February 24, 2025

Ending the Epidemics Preve ntion and Surveillance Overview



THE MASONIC TEMPLE

LUM

Federal Ending The HIV (HCV/STI) Epidemic(s) 2020



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.





Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

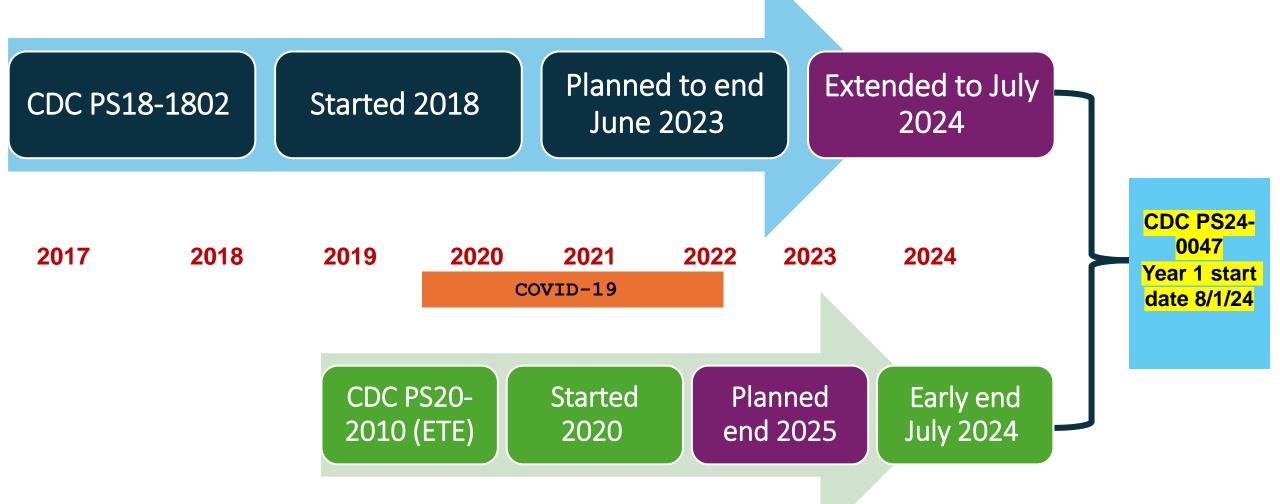


This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 **GOAL:**

75% reduction in new HIV infections in 5 years and at least

90% reduction in 10 years.

Background: CDC Funding 18-1802 and 20-2010 (ETE) Merge Plan



•Reducing new HIV infections in the United States by 75% by 2025 and by 90% by 2030

Diagnose all people with HIV as early as possible.

 ${\bf Treat}\ {\rm people}\ {\rm with}\ {\rm HIV}\ {\rm rapidly}\ {\rm and}\ {\rm effectively}\ {\rm to}\ {\rm reach}\ {\rm sustained}\ {\rm viral}\ {\rm suppression}.$



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



51	rat	egi	es and Activities	STOutcomes	II Outcomes	Goals
Î		TEST	 Keep what is working Increase integrated HIV/HCV/STI screening & TB & mpox testing EHE: Partner with housing providers EHE: Mobile Health Access Point 	ST1.1 Increased HIV ROOT ST1.2 Increased HIV testing accessibility ST1.3 Increased identification of new HIV diagnoses and PWH not in care ST1.4 Increased integrated screening	IT1.1 Increased knowledge of HIV status IT1.2 Reduced late diagnoses	
Core HIV Surveillance*	ngagement**	TREAT	 Linkage to care (LTC) for all newly diagnosed HIV care retention addressing disparities Integrate HCV LTC EHE: Scale up LAI ART EHE: Navigation in jails/Gender Health 	ST2.1 Increased rapid LTC ST2.2 Increased receipt of HIV partner services ST2.3 Increased care engagement for PWH ST2.4 Increased early ART initiation ST2.5 Increased receipt of support services	IT2.1 Increased receipt of HIV medical care IT2.2 Increased HIV viral suppression	 Reduced new HIV infections Improved
Core HIV S	Community Engagement	PREVENT	 New integrated Health Access Points Focus on Latine MSM, PEH, and PWU/ID PrEP scale-up Integrated HIV/HCV/STI messaging & services EHE: Workforce capacity-building EHE: Integrated resource inventory 	ST3.1 Increased linkage to PrEP/PEP ST3.2 Increased availability of condoms ST3.3 Increased availability of harm reduction services/SSPs ST3.4 Increased awareness of PrEP/PEP ST3.5 Improved perinatal HIV surveillance data ST3.6 Improved perinatal HIV services	IT3.1 Increased PrEP/PEP prescriptions and use IT3.2 Increased SSP use IT3.3 Reduced perinatal HIV	health outcomes for PWH • Reduced disparities
		RESPOND	 Monitor for, detect, and respond to clusters EHE: CDR dashboard EHE: CDR outbreak simulation 	ST4.1 Improved early identification and investigation of HIV clusters ST4.2 Improved data about clusters and response	IT4.1 Improved response to HIV clusters	

↓ Core HIV Surveillance & Community Engagement strategies support successful implementation of activities, leading to

CDC PS24-0047 Overview Category / Pillars



- 2024 (5 years cycle)
- A merge of 18-1802 and 20-2010
- National syndemic, HIV, STI, Hep-C

5.Core HIV surveillance

6. Community engagement

San Francisco ETE Implementation

San Francisc DPH 24-0047 Application Overview

St	ra	tegies and Activities	ST Outcomes	IT Outcomes	Goals
		 Increase integrated HIV/HCV/STI screening & TB & mpox testing EHE: Partner with housing providers 	ST1.1 Increased HIV ROOT ST1.2 Increased HIV testing accessibility ST1.3 Increased identification of new HIV diagnoses and PWH not in care ST1.4 Increased integrated screening	IT1.1 Increased knowledge of HIV status IT1.2 Reduced late diagnoses	
Core niv Survenia, to Community Engagement**	спвавеннени	diagnosed •HIV care retention addressing disparities •Integrate HCV LTC •EHE: Scale up LAI ART •EHE: Navigation in jails/Gender	 ST2.1 Increased rapid LTC ST2.2 Increased receipt of HIV partner services ST2.3 Increased care engagement for PWH ST2.4 Increased early ART initiation ST2.5 Increased receipt of support services 	IT2.1 Increased receipt of HIV medical care IT2.2 Increased HIV viral suppression	 Reduced new HIV infections Improved health
Community		Points • Focus on Latine MSM, PEH, and PWU/ID • PrEP scale-up • Integrated HIV/HCV/STI messaging & services	 ST3.1 Increased linkage to PrEP/PEP ST3.2 Increased availability of condoms ST3.3 Increased availability of harm reduction services/SSPs ST3.4 Increased awareness of PrEP/PEP ST3.5 Improved perinatal HIV surveillance data ST3.6 Improved perinatal HIV services 	IT3.1 Increased PrEP/PEP prescriptions and use IT3.2 Increased SSP use IT3.3 Reduced perinatal HIV	outcomes for PWH • Reduced disparities
		 Monitor for, detect, and respond to clusters EHE: CDR dashboard EHE: CDR outbreak 	ST4.1 Improved early identification and investigation of HIV clusters ST4.2 Improved data about clusters and response	IT4.1 Improved response to HIV clusters	

Core HIV Surveillance & Community Engagement strategies support successful activity implementation, leading to

*ST5.1 Improved HIV surveillance data for public health action; ST5.2 Improved monitoring of HIV trends; ST5.3 Improved data security, confidentiality, and protections; IT5.1 Improved use of HIV surveillance data to identify syndemics; IT5.2 Improved electronic data exchange capacity; IT5.3 Improved visualization of HIV surveillance data for public health action

****ST6.1** Increased collaborations and engagement with communities; ST6.2 Increased coordination and access to comprehensive HIV services; IT6.1 Sustained community partnerships

Test

Strategies and Activities		gies and Activities	ST Outcomes	IT Outcomes
	TEST	 Keep what is working Increase integrated HIV/HCV/STI screening & TB & mpox testing EHE: Partner with housing providers EHE: Mobile Health Access Point 	 ST1.1 Increased HIV ROOT ST1.2 Increased HIV testing accessibility ST1.3 Increased identification of new HIV diagnoses and PWH not in care ST1.4 Increased integrated screening 	IT1.1 Increased knowledge of HIV status IT1.2 Reduced late diagnoses

Test

- Continue routine opt-out testing, SF network
- Continue routine perinatal HIV testing, (no children age <13 since 2005)
- Integrate HIV, STI and HCV testing into HAPs
- TakeMeHome
- Expand HCV and STI in SF Testing Network
- Work with HSH to improve HIV/STI/HCV testing, sexual health services and overdose prevention for people experience homelessness
- Expand mobile testing and other prevention services

Treat

TREAT

Strategies and Activities	ST Outcomes	IT Outcomes
 Linkage to care (LTC) for all newly diagnosed HIV care retention addressing disparities Integrate HCV LTC EHE: Scale up LAI ART EHE: Navigation in jails/Gender Health 	 ST2.1 Increased rapid LTC ST2.2 Increased receipt of HIV partner services ST2.3 Increased care engagement for PWH ST2.4 Increased early ART initiation ST2.5 Increased receipt of support services 	IT2.1 Increased receipt of HIV medical care IT2.2 Increased HIV viral suppression

Treat

- Offer RAPID ART via LINCS
- Continue Data to Care efforts, ARCHES, LINCS and SFHN
- Expand LAI efforts with focus on Black, Latine, PEH and PWUDs
- Continue to support Jail h with navigation



Prevent

PREVENT

 New integrated Health Access Points Focus on Latine MSM, PEH, and PWU/ID PrEP scale-up ST3.1 Increased linkage to PrEP/PEP ST3.2 Increased availability of condoms ST3.3 Increased availability of harm reduction services/SSPs ST3.4 Increased awareness of PrEP/PEP IT3.1 Increased PrEP/PEP IT3.2 Increased and use IT3.2 Increased 	Strategies and Activities	ST Outcomes	IT Outcomes	
 Integrated HIV/HCV/STI messaging & services EHE: Workforce capacity-building ST3.5 Improved perinatal HIV surveillance data SSP use SSP use SSP use ST3.6 Improved perinatal HIV services 	Points Focus on Latine MSM, PEH, and PWU/ID PrEP scale-up Integrated HIV/HCV/STI messaging & services 	 ST3.2 Increased availability of condoms ST3.3 Increased availability of harm reduction services/SSPs ST3.4 Increased awareness of PrEP/PEP ST3.5 Improved perinatal HIV surveillance data 	PrEP/PEP prescriptions and use IT3.2 Increased SSP use IT3.3 Reduced	

Prevent

- Provide training and technical assistance to support the HAPs to provide fully integrated whole-person services to priority populations
- Expand access to PrEP and PEH and PWU/IDs
- Continue to make free condoms and safer sex widely available
- \bullet Support harm reduction services for PEH and PWU/ID
- Prevention Social Market Campaign for Latino/a/x/e
- HIV and Syphilis testing for people who become pregnant
- Annual Conference for frontline works

Respond

	Strategies and Activities	ST Outcomes	IT Outcomes	
RESPOND	 Monitor for, detect, and respond to clusters EHE: CDR dashboard EHE: CDR outbreak simulation 	ST4.1 Improved early identification and investigation of HIV clusters ST4.2 Improved data about clusters and response	IT4.1 Improved response to HIV clusters	

Respond

- Maintain cross-program Cluster Detection and Response Workgroup
- Partner and Community engagement Cluster Detection and Response
- Use HIV-TRACE for Cluster Detection and
- Respond to Clusters and Outbreaks and p
- Build a Cluster Detection and Response day
- Conduct a Cluster Detection and Respons simulations

Surveillance Strateav 5

- Conduct HIV surveillance data collection and reporting
- HIV surveillance data to care
- Make HIV surveillance data analyses routinely available to SFDP and community partners

HIV Diagnoses, Deaths and Prevalence 2009–2019, San Francisco



Community Engagement & Planning Strategy 6

- Mini Grants to engagements
- Develop Youth engagement strategy
- Continue to partner with HCPC
- Develop a streamlined syndemic and SDoH-focused integrated plan that meets the CDC and HRSA integrated plan requirements, aligns with California's Strategic Plan to End the Epidemics, and serves as SF's Ending the Epidemics Plan.



Questions ? thomas.knoble@sfdph.org