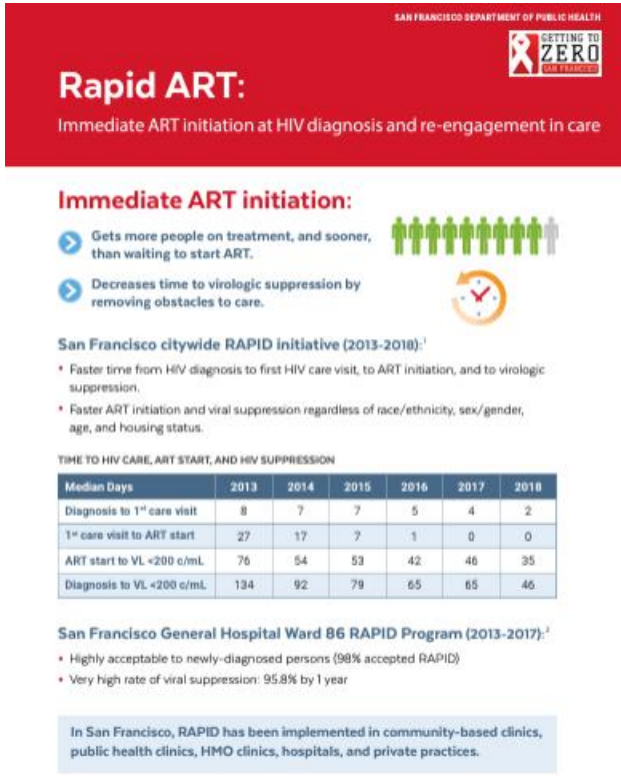


Last updated November 3, 2025

WARD 86 RAPID RESTART OF ANTIRETROVIRAL TREATMENT (ART) GUIDELINES

DATE OF PROTOCOL: November 2025

Ward 86 RAPID Restart Clinical Team:
Susa Coffey MD (RAPID Restart and RAPID Medical Lead)
Jessica Bloome MD (PHAST Medical Lead)
Monica Gandhi MD, MPH (Medical Director)
Jon Oskarsson RN, MN (Nurse director, Ward 86)
Janet Grochowski PharmD (Lead Pharmacist)
Mary Shiels RN, MS (Nurse Manager)
Elizabeth Imbert MD (Health Access Point – Ward 86 Lobby- lead)



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

GETTING TO ZERO

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 1st care visit	8	7	7	5	4	2
1st 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):[2]

- 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.

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**
   - Partner with Street Medicine on LA PrEP education/linkage
   - Utilize incentives (peer referrals, injection) and transportation assistance
   - Augment ability to deliver LA ART outside of 4 wall clinics across the city
   - Explore same day LA PrEP starts and role of telehealth for LA ART starts
2. **Enhance identification and linkage of PLWH PEH to low barrier care programs & expand reach of low barrier care programs**
3. **Collaborations**
   - GTZ PrEP Committee; (e.g., disseminate tailored PrEP educational materials for PEH)
   - Cross-bay relationships (e.g. Dr. Sunny Lai (Alameda Health System), Dr. Sami Lubega (EBGTZ)
4. **Housing & benefits advocacy**
   - Continue to provide input in HSH Case Management program planning and implementation about needs of PWH/PEH
   - Ongoing support and benefits/insurance resource sharing to support PWH/PEH to stay in care/MediCal
   - Housing improves health. We need ongoing advocacy for a mix of low-barrier, supportive, and specialized housing solutions

HIV & Aging Committee

To promote conversations, assessments and informative events to spread awareness of the needs of PLWHA over the age of 50 and support community efforts to lower HIV and STI infections in adults over 50 and advocate for policies that improve their quality of life as they age

1. **Advocate for policies/guidelines that affect the quality-of-life outcomes for PLWH 50+ & center meaningful involvement of people living within efforts**
    - Request city funding for an Intensive case management program tailored to older adults living with HIV.
    - Advocate for funding or development of substance use services for Older People and coordinate with partners on how to address gaps and needs
    - Support the ongoing advocacy for a $300,000 allocation from the Department of Disability and Aging Services (DAS) for older people with HIV

2. **Improve availability & access to culturally competent care and services**
    - Mentorship – build an informal cadre/team of providers and 50+ long-term survivors who would be willing to mentor new clinicians entering the field and discuss HIV & aging topics
    - Advocate for a city-supported “model of care” for aging people with HIV

3. **Increase health & HIV education and prevention for people over 50**
    - Co-organize brown bags" educational events where Older People can ask questions about sexual health topics that are important to them. And incorporate HIV/STI testing, PrEP edu & options, including LAIs
    - Incorporate prevention needs of women 50+: committee representation, liaise with PrEP & PEH committees
    - Ongoing advocacy for the HAPs to include Older People’s needs

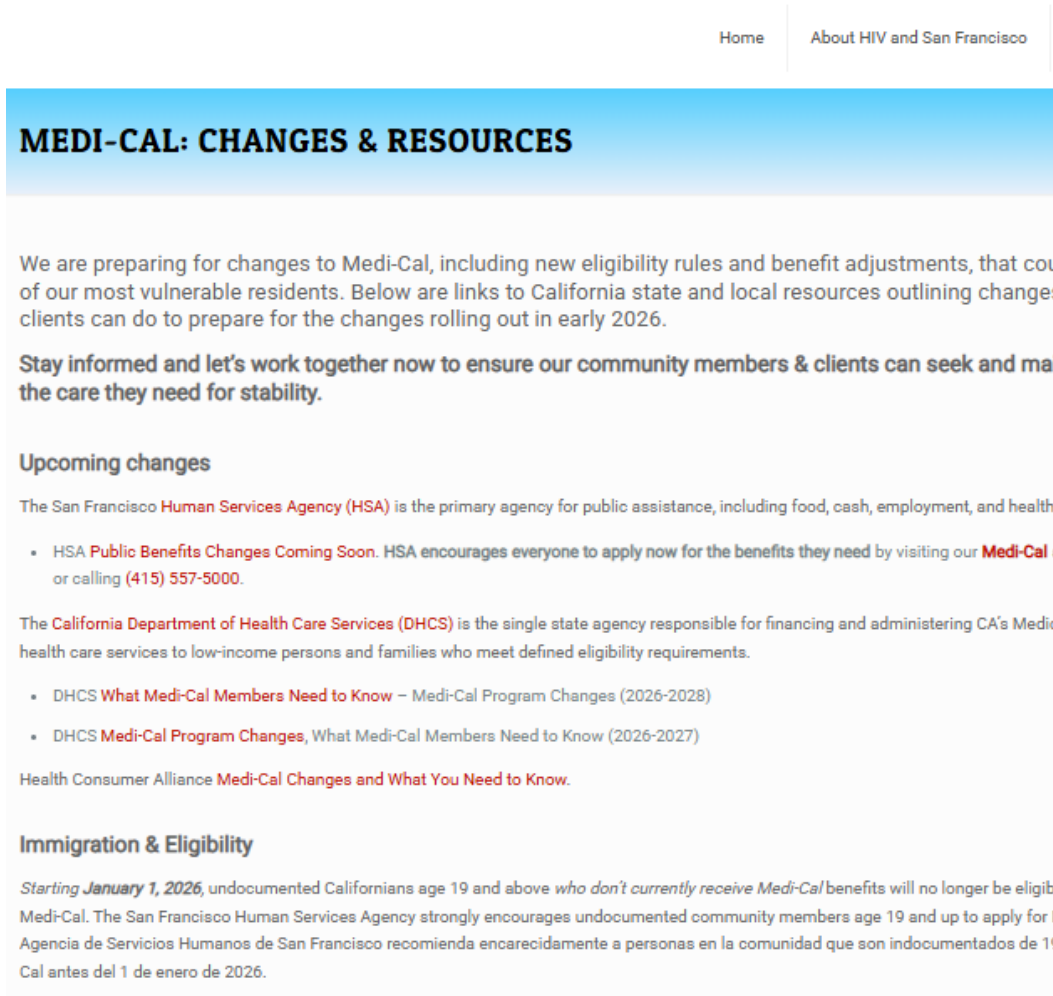
GTZ-SF Work Groups/Areas of Advocacy

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 Latine communities.

Immediate Priorities -

1. Share the latest information using email and new webpage about upcoming changes to **Medi-Cal**, registration deadlines, upcoming enrollment clinics and links to other resources in multiple languages
2. Better understand changes to req for the County Adult (catastrophic) Assistance Program (CAAP) administered by the Health Services Agency and impact on PLWH
   - CAAP provides financial assistance to very low-income residents, some of whom are Latine PLH and long-term survivors w/o other income
   - New 6-month renewal req adds burden for providers and is stressful for clients/patients
   - In communication with SFDPH HIV Health Services and Street Health, assessing next steps



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MEDI-CAL: CHANGES & RESOURCES

We are preparing for changes to Medi-Cal, including new eligibility rules and benefit adjustments, that cou
of our most vulnerable residents. Below are links to California state and local resources outlining change
clients can do to prepare for the changes rolling out in early 2026.

**Stay informed and let's work together now to ensure our community members & clients can seek and ma
the care they need for stability.**

Upcoming changes

The San Francisco Human Services Agency (HSA) is the primary agency for public assistance, including food, cash, employment, and health

- HSA Public Benefits Changes Coming Soon. HSA encourages everyone to apply now for the benefits they need by visiting our Medi-Cal
  or calling (415) 557-5000.

The California Department of Health Care Services (DHCS) is the single state agency responsible for financing and administering CA's Medi
health care services to low-income persons and families who meet defined eligibility requirements.

- DHCS What Medi-Cal Members Need to Know – Medi-Cal Program Changes (2026-2028)
- DHCS Medi-Cal Program Changes, What Medi-Cal Members Need to Know (2026-2027)

Health Consumer Alliance Medi-Cal Changes and What You Need to Know.

Immigration & Eligibility

Starting January 1, 2026, undocumented Californians age 19 and above *who don't currently receive Medi-Cal* benefits will no longer be eligib
Medi-Cal. The San Francisco Human Services Agency strongly encourages undocumented community members age 19 and up to apply for
Agencia de Servicios Humanos de San Francisco recomienda encarecidamente a personas en la comunidad que son indocumentados de 1
Cal antes del 1 de enero de 2026.

GTZ-SF Work Groups/Areas of Advocacy

Hep C Elimination in SF

Key takeaways & recommendations from May 2025 Consortium Meeting

Key Takeaways

- San Francisco is making progress on hepatitis C elimination, with high cure rates for HIV co-infected patients
- Challenges remain in testing and treating certain populations, especially people who use drugs, Black/African American communities, and those experiencing homelessness
- Point-of-care fingerstick RNA testing (Xpert) is a promising new tool that could dramatically improve hepatitis C diagnosis and treatment
- Rapid testing with immediate treatment are crucial to prevent losing patients in the care cascade.

Recommendations

- Develop prevalence estimates for hepatitis C in San Francisco
- Secure funding for point-of-care testing pilot programs in key settings like jails, opioid treatment programs, and low-barrier clinics
- Implement test-and-treat strategies that minimize barriers to treatment
- Continue targeted outreach to high-prevalence and high-risk communities
- Address reduction in pharmacy services citywide as a growing barrier to HCV treatment
- Strengthen collaboration between healthcare providers, navigation and community–based programs to improve hepatitis C testing and treatment

GTZ-SF Steering Committee

Diane Havlir, Co-Chair
UCSF

Susan Buchbinder, Co-Chair
SFDPH

Brad Hare, Kaiser SF

Chip Supanich, Community Member

Franco Chevalier, HIV Community Planning Council & SFDPH

Hyman Scott, SFDPH

Mary Lawrence Hicks, GTZ-SF and SFCHC

Shawn Demmons, Bay Area Region, PAETC

Stephanie Cohen, SFDPH

Tyler TerMeer, SF AIDS Foundation

Will Hua, Alliance Health Project

Courtney Liebi, Coordinator

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

San Francisco Support

Mayor Daniel Lurie
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San Francisco HIV Community Planning Council