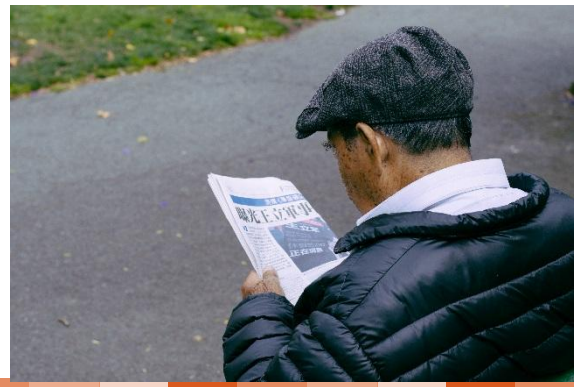

MEGA-TRENDS IN HIV, STI, & HEP-C

Thomas Knoble, MSW(they/ellos)
Community Health Education and Promotion
Population Health Division
San Francisco Department of Public Health

July 27, 2026

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

This is
a complement to
the HHS
presentation in
January, not the
same format but
similar overview.

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Agenda

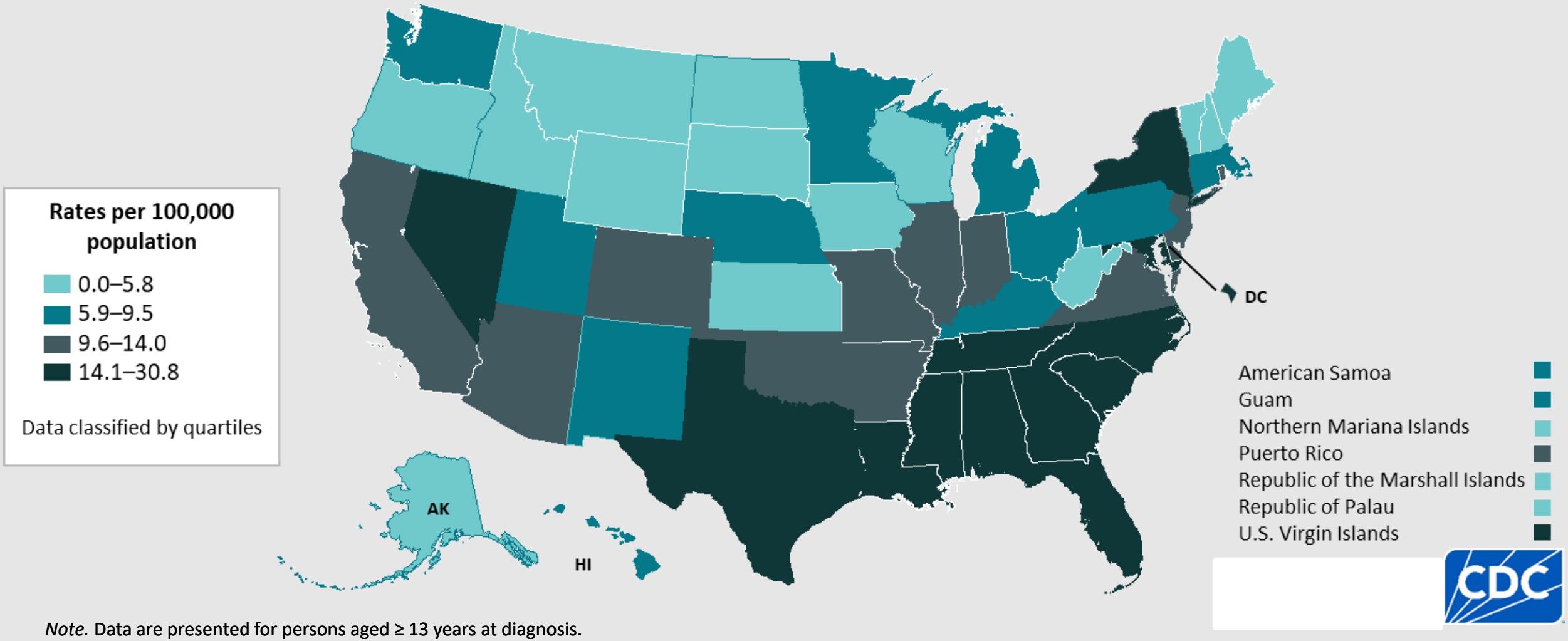
- Epi Background
- Past - Trends from 2025
- Present/Still - Trending
- New/Future - 2026 Trends
- Things that are no longer trends
- Q and A

    - Look and Local, State and National

    - The goal is to give you a number of updates and observations to offer CHEP and my perspective on the topics raised

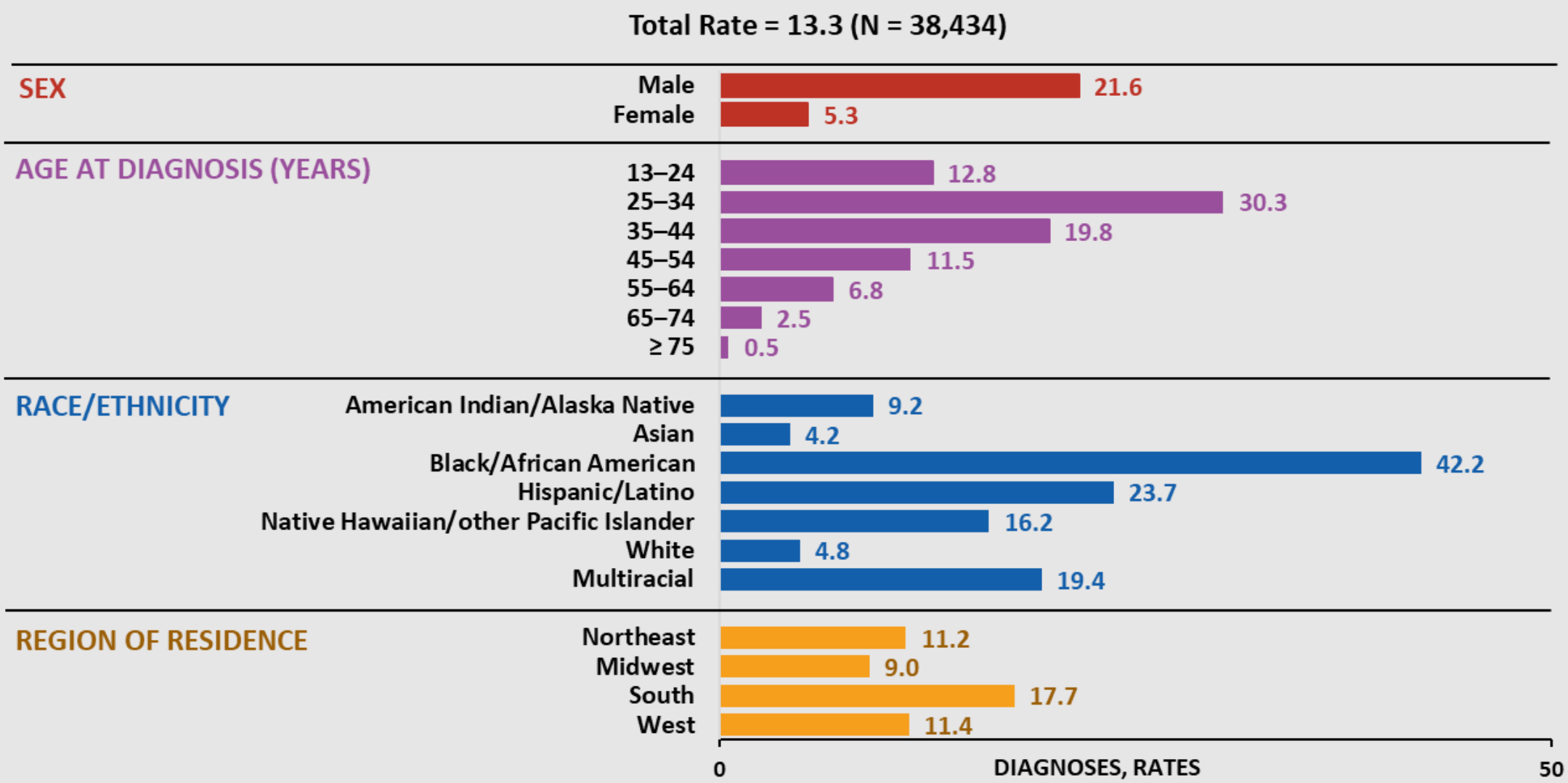
HIV diagnoses rates, 2024—United States and 7 territories and freely associated states

N = 38,793
Total Rate = 13.3



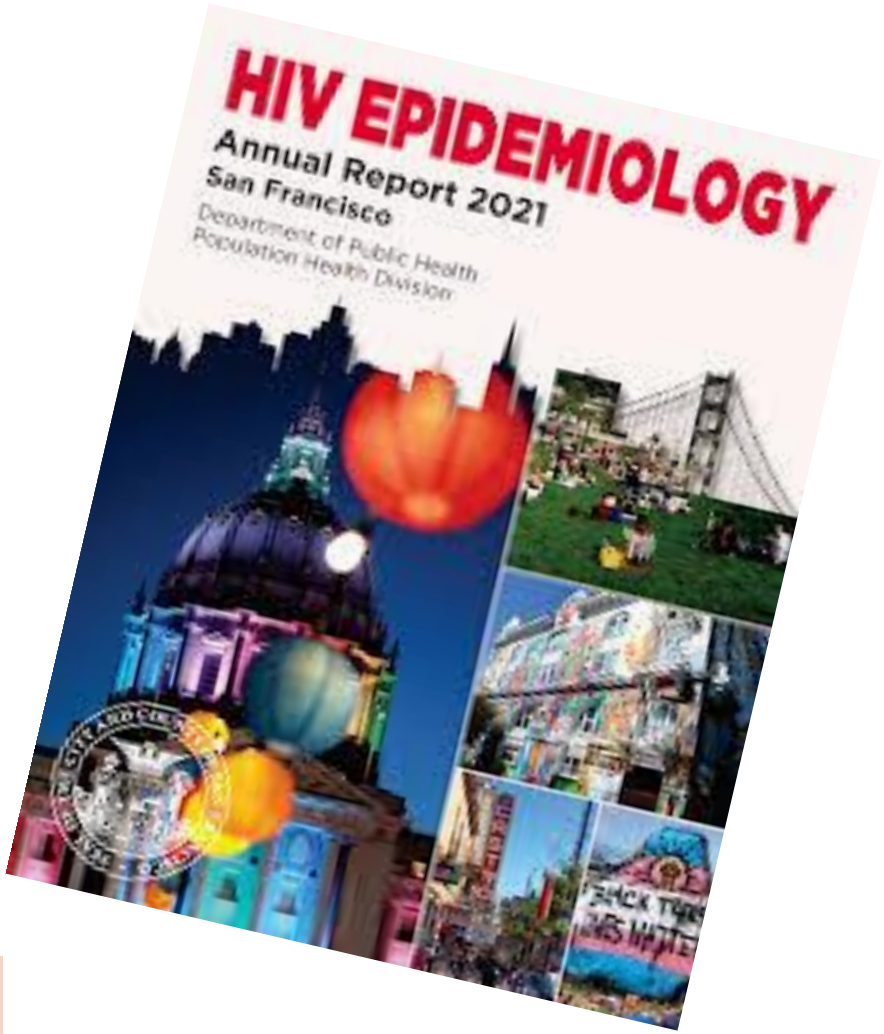
Note. Data are presented for persons aged ≥ 13 years at diagnosis.

HIV diagnoses rates, by selected characteristics, 2024—United States



Note. Data are presented for persons aged ≥ 13 years at diagnosis. Rates are per 100,000. Persons who did not report Hispanic or Latino ethnicity were categorized by race. Hispanic/Latino persons can be of any race.

San Francisco Epidemiology Data



https://media.api.sf.gov/documents/AnnualReport2024_Green_20250915FinalwCover.pdf

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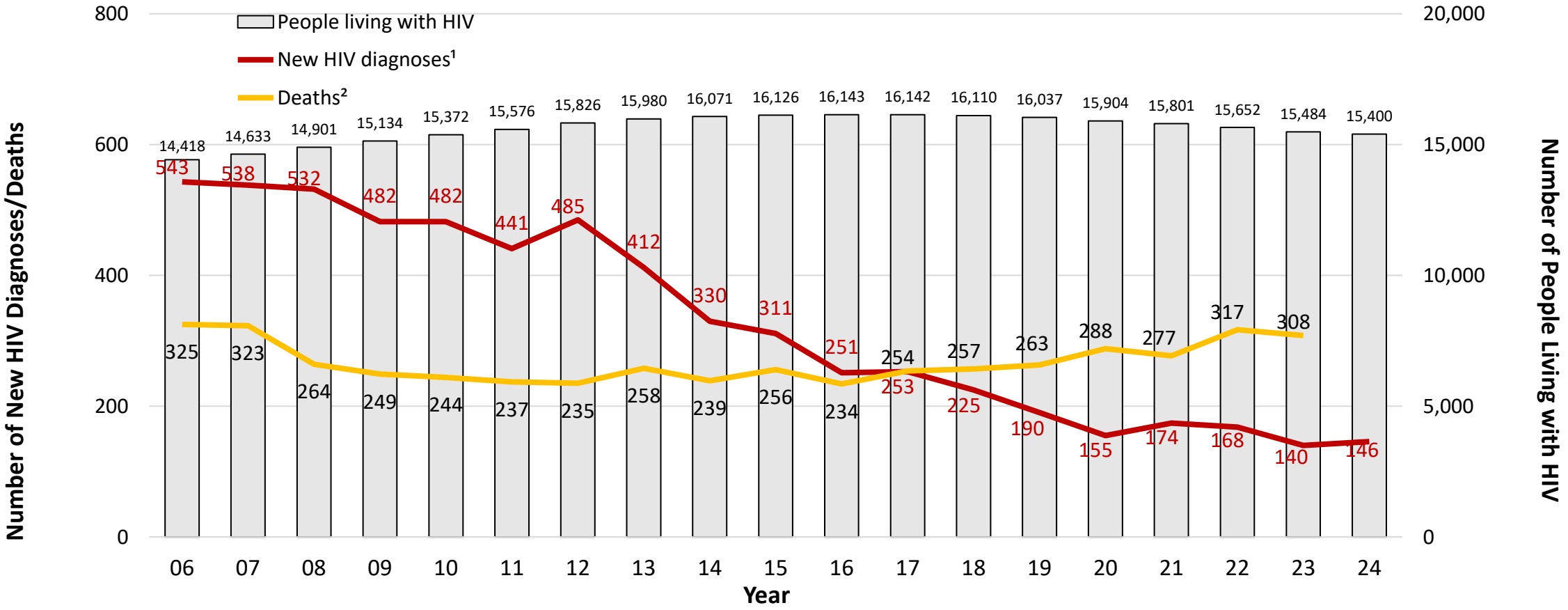
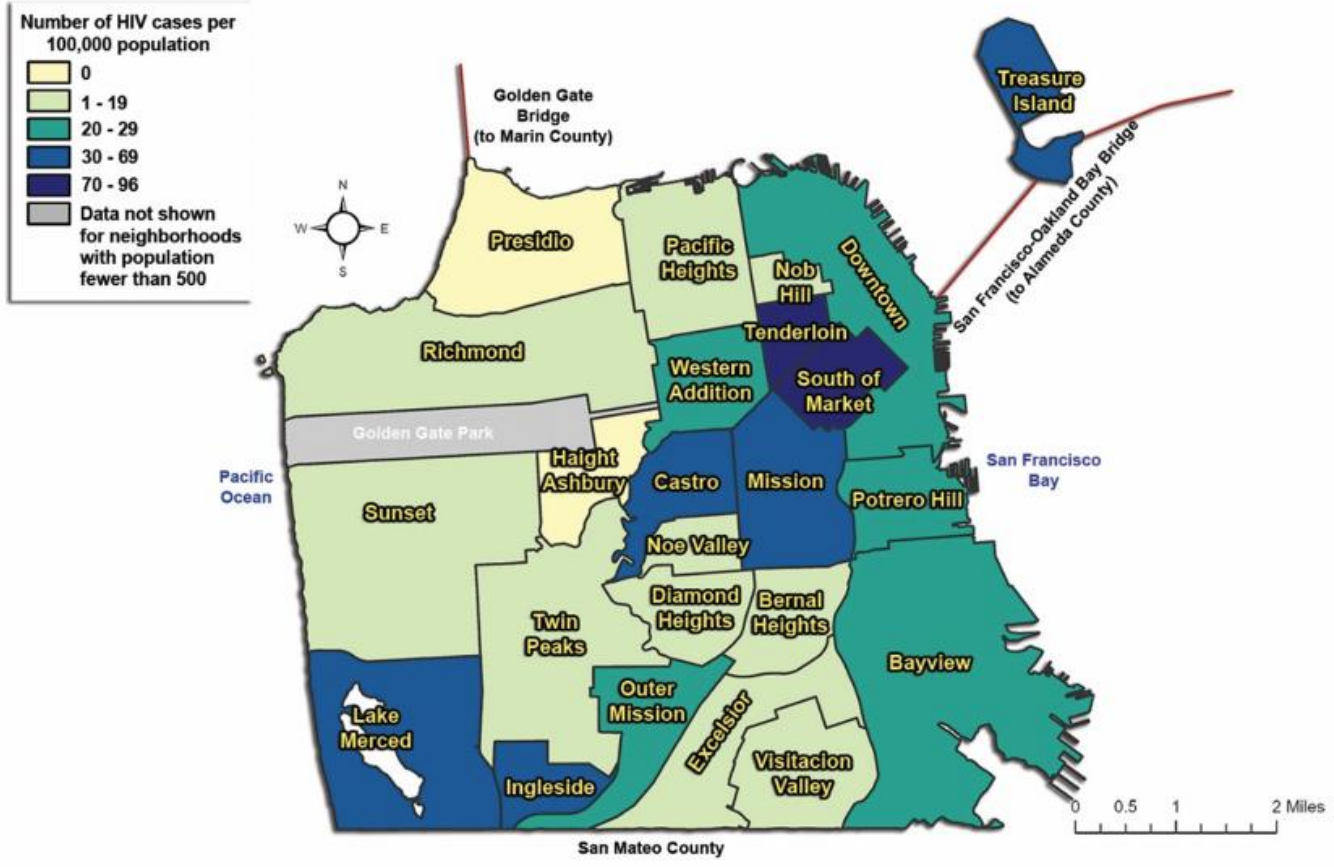
SF HIV Diagnoses Plateau After Sharp Declines



New HIV Diagnoses Geographically Clustered

Rates[1] of HIV diagnosis per 100,000 population for people diagnosed in 2023-2024 by neighborhood, San Francisco



Hep-C Overview in SF

CHRONIC HEPATITIS C CASES IN SAN FRANCISCO, 2024

CORE SURVEILLANCE DATA

The data presented in this section represent all persons who met the CDC/Council of State and Territorial Epidemiologists (CSTE) laboratory criteria for a probable or confirmed chronic HCV case and who had at least one positive HCV test reported to SFDPH in 2024.

From January 1, 2024 through December 31, 2024

SFDPH received over 5,600 positive HCV laboratory reports

Reports represented 2,308 individuals with probable (274) or confirmed (2,034) chronic HCV (all reported cases)

566 (24.5%) of all reported cases were newly reported, of which 201 were probable and 365 were confirmed

Figure 1. Number & rate of newly reported chronic HCV cases, 2021-2024*

Number of newly reported chronic HCV cases in San Francisco in 2024: 566

Rate of newly reported chronic HCV cases in San Francisco in 2024: 67.7 per 100,000 people

Note: The decrease in newly reported probable cases may be due to an increase in negative HCV RNA reporting. since individuals with only a positive anti-HCV and negative HCV RNA are **not considered a case**.[1] In years prior to 2024 when negative HCV RNA reporting was limited, many of these individuals would have been included as **probable cases** if the negative RNA result was NOT reported to SFDPH (see Technical Notes: Negative RNA and Positive Antibody).

* Newly reported cases are cases with positive HCV results reported to SFDPH for the first time during the reporting period, with no previously reported positive HCV result; they do not represent incidence or new infections (see Data Limitations).

>>> For more information, see Technical Notes.

Viral Hepatitis C Surveillance Report 2024

[Viral Hepatitis Reports | SF.gov]

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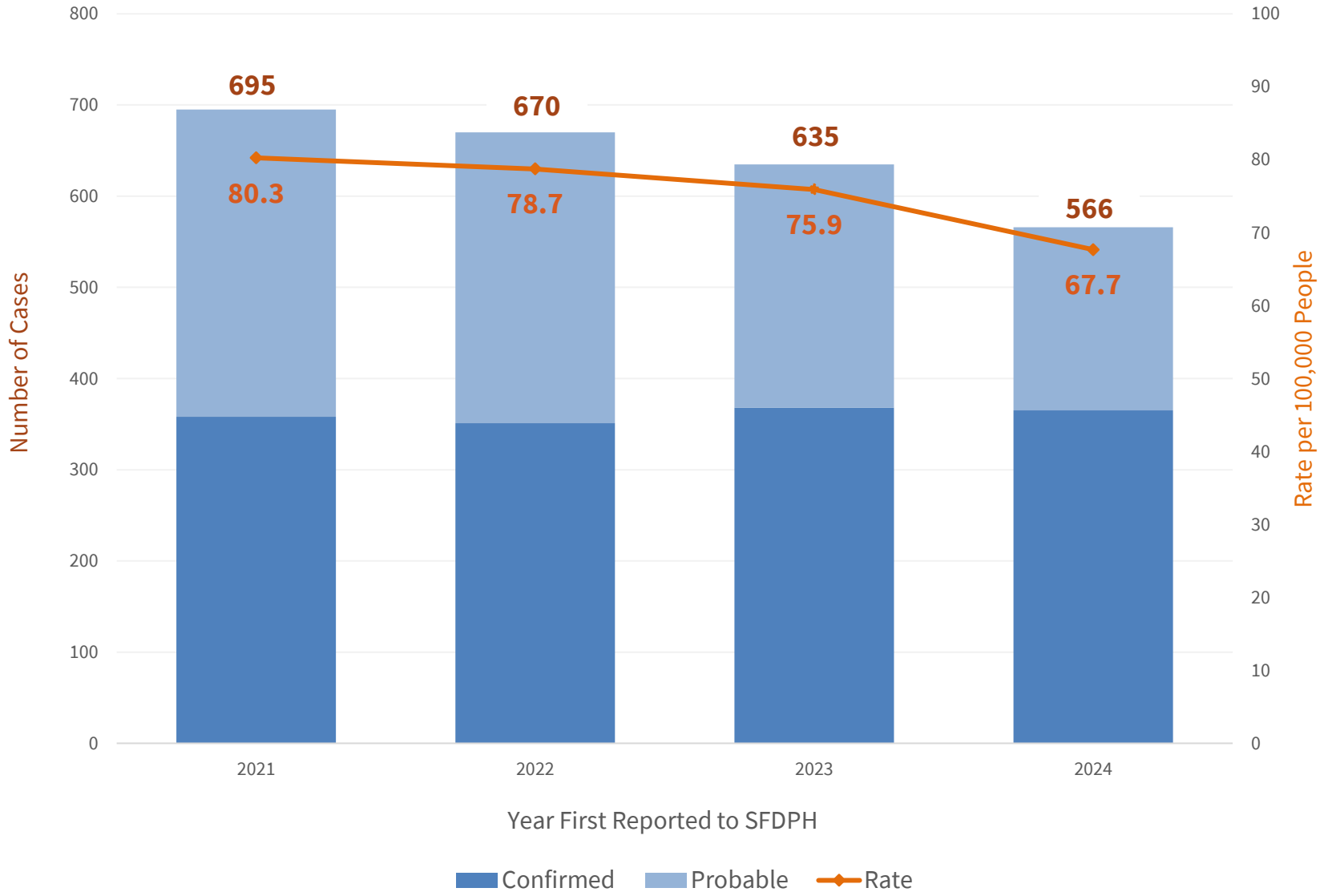
Number & rate of newly reported chronic HCV cases, 2021-2024



Number of newly reported chronic HCV cases in San Francisco in 2024:

566

Rate of newly reported chronic HCV cases in San Francisco in 2024:

67.7

per 100,000 people

Note: The decrease in newly reported probable cases may be due to the increase in negative HCV RNA reporting, as individuals with a positive anti-HCV and negative RNA only are not considered a case. In years prior to 2024 when negative HCV RNA was limited, many of these individuals would have been included as probable cases if the negative RNA result was NOT received by SFDPH.

HCV Epidemiology - Summary

- Steep decline in HCV-associated mortality
- Populations disproportionately impacted by HCV:
  - Males
  - Ages 35-44 years old
  - White
  - Black/AA
- 51% of persons initially infected with HCV cured or cleared their infections
  - Below the national elimination target of 58%

STI Overview in SF

[San Francisco Annual STI Summary]

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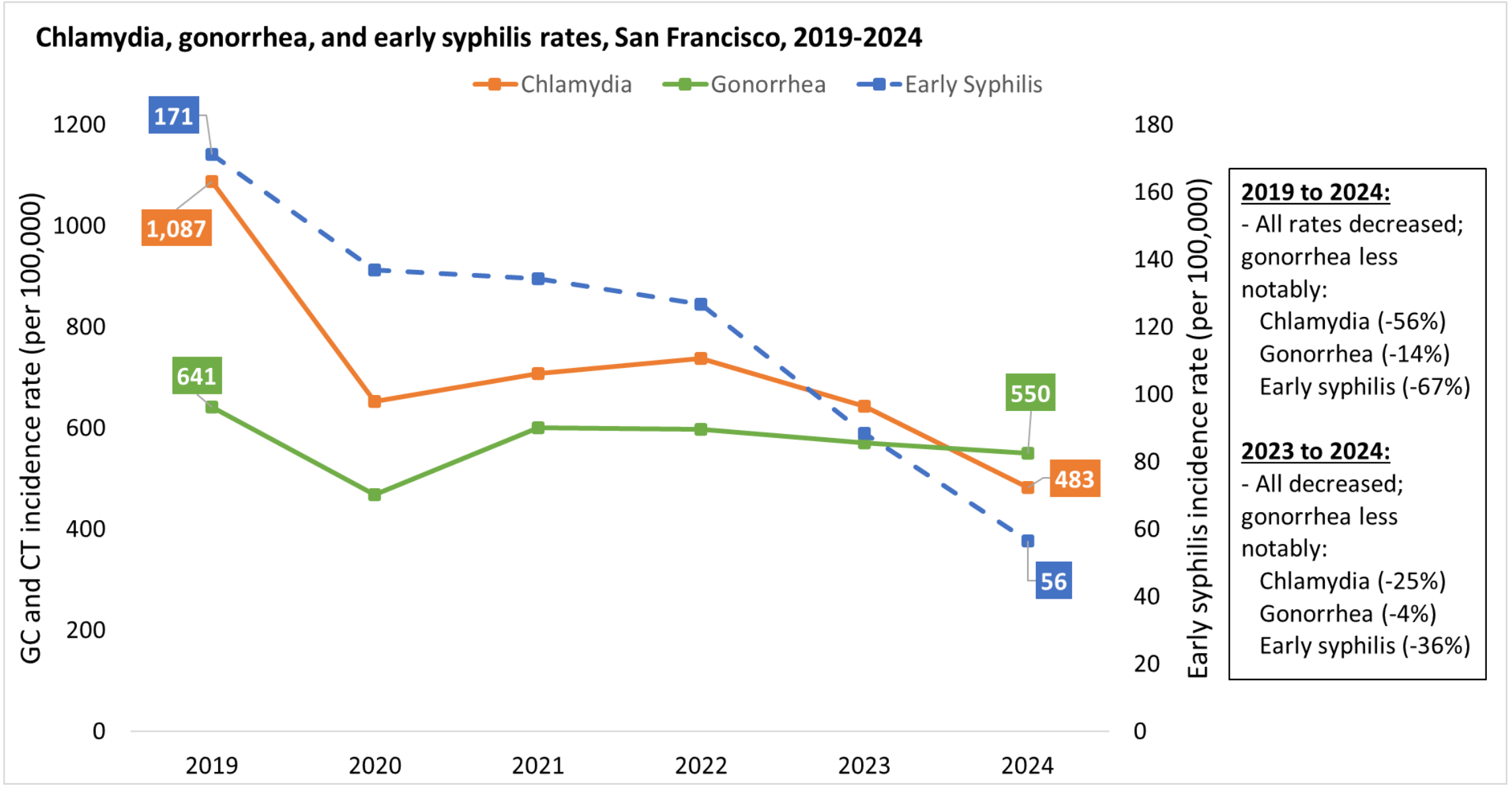
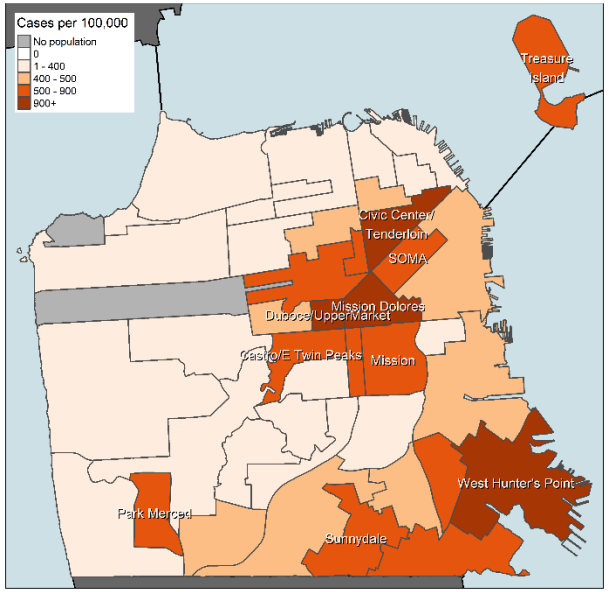
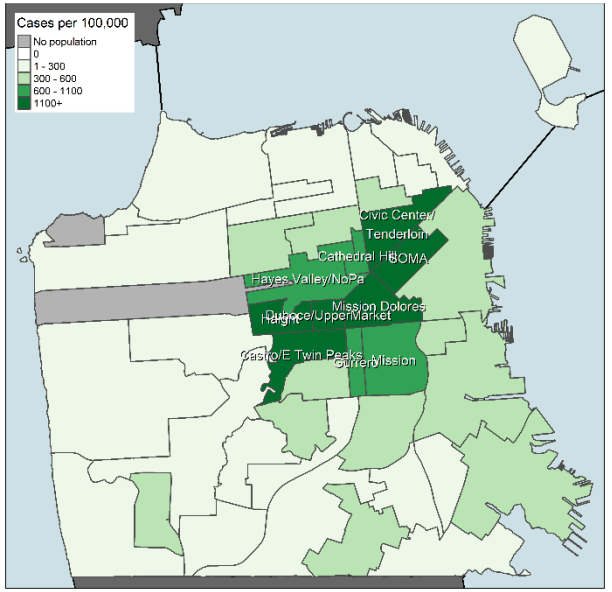
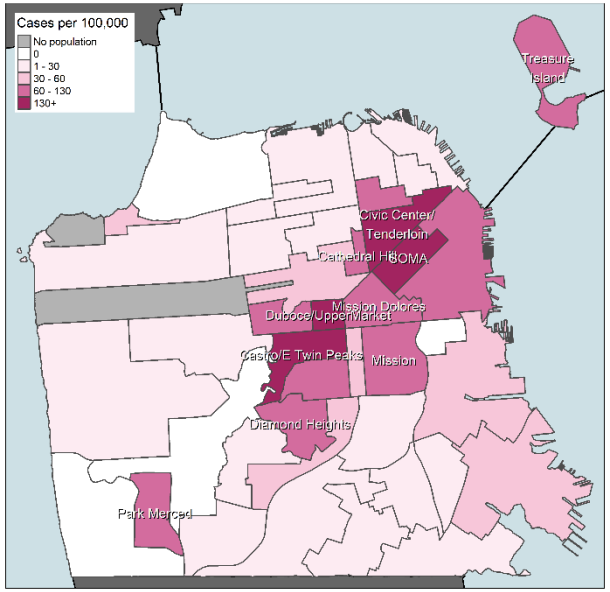
Annual STI incidence rates for chlamydia, gonorrhea, and syphilis decreased among San Francisco residents from 2019 to 2024



Chlamydia, Gonorrhea, and Early Syphilis highly geographically focused







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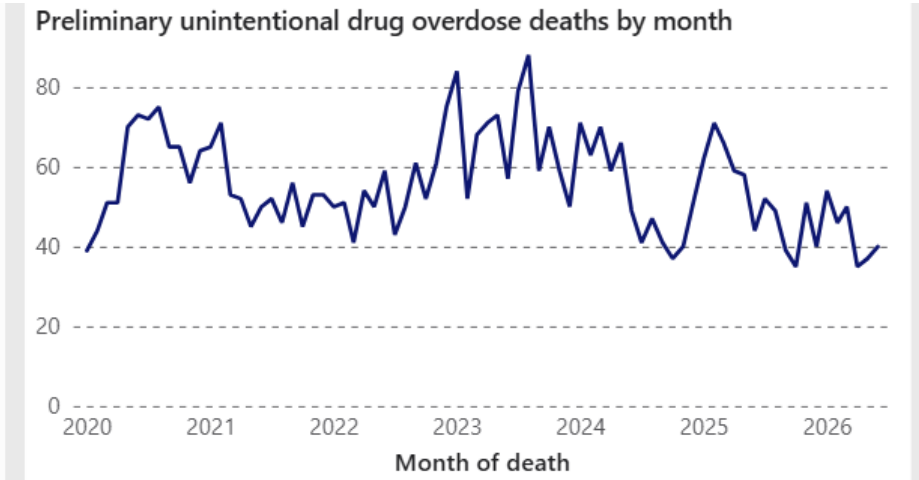
For Internal Use Only

Data Last Updated: 02.25.2026

Overdose Deaths SF

[Drug overdose and treatment data and reports | SF.gov]



Preliminary unintentional drug overdose deaths

Month and year of death	Deaths
June 2026	40
May 2026	37
April 2026	35
March 2026	50
February 2026	46

City and County of San Francisco
Data through June 2026
Updated monthly

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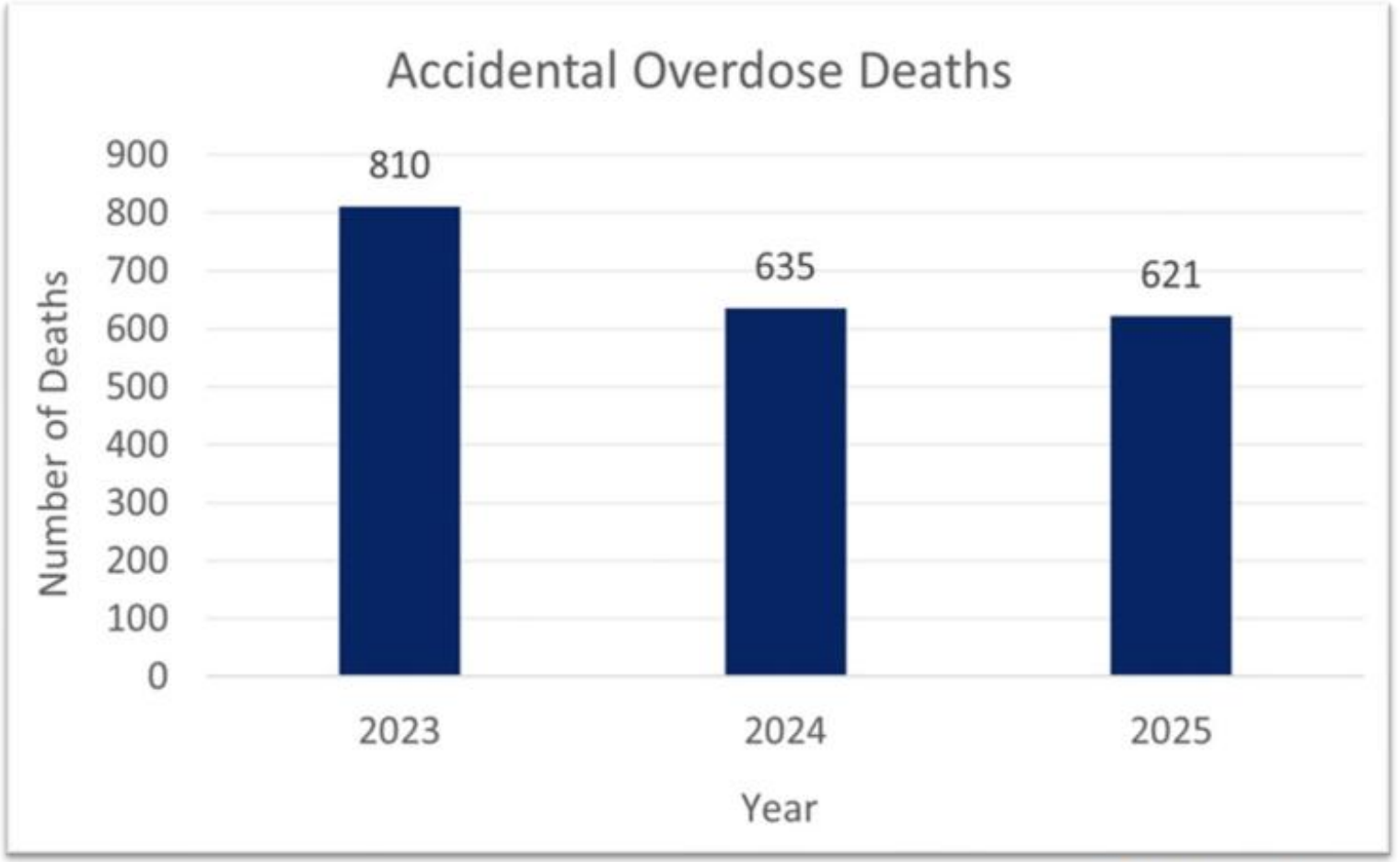
Every overdose death is preventable and unacceptable. Our goal is to dramatically reduce overdose deaths.



Source: Office of the Chief Medical Examiner

Overdose Deaths by Year

Year	Jan-Nov	Jan-Dec
2023	760	810
2024	584	635
2025	588	621

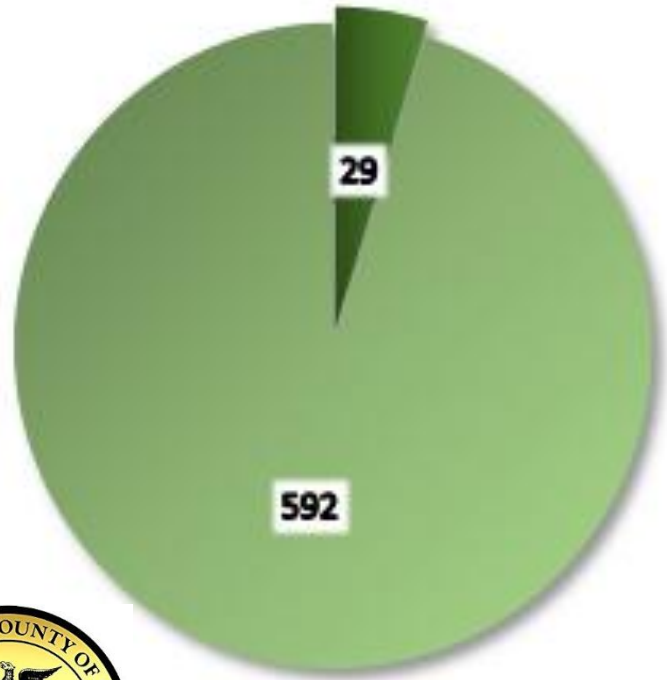
The highest overdose deaths recorded in San Francisco was in 2023

- In 2025, overdose deaths are down 24% from this peak

San Francisco
Department of Public Health

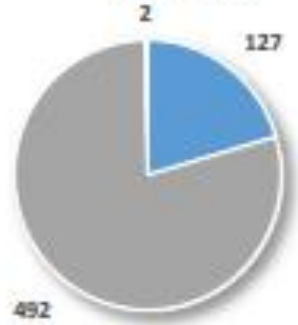
Preliminary Accidental Drug Overdose Data Report
as of testing to January 12, 2026

JAN-DEC 2025



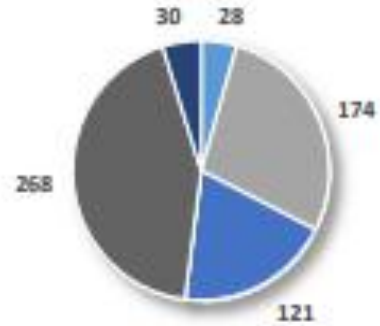
67% Acc. Overdoses Open
33% Acc. Overdoses Closed

Gender



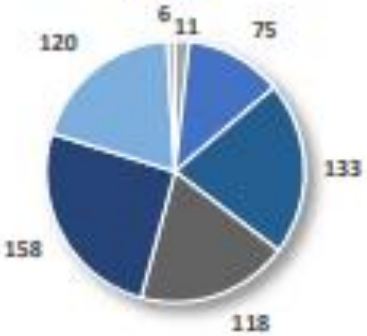
20% Female
79% Male
0% Non-Binary

Race



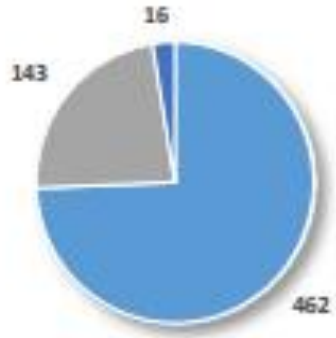
5% Asian
28% Black
19% Latinx
0% Native American
43% White
5% Other/Unknown

Age



0% <15
2% 15-24
12% 25-34
21% 35-44
19% 45-54
25% 55-64
19% >=65
1% Unknown

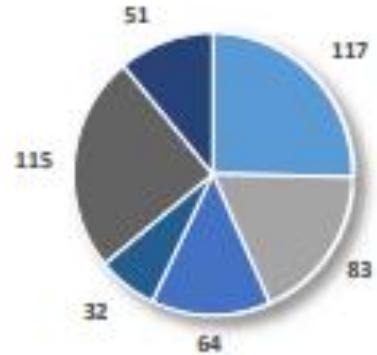
Fixed Address



74% Yes*
23% No
3% Unknown

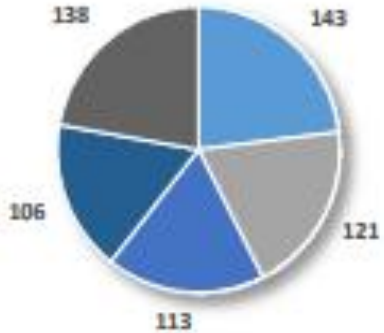
*See Fixed Address Location

Fixed Address Location



25% 94102
18% 94103
14% 94109
7% 94110
25% Others (SF Location)
11% Others (non-SF Location)

Death Location



23% 94102
19% 94103
18% 94109
17% 94110
22% Others

Interventions and Approaches that have Decreased in Focus

- Work Force Development and Capacity Building
- Prevention with Positives
- The ability to predict future landscape (funding, local and federal)

Past Trends

- Work Force Development and Capacity Building
- Prevention with Positives
- The ability to predict future land scape (funding)

What This Looks Like in SF

- Recent cuts to capacity building efforts,
- PWP is no longer used as a term, maybe in some old contracts
- U=U
- Not sure what future funding will be

Last Years Trends, 2025 National Pull Back / but Locally Still Valued

- Social Determinants of Health
- Diversity, Equity and Inclusion, DEI
- Gender Ideology
- Criminalization of street-based drug use and homelessness
- Services for trans communities

LATIDOS
Latine Americanos Trabajando por la Inclusión, Diversidad, Organización

What This Looks Like in SF

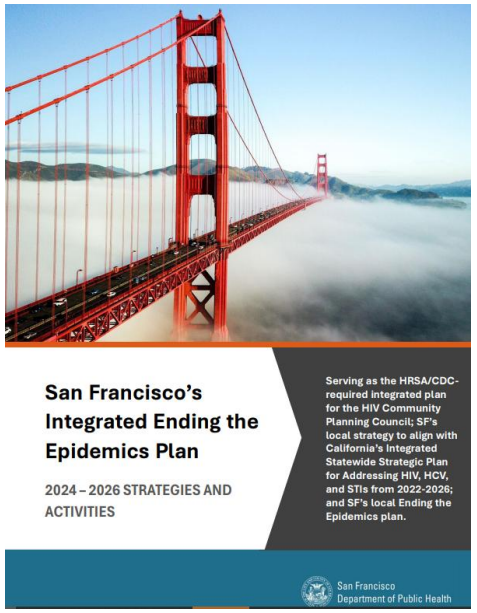
- Supporting: HRTI, LATIDOS and On-Board SF Summits
- HAPs for: AA/Black, Youth, A&PI, Trans Women, PWUD, MSM and Latine
- Support Gender Health

On-Going Trends

- Syndemic, HIV, Hep-C, STI, Overdose
  - Ending the Epidemics
- Long-Acting Injectables, LAIs for ART and PrEP
- Doxy PEP
- Telemedicine, Take Me Home
- Cluster Detection and Response
- Mpox
- Overdose Deaths
- Unstable Funding

Syndemic, HIV, Hep-C, STI, Overdose
Ending the Epidemics

- Intergrade Plan, Care and Prevention
- CDC leaned in blending core efforts
  - Note HHS more separation



Ending The HIV Epidemic

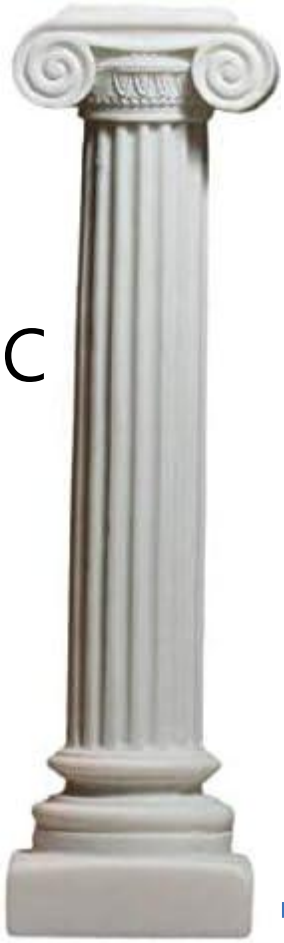
What This Looks Like in SF

- HAPs integrating, HIV, HC, STI and Overdose prevention
- Work closer than ever with HHS
- HCPC Efforts
- Support and partner with City Clinic, GTZ and End Hep-C

CDC-PS-24-0047 ETE Overview Category / Pillars

1. Test.
2. Treat.
3: Prevent.
4. Respond.
5.Core HIV surveillance.
6. Community engagement.

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



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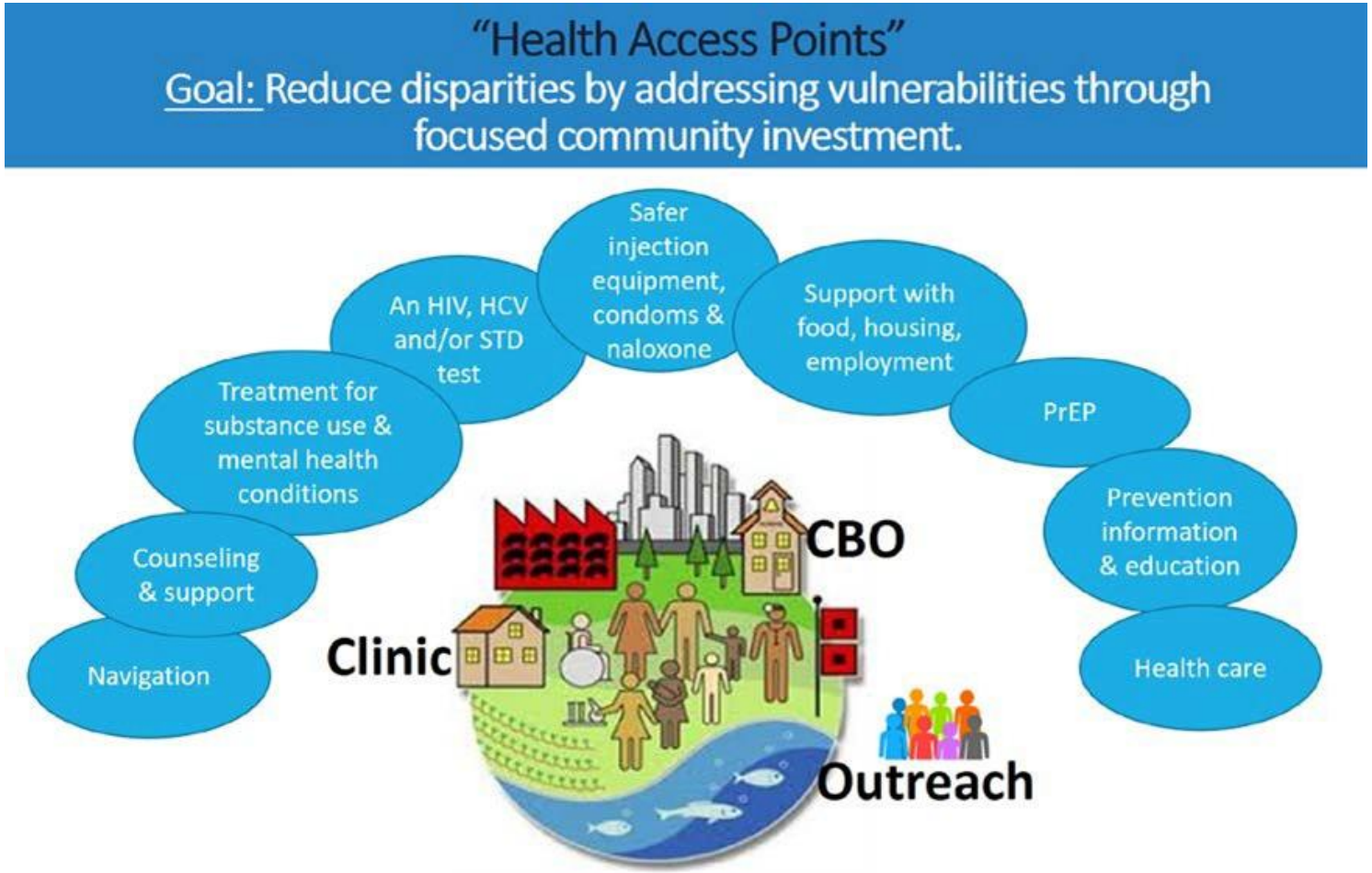
Syndemic (De-siloing)



- **Nationally:** CDC is asking for local health departments to work with a syndemic approach
- **San Francisco:** The Health Access Points (HAPs) are providing HIV, Hep-C, STI and overdose prevention services
- **Note:** We have been working on integration, ahead of most

Long-Acting ART Injectables

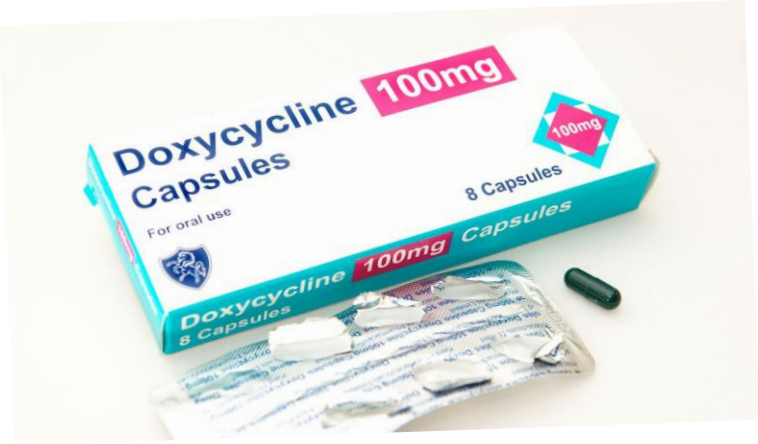
- Long-Acting Medication (2 to 6 month)
- More Options
- Increase use among those with highest need

What This Looks Like in SF

- DPH Work Group, goal to increase use
- LAI Champion for Treatment
- LAI Championed for PrEP, (NEW HIRER)
- Tools for Clinical and Frontline Staff
- GTZ PrEP work Group

Doxy-PEP

Doxycycline post-exposure prophylaxis, is taking an antibiotic doxycycline *after* condomless sex to help prevent certain bacterial sexually transmitted infections—specifically syphilis, chlamydia, and to a lesser extent gonorrhea.



What This Looks Like in SF

- Fast community uptake, City Clinic, STRUT, Ward 86, Kaiser
- Leadership in clinical trails
- Early to recommend for vaginal protection
- Can be used for vaginal protection

Telemedicine, Have Good Sex, Take Me Home

- Telemedicine for those how are unhoused
- Access to mail in testing
- Focus on African American/Black and Latino populations

What This Looks Like in SF

- Street Medicine Services
- Good Good Campaign, Instagram
- Take Me Home

HIV Cluster Dection and Response

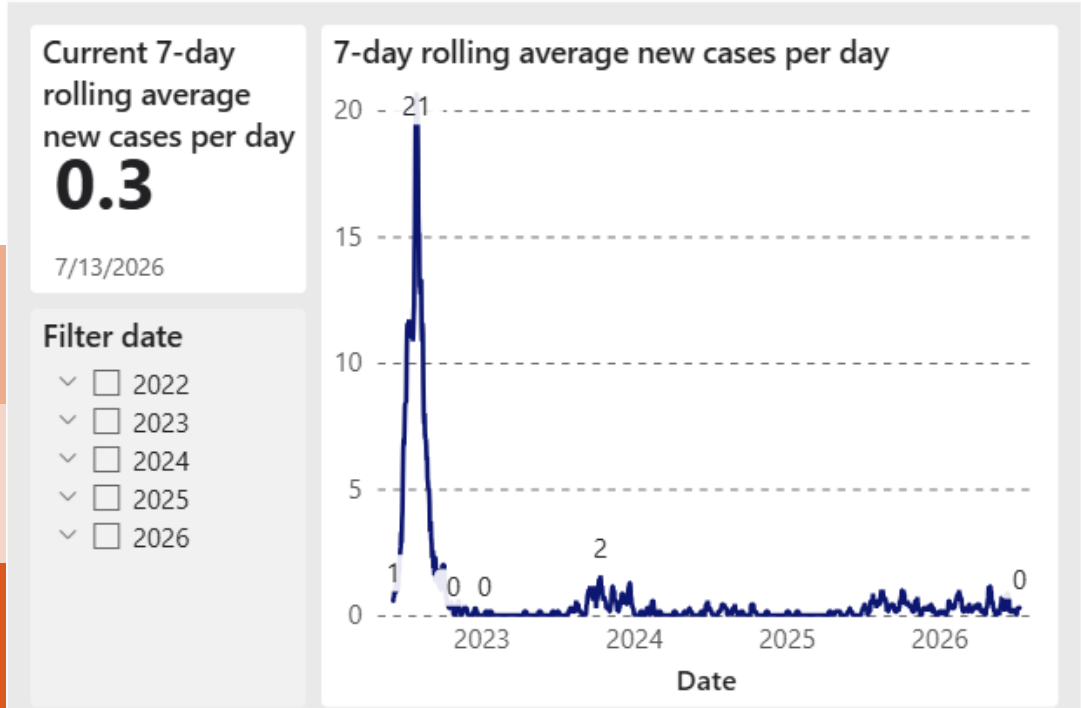
Use molecular HIV surveillance to identify rapidly growing HIV transmission clusters and prioritize individuals most in need of critical services, including linkage to or reengagement in care

What This Looks Like in SF

- Cross branch ingrate team meets monthly
- Presentations to HCPC, (every two years)
- Fairly small cluster

Mpox In San Francisco

Mpox is an infection caused by the monkeypox virus. There are two types of mpox, clade I and clade II. Both types cause similar symptoms and can be prevented using the same methods. Mpox mainly spreads through sex or close contact to a person who has mpox infection: Sex (oral, anal, or vaginal)



On April 14, 2026, the **first clade I mpox case in San Francisco** was confirmed. The case occurred in an unvaccinated adult. The individual reported close contact with someone who traveled internationally to an area where clade I mpox is circulating.

What This Looks Like in SF

- Doing Health Education at Street fairs
- Still have small amount of vaccine available

www.sf.gov/data--mpox-case-counts

Bringing Expanded Access to Medication (BEAM)

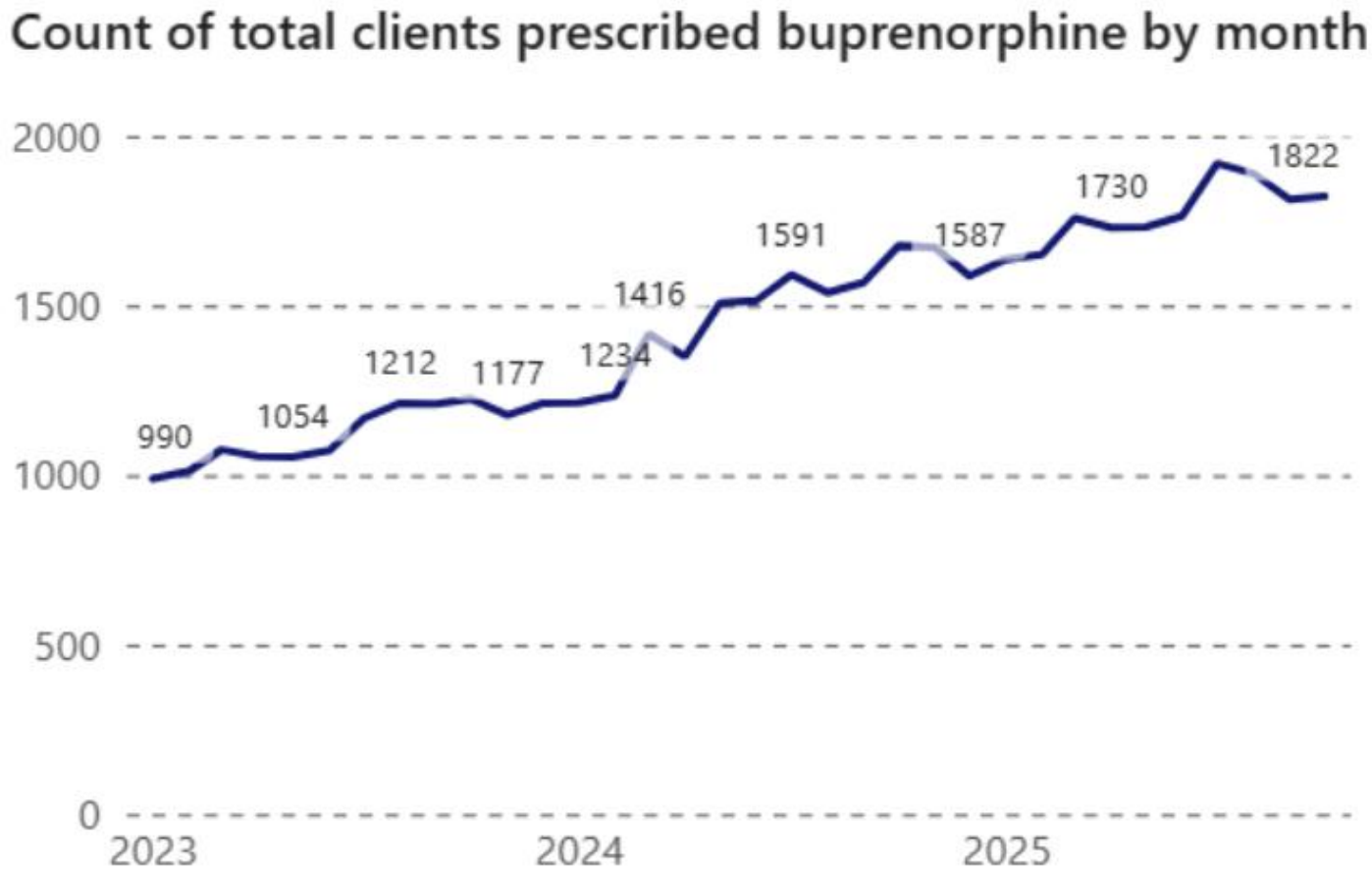
On-Demand Telehealth Treatment For People Who Use Drugs

Daily 8 a.m. – midnight

Call the SFDPH
Behavioral Health Access Line at
888-246-3333
and press "1" to be connected
to a medical professional.

City & County of San Francisco
Department of Public Health

MOUD: we have dramatically increased the number of people on gold-standard buprenorphine

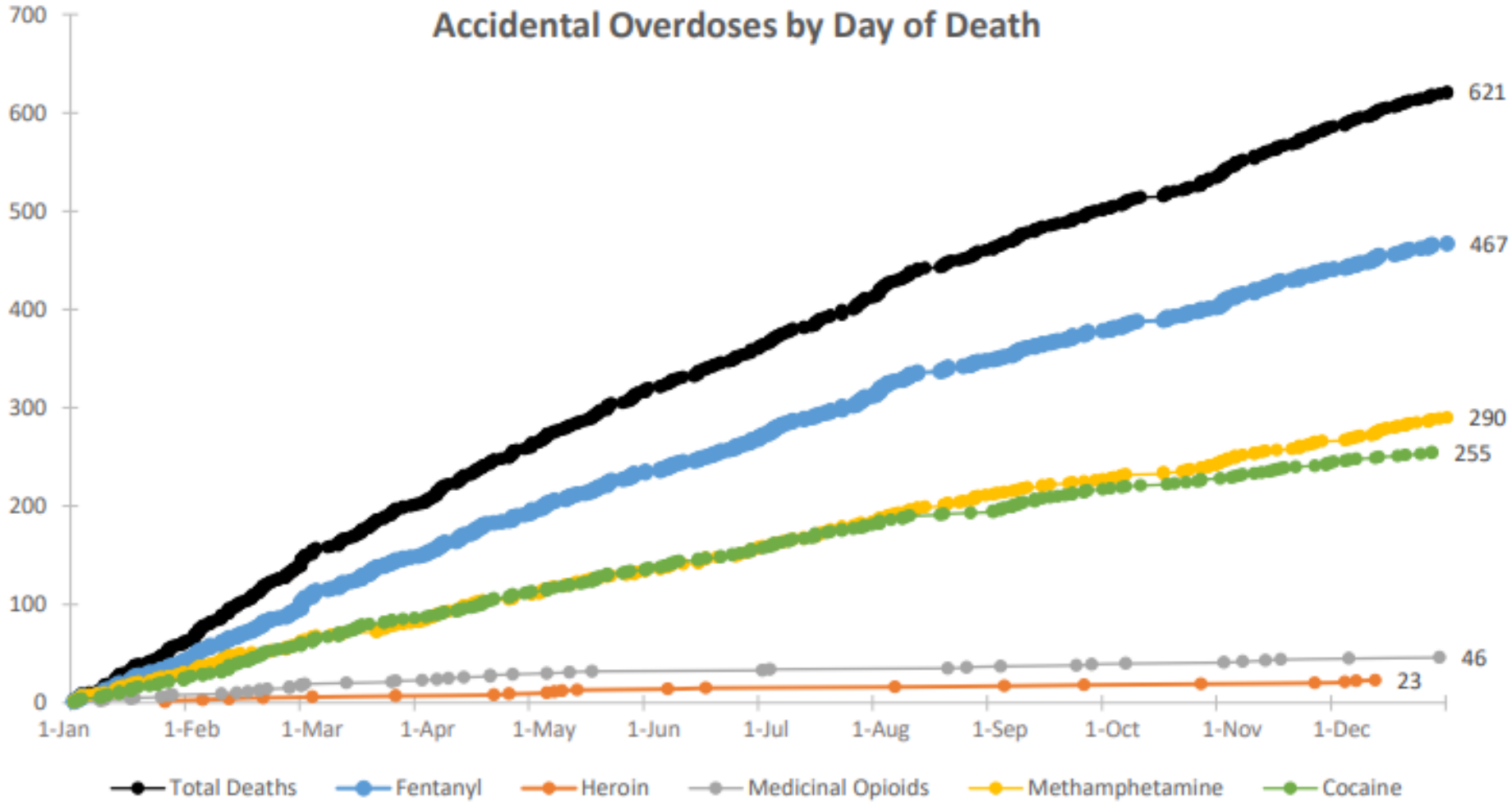


Growth in clients on buprenorphine:

- **+32% in 2024 v. 2023**
- **+21% in 2025 v. 2024 (Jan-Oct)**

Medications for opioid use disorder (**MOUD**) is an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.

Accidental Overdoses by Day of Death



"Acc. Overdoses Open" cases do not have a final cause and manner of death classification; "Acc. Overdoses Closed" cases have a final cause and manner of death classification.
"Fixed Address" denotes a verifiable address associated with the decedent, which may indicate their residence; it is not intended to verify a decedent's legal domicile, which is a broader legal concept, pertaining to a person's permanent and primary residence for various legal matters.
"No Fixed Address" denotes a verifiable address associated with the decedent was unable to be determined (e.g., housing insecurity, multiple addresses in a short timeframe).
"Unknown Address" denotes the inability to identifty any reliable address associated with the decedent, or information source.
"Death Location" denotes the specific location to which the relevant agencies were called upon to locate the decedent.
For "Fixed Address Location" and "Death Location", the 4 most affected neighborhoods are represented, the "Others (non-SF)" category refers to all out county addresses, and the "Others (SF)" category refers to all other zip codes within the City and County of San Francisco.
"Gender" refers to gender at time of death.
"Total Deaths" denotes Accidental Overdoses where one or more drugs contribute to the cause of death; however, every point for each drug series is inclusive, but not necessarily exclusive, of that drug. "Total deaths" represents all accidental overdoses including ones for drugs not specified above.

Unstable Funding Landscape

- National and Local Budgets Concerns
- DPH funding reduction
- CDC did not cut PS-24-0047 funding (core HIV prevention and surveillance grant)
- CDC directly funded CBO's impacted
- Note: many programs who serve same populations received reductions

What This Looks Like in SF

- Cuts to some programing, workforce efforts
- Some general funds cut and then "add backs"
- Hard to plan

California Trends

- Leaning in Syndemic Approach
- New Positions Filled

  Dr. Marisa Ramos has been selected as the Syndemic Division Chief
- SF and LA using same ETE Plan
- Strong working relationship with ETE Collation
- (Funding Role)
- Strong Community Planning Group
  - HV and Aging
  - Youth and HIV
  - Women and HIV
  - Membership

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Emerging and Potential Trends Trends

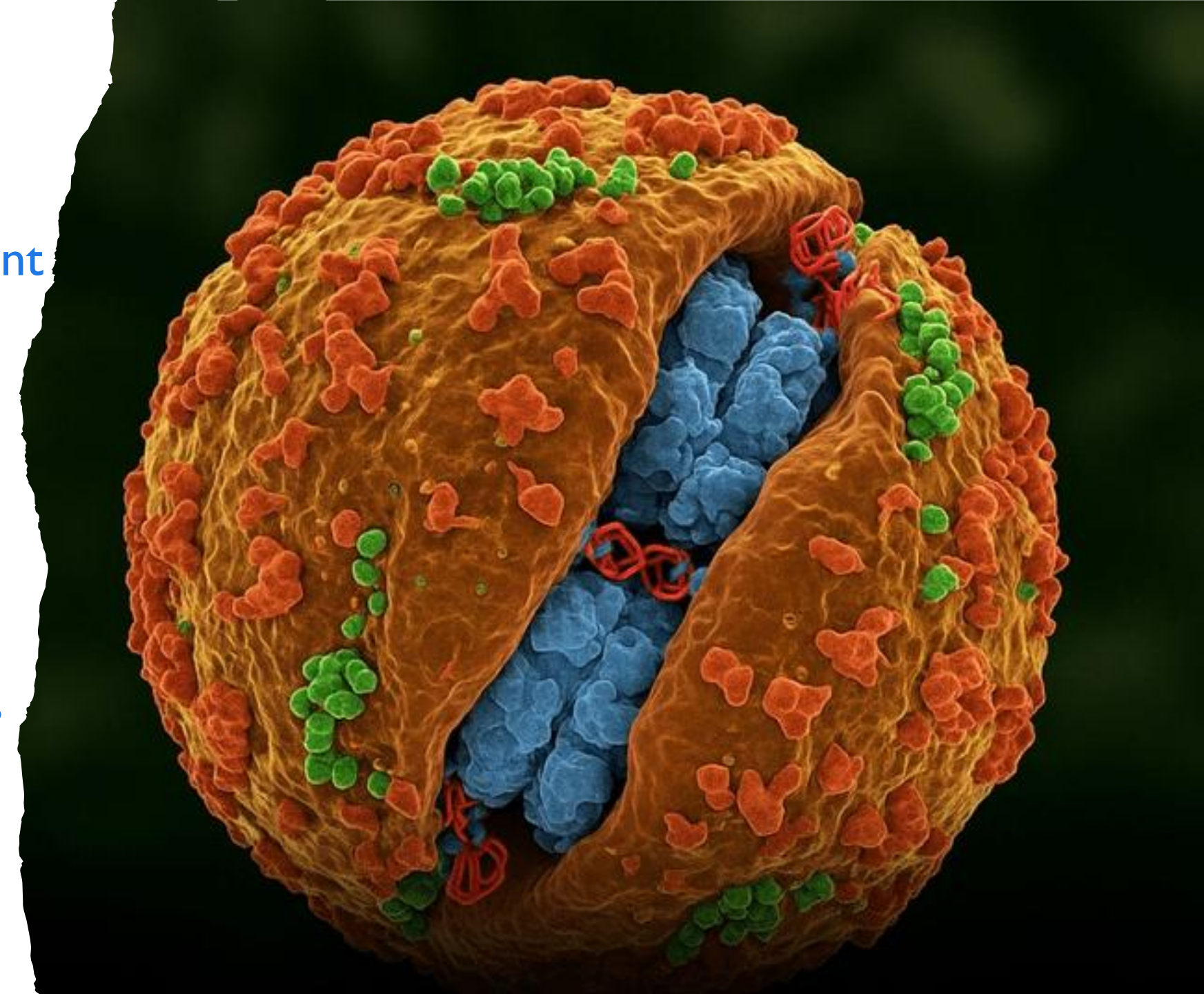
- Anti Trans Polices/Rights Lost
- Anti-Immigration Polices
- Deconstructing Reproductive Health
- Research contracts ended
- Changes to Harm Reduction efforts

Demonization of nontraditional gender norms services and elimination of funding for trans focused and gender affirming services

Increased surveillance and deportation of immigrants through ICE and other venues as well as restriction and elimination of services to nondocumented individuals

On-going efforts to criminalize a persons right to choose as well as an overall reduction to sexual and reproduction health services

Elimination of international health research and treatment research grants and program funding and on-going attempts to reduce or eliminate HIV treatment and prevention grants, which have led to significant disruptions



Health Access Point (HAP) Services (13Building Blocks)

- Integrated HIV, HCV, and STI Testing
- Linkage and Navigation
- Health Education and Counseling
- Overdose Prevention
- Syringe Access and Disposal
- Substance Use and Harm Reduction Services for Opioids, Stimulants, Alcohol, Tobacco, and Cannabis
- Community Engagement and Mobilization
- Condom Distribution
- Basic Needs
- Primary Care
- Mental Health Services
- Prevention and Treatment Medication: PrEP, Doxy-PEP and ART for HIV; HCV Treatment; STI Treatment, Including Medical Storage
- Substance Use Treatment

Health Access Point (HAP) Services, (UPDATED 8 Building Blocks)

Integrated HIV, HCV, and STI Testing	Referrals Linkage and Navigation	Education and Prevention Counseling	Overdose Prevention, Health and Recovery Services PWUD
Community Engagement and Basic Needs	Primary Care Services	Mental Health Services	Prevention and Treatment Medication

Criminalization and defunding of key aspects of Harm Reduction at the federal level and a shift in Harm Reduction approach at the local level to focus on getting individuals into treatment

Acknowledgement of Community

- Role of local networks (HAPN, HAN, CBOs, and other community members) in advocating for HIV prevention and care.
- Role of state entities (including the Ending the Epidemics Committee) in supporting and aligning statewide HIV prevention and care efforts.
- Strong advocacy to reduce cuts to the general fund for HIV prevention.
- Continued evolution of the HIV care advocacy community to center a syndemics-based approach

Thank you!
Questions and Discussion

thomas.knoble@sfdph.org

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