Focus Area: Health for People at Risk or Living with HIV

San Francisco has a strong history of leadership addressing HIV. Our efforts have brought a leveling of new infections, with some indication of a downward trend. HIV, once epidemic, is now considered endemic (persistent and established) in San Francisco. While there have been some successes, high prevalence populations continue to exist: gay and bisexual males and other males who have sex with males (MSM); transgender females who have sex with males; and injection drug users (IDU). In addition, there are populations disproportionately impacted by HIV-related morbidity and mortality, particularly Latino and African American MSM. Given these disparities and the endemic state of HIV, we must refocus our efforts by promoting scalable, innovative, integrated, effective interventions reaching high-prevalence populations. In addition, we must promote structural approaches to curb new infections and ensure people living with HIV achieve optimum health.

Approximately 207-429 people continue to become infected each year in San Francisco. It is estimated that in San Francisco the estimate of people unaware of their HIV status is 6.4% overall and 7.5% for MSM. Current HIV testing frequency among high-prevalence populations is insufficient to reduce the unknown infection rate. One in four PLWHA are not engaged in primary medical care, and 32% of newly diagnosed cases remain unsuppressed within a year of diagnosis. HIV prevalence increases every year due to longer survival and a rate of new infection that more than replaces deaths due to AIDS. Thus, the endemic state of HIV is no cause for complacency.

San Francisco's HIV efforts focus on reaching the individuals at highest risk for HIV with primary prevention and testing efforts and to ensure those living with HIV are reached by a continuum of secondary and tertiary prevention efforts – that they know their status, receive partner services, are linked to care, remain engaged in care, and achieve viral suppression. This progression of the HIV continuum of care informed our headline indicators: the reduction of new HIV diagnoses, increasing access to care for newly diagnosed with HIV, and, for people living with HIV, viral suppression.

Priority Areas for Health for People at Risk of Living with HIV	
Reducing New HIV Diagnoses	The department is committed to reducing the number of people who are newly diagnosed with HIV.
Access to Care for Newly HIV Diagnosed	Earlier care leads to higher life expectancy and better quality of life for people living with HIV. The department's goal is for all newly diagnosed with HIV to be engaged in care within three months
Viral Suppression	Viral suppression, an important measure that is also a proxy for quality access to care and treatment, is a priority goal.

This Strategic Plan identifies three headline indicators that will be used to measure progress in optimizing the Health for People at Risk or Living with HIV residents of SF. San Francisco community and departmental leadership, coupled with action at the federal level through the National HIV/AIDS Strategy and the Affordable Care Act, and the growing body of research showing treatment as prevention, make this an exciting and hopeful time for addressing HIV in San Francisco.

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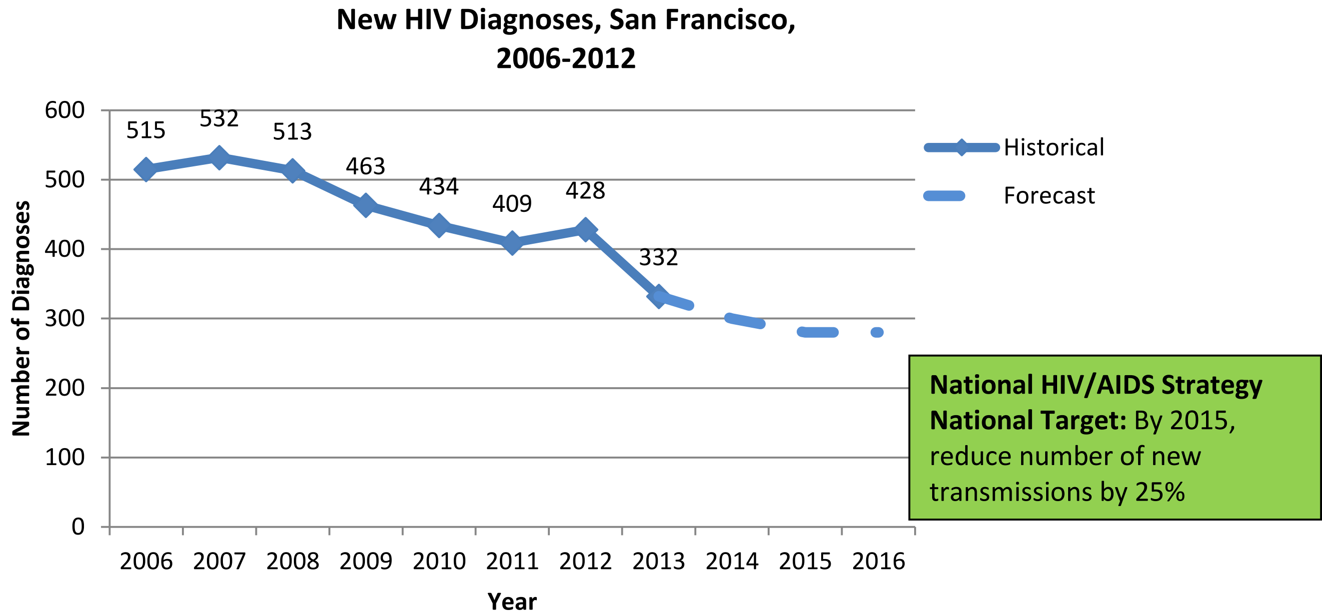
Headline Indicator: Number of new HIV diagnoses

BASELINE CURVE



Data Source: HIV Surveillance Data, San Francisco Department of Public Health

THE STORY BEHIND THE BASELINE

New HIV diagnoses have declined in San Francisco since the late 2000's; and the graph above shows data since 2006 when newly diagnosed cases began being reported by name in California. Evidence indicates that the decrease in new diagnoses is likely due to three factors related to the preventive effects of early HIV treatment: 1) increased rates of HIV testing, including detection of early HIV infection (which reduces HIV transmission); 2) earlier, rapid and effective linkage of HIV infected people into care, which ensures earlier treatment; and 3) increased uptake of highly effective HIV treatment, which makes it less likely for an HIV positive person to transmit HIV. We believe that these factors, in a context of stable rates of risk behavior for much of the period, along with continuous support for evidence based practice will continue to lead health outcomes in a positive direction.

> An HIV diagnosis is conducted with tests used to detect the presence of the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS). Such tests may detect antibodies, antigens, or RNA. Long term trends in the reduction of numbers of new diagnoses of HIV may be used as a way to monitor the trends of new infections.

The San Francisco epidemic continues to be concentrated in gay and bisexual males and other males who have sex with males (MSM) who continue to make up 85% of new diagnoses. San Francisco appears to be on a strong path to improvement with this population and we believe we could achieve additional substantial reductions in new HIV infections by continuing current strategies and adding three new strategies that are coming available: 1) Use 4th generation HIV tests in community-based sites which are much more sensitive in detecting acute infection (acute HIV infection is the period of time immediately following infection with the HIV) ; 2) Scale-up HIV pre-exposure prophylaxis (PrEP) for persons at increased risk; and 3) Increase integrated health and wellness community and clinical programs that include case management to help link HIV negative people

PrEP is a new HIV prevention method in which people who do not have HIV take a daily pill to reduce their risk of becoming infected. When used consistently, PrEP has been shown to reduce the risk of HIV infection.

to Pre-Exposure Prophylaxis (PrEP) and HIV positives to care. Special efforts must be given to novel programs that reach young MSM, as well as Latino and African American MSM who remain at disproportionately high risk for HIV.

WHAT WORKS

- HIV testing for previously undiagnosed HIV positives (which gets them into care, reduces risk practices)
- Case management services that link people newly diagnosed to care, link known positives back into care, and support retention in care to decrease the time between diagnosis and initiation of medical care and treatment
- Treating HIV infected persons to improve their own health and to reduce transmission to HIV uninfected partners
- Pre-Exposure Prophylaxis for HIV negatives to prevent HIV acquisition

PARTNERS

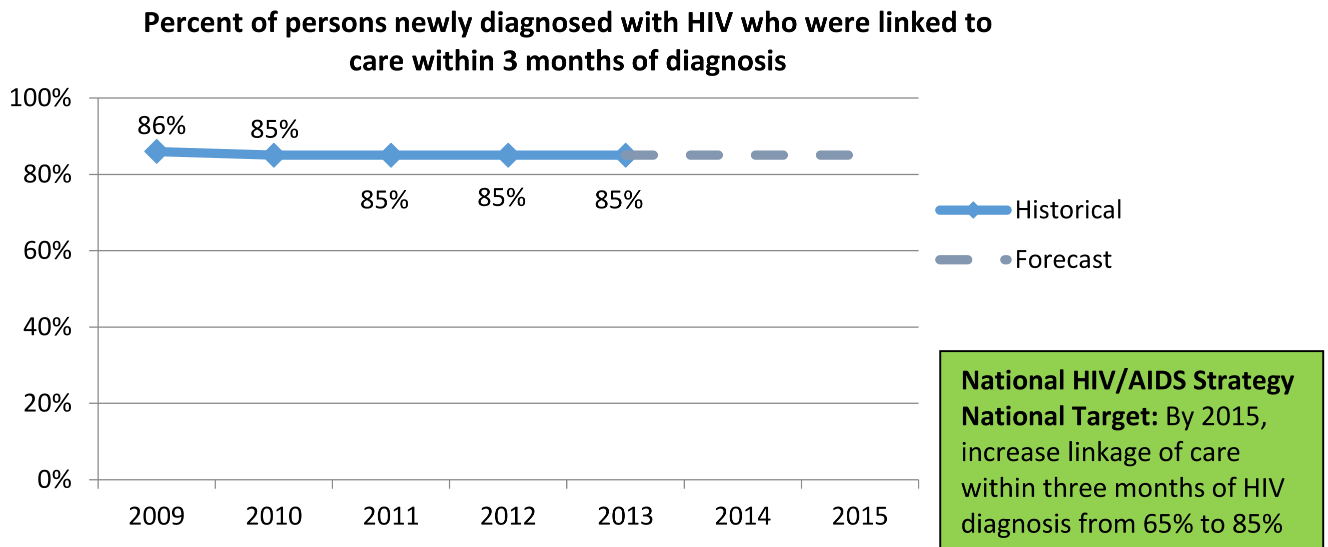
- CBO's
- Insurance providers, care providers
- Private Labs and Pharmacies
- Research community
- At risk communities

STRATEGIES

- HIV Testing: Develop and implement strategies to increase HIV testing with 4th generation assays at appropriate intervals. Explore innovative strategies such as utilizing electronic medical record systems to flag patients due for an HIV test.
- Pre-Exposure Prophylaxis (PrEP): Scale up capacity to deliver PrEP among providers and increase interest and knowledge about PrEP among potential users. This would include potentially offering PrEP after an HIV negative test for MSM and Trans women at substantial risk.
- Health and Wellness: Increase integrated health and wellness care for MSM with case managers, including both HIV and non-HIV care. Pay particular attention to African American MSM in whom HIV diagnoses are declining less than in diagnoses in other groups.

Headline Indicator: Percent of newly diagnosed with HIV who receive care

BASELINE CURVE



National HIV/AIDS Strategy National Target: By 2015, increase linkage of care within three months of HIV diagnosis from 65% to 85%

Data Source: HIV Surveillance Data, San Francisco Department of Public Health

THE STORY BEHIND THE BASELINE

Timely linkage to medical care is a hallmark of San Francisco's comprehensive HIV prevention plan. HIV infected persons in medical care not only have improved individual health and wellness but are also more likely to be virally suppressed, thereby reducing subsequent HIV transmission to others. San Francisco has implemented a number of programs to enhance timely linkage to care for newly diagnosed persons which has resulted in the high and sustained trend.

Linkage to care is defined as a person newly diagnosed with HIV receiving HIV medical care within 90 day after receiving their diagnoses.

One SFDPH program that contributes to the city's success in linkage is the Linkage, Integration, Navigation, and Comprehensive Services Team (LINCS), which identifies, locates, and connects those who test positive for HIV to HIV care services and ensure those who have fallen out of care are re-engaged. In addition, LINCS works with these individuals to support notifying their sexual and/or needle-sharing partners they may have been exposed to HIV and offer testing to these partners. If the partners test negative, LINCS staff work with them on primary prevention efforts to support them to stay negative. If they test positive, a LINCS staff member offers assistance with linkage to care and partner services. San Francisco General Hospital (SFGH) has another program, known as Positive Health Access to Services and Treatment (PHAST) team that encourages increased HIV testing in clinics and links newly diagnosed persons into care.

Improvements, especially among some underserved and more difficult to reach populations, need to be made to achieve better rates of linkage. Younger adults, African Americans, MSM/IDU and those with no reported risk (NRR) all had substantially lower rates of linkage to care than other groups. The LINCS program takes a holistic

approach to linking patients to care and supporting other needs, such as housing, substance abuse, other social services and food assistance; needs that may impact their ability to successfully link to and remain in HIV care. Additionally, HIV stigma, particularly among some HIV infected populations may be a barrier to care making access to culturally competent care a priority. Lastly, changes in health care delivery as a result of the Affordable Care Act (ACA) will likely change the landscape of HIV care and the role of public health in linking HIV infected persons to care. If done properly, ACA should increase rapid linkage to care. However, as the program is being rolled out, we anticipate some confusion about assignment of the primary care "home" for newly diagnosed persons, which could result in a delay in linkage to care.

WHAT WORKS

- Case workers, peer health navigators; "warm hand-off" directly to a provider from testing; linkage services, to decrease the time between diagnosis and initiation of medical care (and treatment)
- Social service support
- Access to insurance and health coverage

PARTNERS

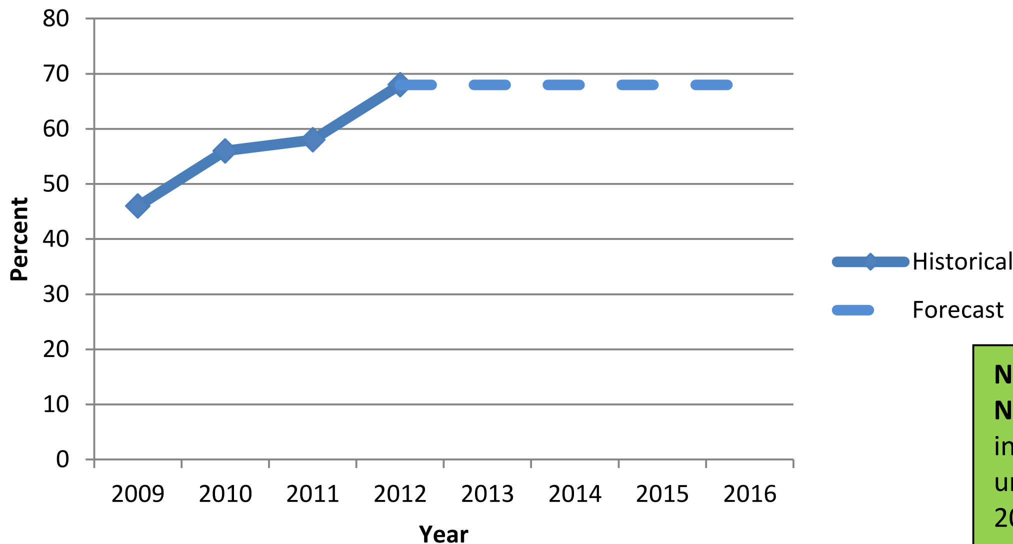
- Medical providers
- HIV Positive community
- CBOs
- LINCS, PHAST team
- Insurance providers

STRATEGIES

- Increase case management of newly diagnosed persons to facilitate rapid entry into care once tested positive
- Integrated/co-located HIV and non-HIV care services
- Addressing linkage to care by addressing other barriers to care such as housing, insurance, substance abuse and stigma.

Headline Indicator: Percent of people living with HIV who are virally suppressed

BASELINE CURVE



National HIV/AIDS Strategy National Target: By 2015, increase the proportion with undetectable viral load by 20%

Data Source: HIV Surveillance Data, San Francisco Department of Public Health

THE STORY BEHIND THE BASELINE

The data shows continued progress in maximizing viral suppression through anti-retroviral treatment (ART). Since 2009, the number of people with HIV who achieve viral suppression has improved over time. Data show that earlier treatment is beneficial for an HIV infected person's health and has the additional community benefit of reducing HIV transmission. In 2010, the SFDPH recommended universal HIV treatment to anyone newly diagnosed with HIV regardless of their immune status. Suppression of HIV viral load (<200 ml/copies) indicates that HIV infection is being well managed and data from HIV surveillance indicates that the percent of HIV infected persons who are virally suppressed is high in San Francisco and has increased over time. Viral suppression can be negatively influenced by lack of continuous medical care, poor adherence to HIV medications, substance abuse, lack of stable housing and weak social support. Furthermore, changes in the Ryan White program in the era of the Patient Protection and Affordable Care Act (PPACA) may require HIV infected patients to identify new HIV care providers which may result in delays or disengagement in care.

Achieving a low amount of HIV virus in your body— By taking ART regularly, one can achieve viral suppression, meaning a very low level of HIV in the blood. That is not a cure. There is still some HIV in the body. But, lowering the amount of virus in someone's body with medicines can keep them healthy, help them live longer, and greatly reduce chances of passing HIV on to others.

Therefore, we must develop strategies to address HIV positive persons who are not yet virally suppressed and to support efforts by those in care to stay in care. In many cases, these individuals may belong to socially or economically vulnerable populations, may struggle with substance use or mental health problems, and may require extensive support to not only remain in care, but to be able to benefit from consistently taking ART for

HIV. Data suggest that viral suppression rates are lower among HIV positive persons < 40 years old and the homeless. Careful monitoring of trends in viral suppression and identification of populations not achieving timely viral suppression after HIV diagnosis can assist linkage to care programs to reach people without adequate HIV care and address barriers to care and ultimately viral suppression. Support is needed not only for patients, but also for clinical providers who are counseling and supporting their patients and clients about early initiation of ARTs. Additional citywide efforts will be needed to understand and then address the needs of these populations, if we are to further increase the percentage of people living with HIV in San Francisco who are virally suppressed.

WHAT WORKS

- Rapid linkage to care
- Health insurance to cover primary care and medication
- Case management for HIV positives who drop out of care or have difficulty with medication adherence
- SMS text linkage to clinic when initiating antiretroviral therapy

PARTNERS

- LINCS and PHAST teams
- HIV Care Council, CBOs
- Medical providers, Insurance providers, Pharmacies
- HIV positive community

STRATEGIES

- Prioritize substance abuse treatment slots for patients not virally suppressed
- Provide comprehensive education to clinicians about the advantages of and recommendations regarding universal treatment at diagnosis
- Expand the use of HIV surveillance to identify patients who are not virally suppressed and refer these patients to LINCS