

# New Directions in HIV Prevention

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# Who are we?

- We are the HIV Prevention Section (HPS), of San Francisco Department of Public Health
- Our community partner in planning is the HIV Prevention Planning Council (HPPC)
- Together we develop the HIV Prevention Plan, a blueprint for HIV Prevention for all of San Francisco

# Purpose of Today's Meeting

- To share the vision of HPS in implementing the recommendations of the 2010 HIV Prevention Plan
  - Putting components of the Plan into action
  - Describing proposed changes in HIV prevention programs and policy
- To get your feedback and to let you know about more opportunities for feedback on these plans



# Goal of 2010 HIV Prevention Plan

- Our goal is to reduce new HIV infections by 50% by 2015

# HIV in San Francisco

- 500-1,000 new infections per year
- New HIV infections concentrated among three groups:
  - Men who have sex with men (MSM 87%)
  - Transfemales (6%)
  - Heterosexual injection drug users (IDUs 5%)
- African-American MSM disproportionately affected by HIV (AA men 7% of population, 12% of AIDS Cases)
- High rates of HIV among transfemales (estimated HIV incidence: 3.78%)

*Source: HPPC, 2010 San Francisco HIV Prevention Plan*

# We will focus on populations at greatest risk for HIV and with the greatest disparities

- *Greatest risk: Males who have sex with males, injection drug users, transfemales who have sex with males*
- *Greatest disparities: African-American males who have sex with males, transfemales who have sex with males*

# HIV Prevention Strategies in San Francisco, 1980's - present

- Syringe Access
- HIV Counseling, Testing, and Linkages
- Health Education/Risk Reduction
- Prevention with Positives (since 2001)
- Perinatal prevention (in DPH, not administered by HPS)

# New Directions for HIV Prevention

*HPS will focus on priority areas in plan*

- In order to reduce new HIV infections by 50% by 2015, the HIV Prevention Plan prioritizes five areas:
  - HIV status awareness
  - Prevention with positives (PWP)
  - Syringe access
  - Drivers of HIV
  - Structural change

*Source: HPPC, 2010 San Francisco HIV Prevention Plan*

# Why prioritize focus areas?

- HIV is endemic in San Francisco - - meaning if we don't do things differently, we will continue to have hundreds of new infections each year
  - 20 yr. old SF MSM has 60% chance of getting HIV by age 60\*
  - 20 yr. old SF African-American MSM has 85% chance of getting HIV by age 60\*
- In 2010, for anyone in SF to be living undiagnosed with HIV, or not having access to HIV treatment, or dying of AIDS, is a social injustice!

\*Source: W. McFarland, presentation to HPPC, January 2009

# Focus Area #1: Status Awareness

- What does the HIV Prevention Plan say?
  - Goal: To promote knowledge of HIV status and link all people who have HIV to medical care and support services.
  - What: Includes multiple strategies, such as HIV testing (with or without pre-test counseling), increasing frequency of testing, disclosure of HIV test results, partner services, and linkage to care.
    - Plan recommends testing every 6 months for high-risk individuals
  - Why: Status awareness efforts open the door for people with HIV to be linked to services that improve quality of life and reduce the chance of transmitting HIV to others.

# Why more emphasis on HIV status awareness?

- We are not close to meeting the Plan's recommendations for members of highest-risk groups to test every 6 months
- Detecting newly infected persons is a necessary first step to get them the care and treatment they need to reduce the risk of HIV transmission
- Persons who learn they are HIV+ reduce risk behavior
- Partner notification services demonstrate high rate of new diagnoses
- Cost effective

# Example of the need for more testing by BRPs: MSM, IDU, TFISM

Behavioral Risk Populations (BRPs)	At risk pop. size*	% not tested past 6 mos.**	Testing deficit, 6 mos.
MSM	48,329	54%	26,098
IDU	14,609	58%	8,473
TFISM	1880	UNK	UNK
<b>Min. total additional tests needed every 6 months</b>			<b>34,571</b>

\*Based on Consensus Estimates, 2010 San Francisco HIV Prevention Plan

\*\*Source: National HIV Behavioral Surveillance (NHBS) study, San Francisco data

# Focus Area #1: Status Awareness

- How will the HPS address status awareness?
  - Community based efforts to increase frequency of testing among high-risk populations
  - Support new models
    - Includes testing models with and without pre-test counseling
    - Support for testing promotion and recruitment
  - Maintain:
    - Post-test counseling and support for HIV+
    - Anonymous testing
  - Ensuring linkage to medical care for HIV-positive individuals using a comprehensive public health follow-up system
    - Linkage Coordinators to support initial linkage to care
    - Voluntary partner elicitation and notification by DPH
  - Indicators of success:
    - Positivity rate and number of new positives
    - Linkage to medical care for HIV-positive individuals
  - Approximately 50% of resources

## Focus Area #2: Prevention with Positives (PWP)

- What does the HIV Prevention Plan say?
  - Goals:
    - To reduce the spread of HIV and other sexually transmitted infections (STIs)
    - To suppress viral load in order to promote positive health outcomes and reduce risk of HIV transmission
    - To help people living with HIV achieve and maintain health

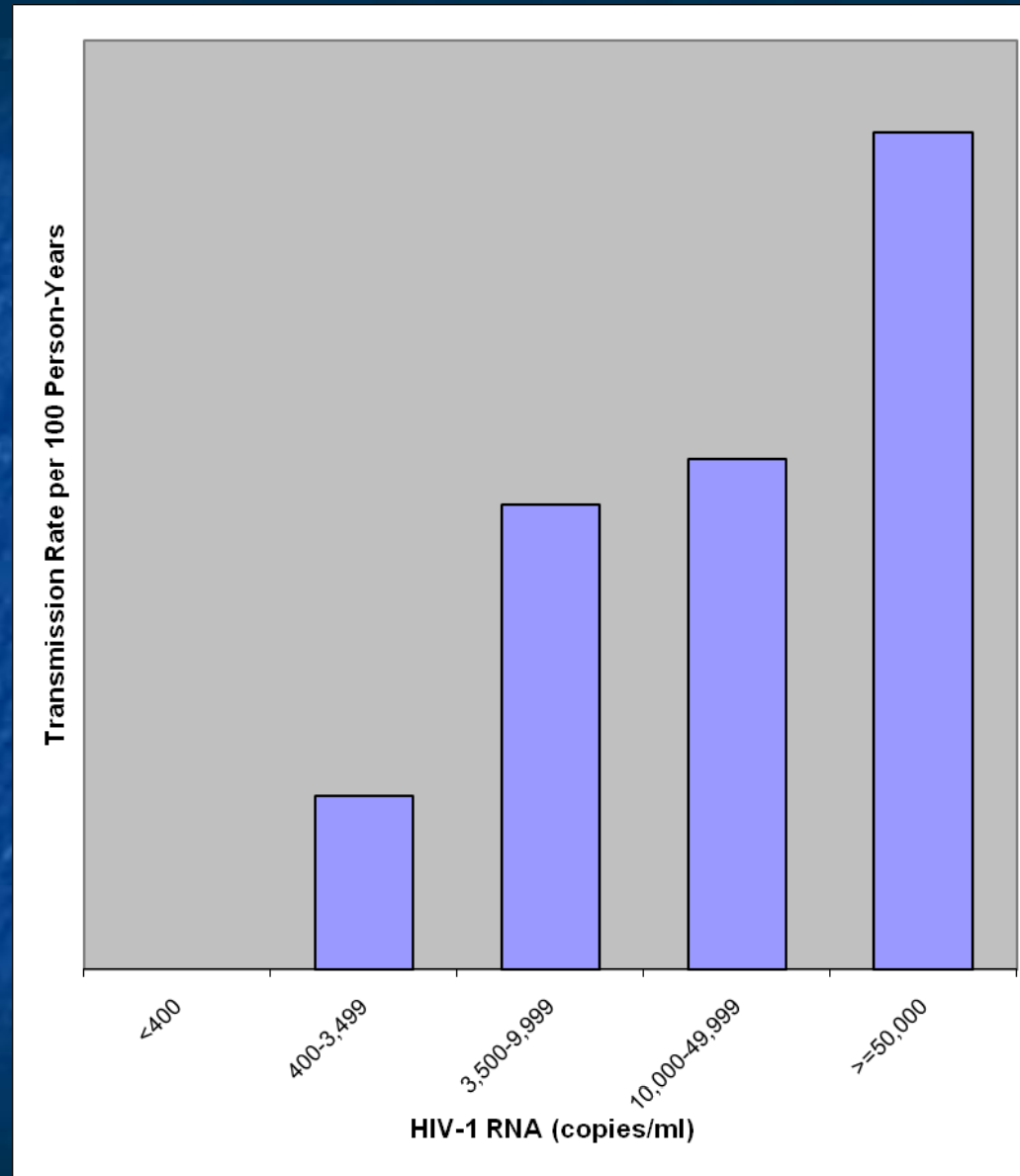
# Focus Area #2: Prevention with Positives (PWP)

- What (required elements in alphabetical order):
  - Disclosure and partner services
  - Engagement in HIV care
  - Linkage to ancillary services
  - STI, viral hepatitis, and tuberculosis screening and treatment
  - Treatment adherence
- Why:
  - PWP helps ensure people are connected to medical care and support services, which helps improve health and reduce viral load, which in turn reduces the chances of transmitting HIV.

# Focus Area #2: Prevention with Positives (PWP)

- How will the HPS address PWP?
  - Increased focus on PWP in HIV medical care settings
  - Interventions to support re-engagement in medical care and linkage to PWP
  - Require programs to offer prevention case management
  - Indicators of success:
    - Engagement and retention in care
    - Treatment adherence
    - Viral load suppression
  - Approximately 15-20% of resources

# Viral Load and Risk of Transmission



Source: Quinn et. al, NEJM 2000

# Focus Area #3: Syringe Access

- What does the HIV Prevention Plan say?
  - Goal: To ensure access to sterile syringes and injection equipment in to eliminate the transmission of blood-borne viruses among people who inject drugs and their sexual partners.
  - What: Syringe programs provide a range of sterile injection equipment and safer sex supplies, as well as education and referrals.
  - Why: Strong evidence of effectiveness.

# Focus Area #3: Syringe Access

- How will the HPS address Syringe Access?
  - Continue syringe access programs and wrap-around services
  - Indicators of success
    - Number of syringes/sterile equipment distributed
    - Number of contacts made
  - 10-15% of resources

# Focus Area #4: Drivers of HIV

- What does the HIV Prevention Plan say?
  - Driver = an underlying condition that is directly linked to a large number of new HIV infections in San Francisco
  - The drivers are:
    - Cocaine/crack
    - Gonorrhea
    - Heavy alcohol use
    - Methamphetamine
    - Multiple partners
    - Poppers

# Focus Area #4: Drivers of HIV

- How will HPS address drivers?
  - All HPS-supported programs will focus on the populations who are also affected by one or more drivers.
  - Indicators of success:
    - Linkage to HIV testing
    - Linkage to care
    - Reduction in drivers
  - Drivers: Resources directed throughout the focus areas

# Focus Area #5: Structural Change

- What does the HIV Prevention Plan say?
  - Goal: To address the larger social and environmental factors and systems that can support the reduction of HIV acquisition and transmission.
  - What: New or modified programs, practices, or policies that are logically linkable to HIV transmission and acquisition and that can be sustained over time even when key actors are no longer involved.
  - Why: Policies and the broader environment have a significant influence on HIV infection rates, and structural change efforts can address this.

# Focus Area #5: Structural Change

- How will HPS address structural change?
  - HPS is committed to working within DPH and with our community partners to implement structural change.
  - Examples of structural changes from the Plan HPS is working on:
    - Ensure HIV and STI screening and referral is standard of care in medical settings
    - Ensure universal healthcare coverage for PLWA
    - Establishing non-harassment policies for drug paraphernalia
- Within DPH: Healthy San Francisco

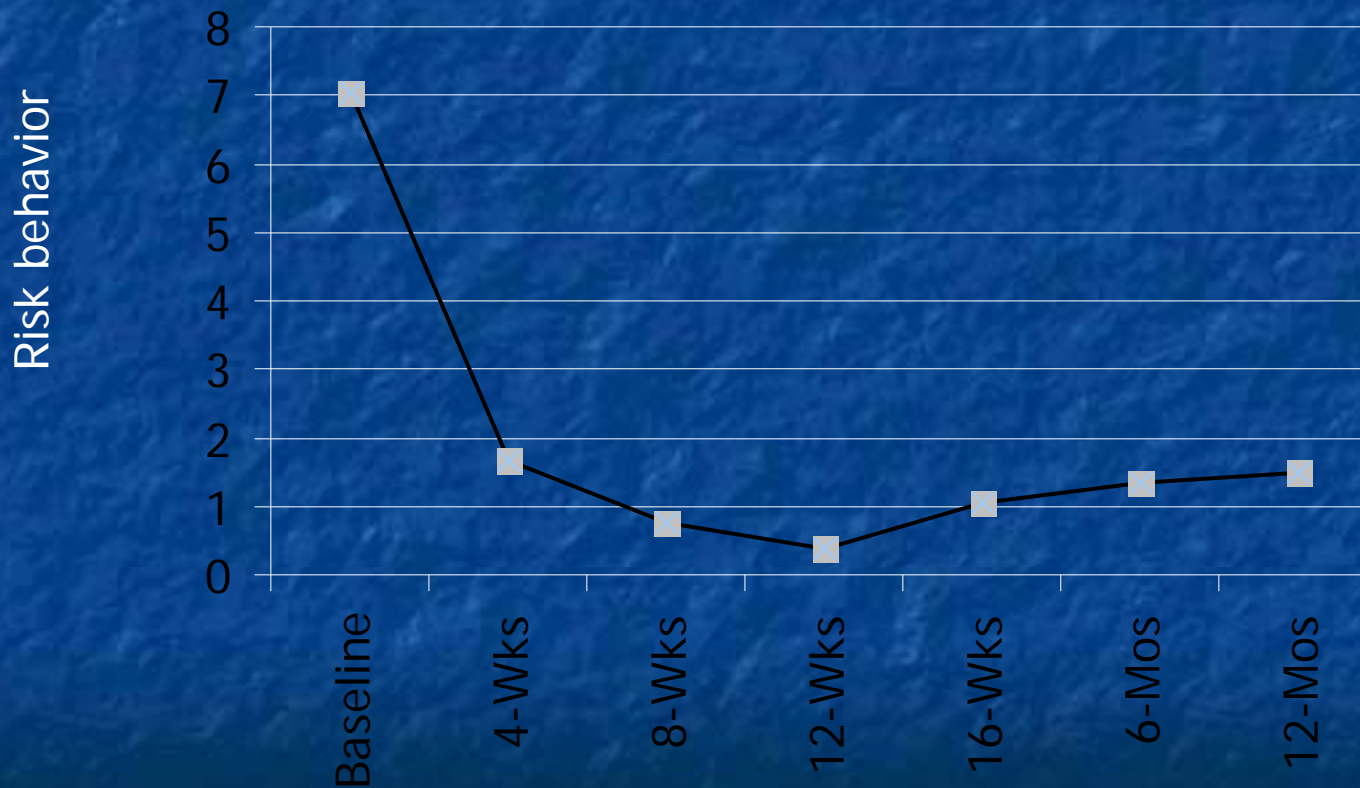
# Refocusing Health Education and Risk Reduction (HERR) :

- What does the HIV Prevention Plan say?
  - Goal: To address drivers and cofactors of HIV and reduce high-risk behaviors to decrease HIV infections.
  - What: HERR refers to HIV prevention activities related to education and behavioral interventions to reduce HIV infections. HERR activities can be conducted with individuals regardless of their HIV status.

# Refocusing HERR Efforts

- How will HPS address HERR?
  - HPS will integrate HERR efforts within multiple focus areas:
    - **HIV Status Awareness:** Efforts that promote, mobilize, and recruit populations to increase frequency of testing.
    - **PWP:** Efforts to support disclosure and screening for comorbidities.
    - **Syringe Access:** Efforts that promote, mobilize, and recruit populations to syringe programs, safer injection, disposal and linkage to testing.
    - **Directly addressing the drivers of HIV:** Intensive Behavioral Health efforts that directly address drivers (15-20% of resources).

## Example: Risk behavior declines in behavioral interventions for methamphetamine



Source: Shoptaw 2005

# How will we monitor programs?

- Shared responsibility between providers and HPS to collect and report data relevant to program goals
- More emphasis on higher-quality data than quantity of data
- Support for development and maintenance of quality data collection systems
- Rapid feedback to programs to allow use of data in real time to improve outcomes
- Emphasis on outcomes including testing rates, linkage to care, individual and community viral load

# Ensuring coordination and linkages of services

- Moving towards a name-based reporting system
  - Necessary to examine linkage and coordination of services across programs
  - Allows follow-up of clients over time who may access different services at different times
  - Valid concerns re: confidentiality, burden, cost - these will be addressed
- Together we can do this: CTL, HIV Health Services, all DPH clinics, Behavioral Health programs have name-based reporting systems

# Summary & Conclusion

# Why these new directions?

- We need strategies that have demonstrated success in achieving positive health outcomes:
  - Knowing your status
  - Reducing viral load
  - Access to sterile injection equipment
- More resources devoted to status awareness because:
  - Continued large testing deficit
  - We need to detect new cases to interrupt transmission and link people to care
  - Testing is cost effective and relatively easy to scale-up
- Compelling evidence supports that these new directions can achieve our goal of reducing new infections by 50% or more

# HPS Vision for the “System of Prevention”

System-wide:

Drivers  
HERR

Structural

•Cross-program linkages (e.g., HERR to PWP, testing to syringe access)

•Linkage to ancillary services (e.g., substance use treatment, STI screening and treatment)

•Condom distribution (1 million condoms/yr.)

Indicators of Success:

- Positivity rate
- # of new positives
- Linkage to care
- Testing frequency

Indicators of Success:

- Engagement in care
- Treatment adherence
- Reduced viral load

**HIV Status Awareness**

- Testing
- Testing promotion/rec/mt
- Partner services
- Linkage to care

Intensive Behavioral Health to Address Drivers

Prevention with Positives

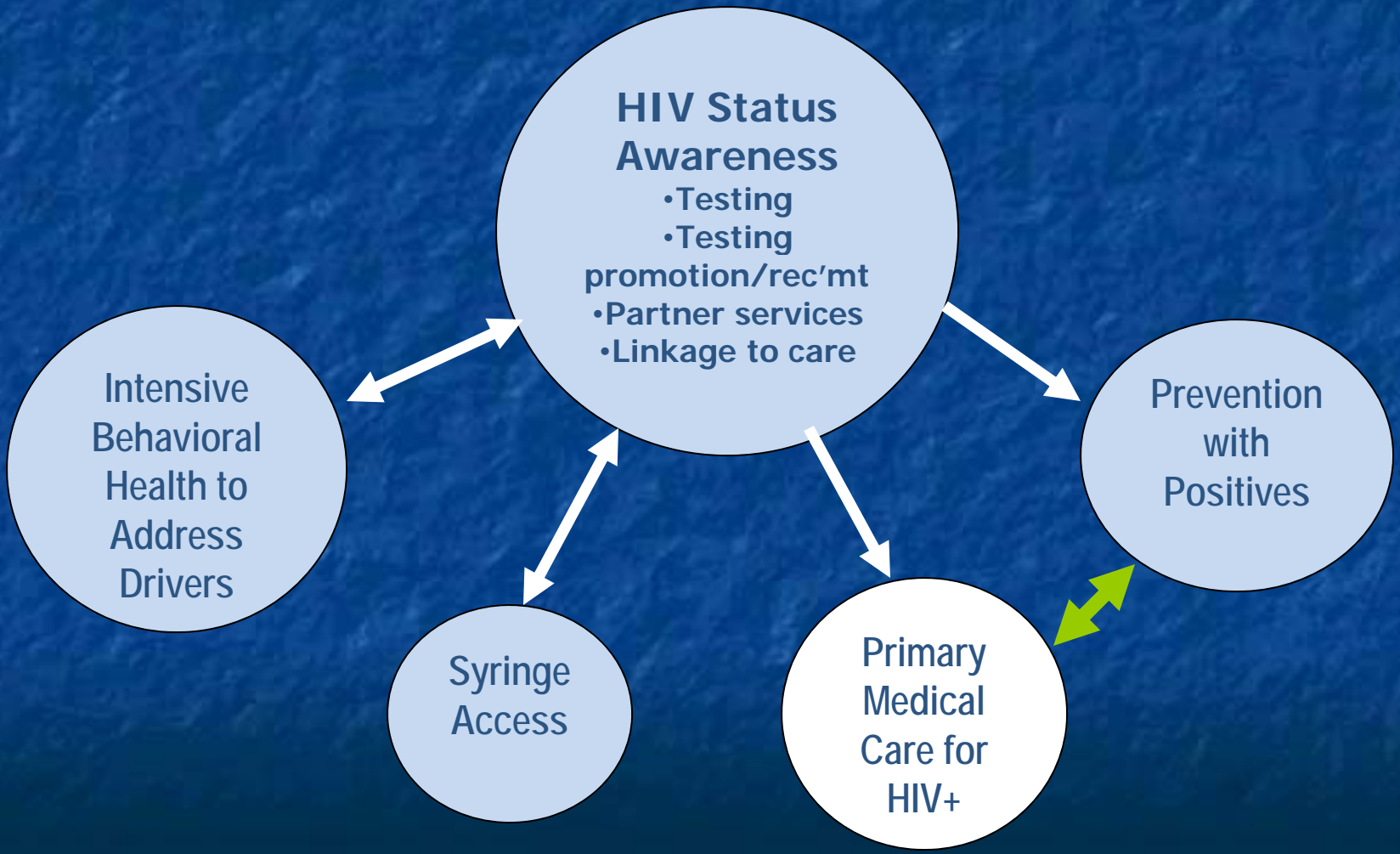
Syringe Access

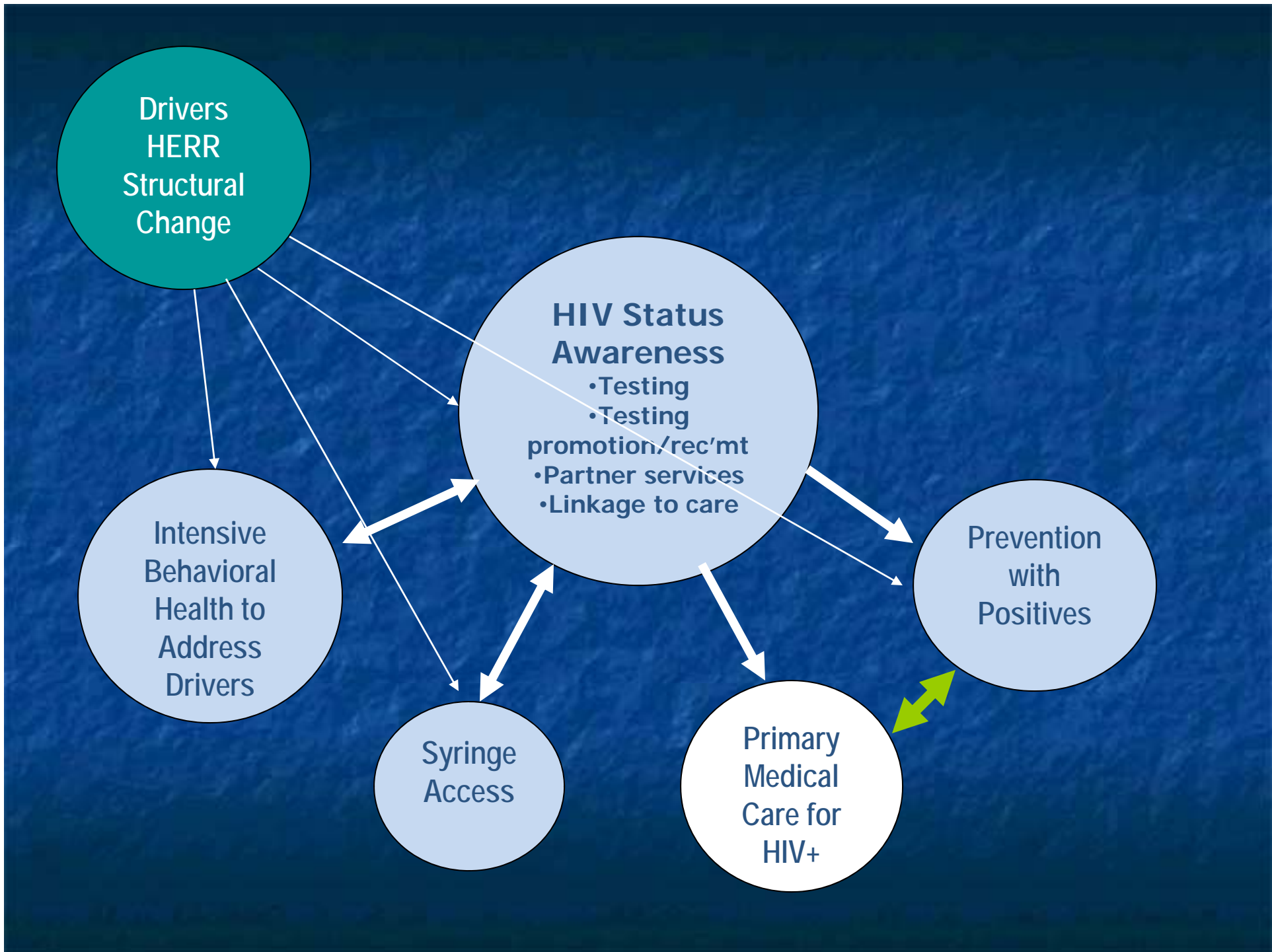
Indicators of Success:

- Linkage to testing
- Linkage to care
- Reduce drivers

Indicators of Success:

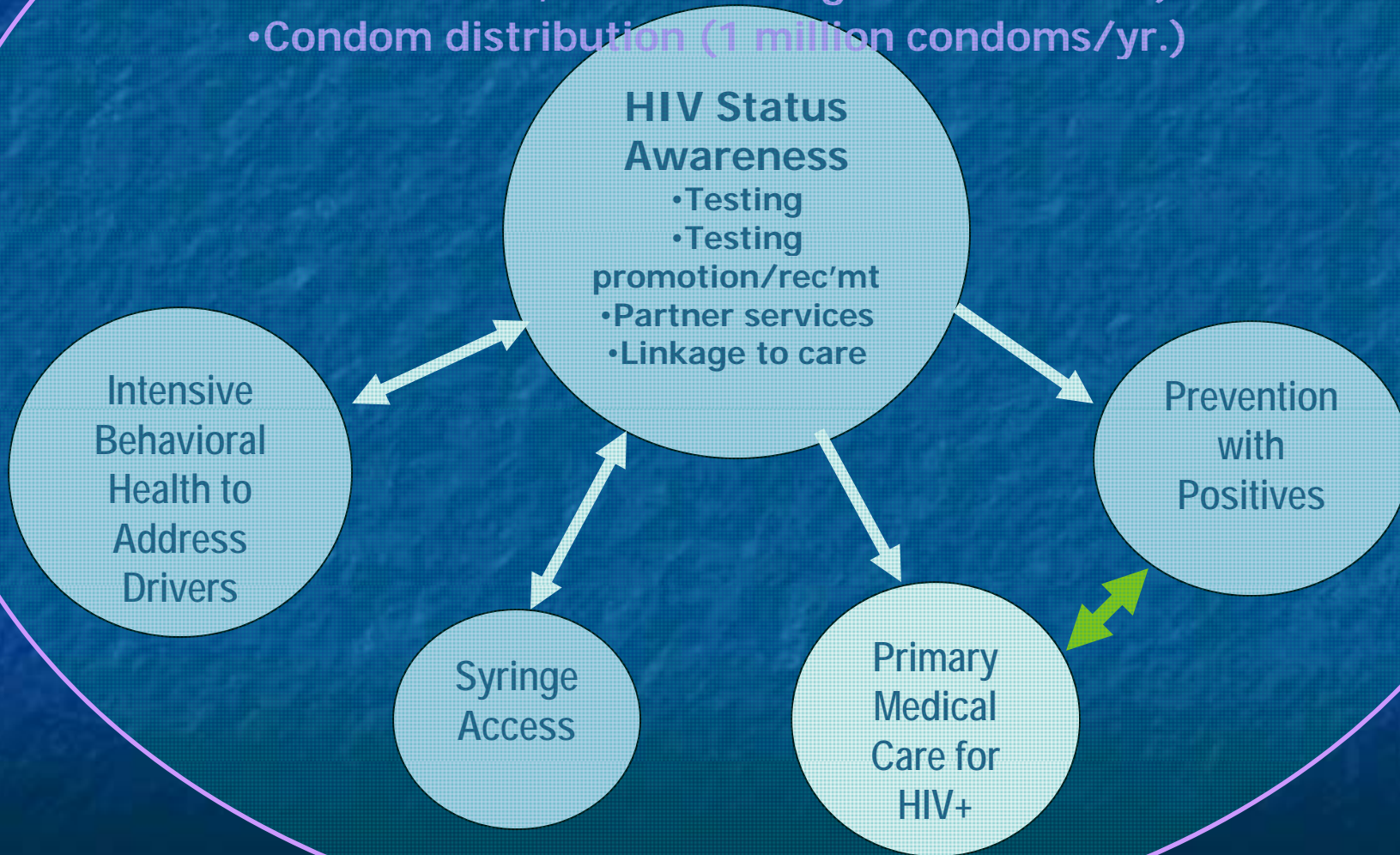
- # of syringes
- # of contacts





System-wide:

- Cross-program linkages (e.g., HERR to PWP, testing to syringe access)
- Linkage to ancillary services (e.g., substance use treatment, STI screening and treatment)
- Condom distribution (1 million condoms/yr.)



Indicators of Success:

- Positivity rate
- # of new positives
- Linkage to care
- Testing frequency

**HIV Status Awareness**

- Testing
- Testing promotion/rec'mt
- Partner services
- Linkage to care

Indicators of Success:

- Engagement in care
- Treatment adherence
- Reduced viral load

Intensive Behavioral Health to Address Drivers

Indicators of Success:

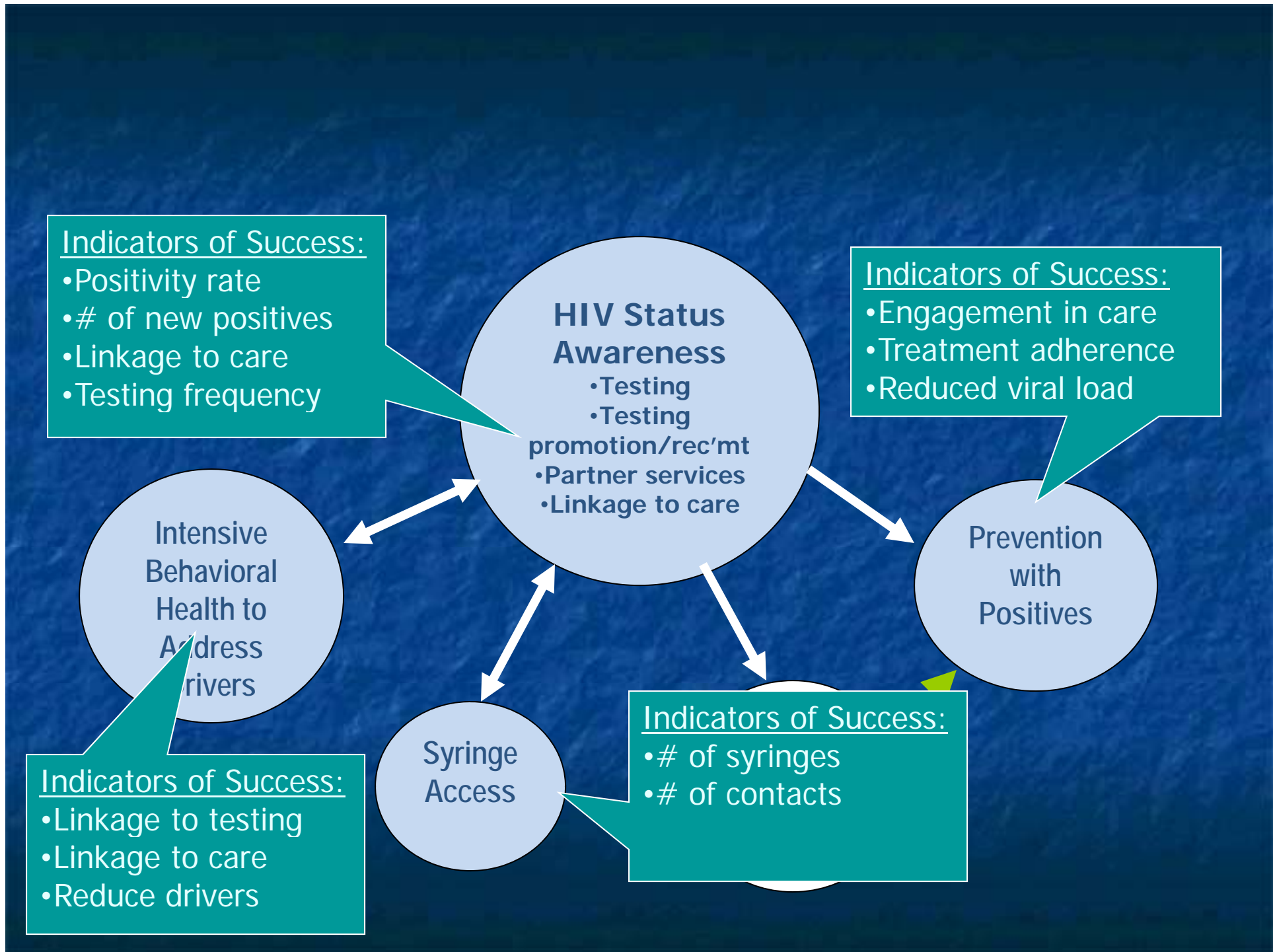
- Linkage to testing
- Linkage to care
- Reduce drivers

Syringe Access

Indicators of Success:

- # of syringes
- # of contacts

Prevention with Positives



# Next Steps

- Community input meetings
  - Contact Dara Geckeler for more information – [dara.geckeler@sfdph.org](mailto:dara.geckeler@sfdph.org)
- Trainings on Plan to be conducted this Spring by HPS staff and HPPC
  - Contact Eileen Loughran for more information – [eileen.loughran@sfdph.org](mailto:eileen.loughran@sfdph.org)
- Release of the request for proposals (RFP) scheduled to be released in 2010
- New contracts tentatively scheduled to begin 2011

# Conclusion

- HPS believes that these new directions can make a significant contribution to ending HIV in SF
- We invite you now to ponder, discuss, and help us improve on these action plans and policies over the next few months

Your turn...feedback welcome!



Q & A