

“Getting to Zero” in San Francisco:

Zero HIV infections

Zero HIV deaths

Zero HIV stigma

Susan Buchbinder, MD
Director, Bridge HIV
San Francisco Department of Public Health



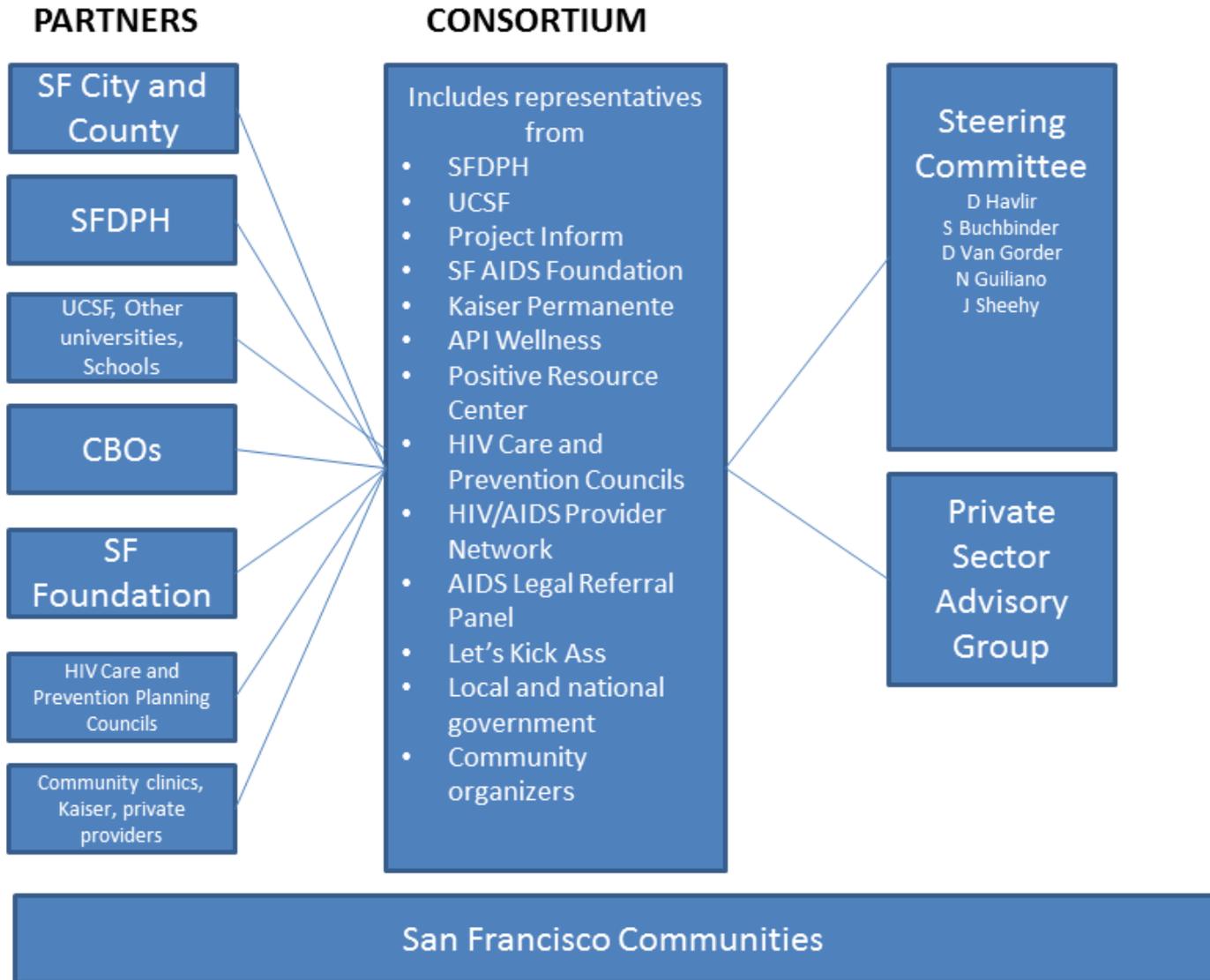
POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CENTER FOR LEARNING & INNOVATION

MISSION Statement

Coordinate a strategic plan to get San Francisco to zero new HIV infections, zero HIV-associated deaths and zero stigma

- Convey a sense of urgency and possibility among San Franciscans
- Empower and engage a broad diversity of stakeholders and create shared responsibility for achieving the vision
- Create communication and coordination amongst the various stakeholders to implement the strategic plan
- Mobilize all necessary resources to achieve the vision
- Develop robust metrics, and report progress annually on World AIDS Day
- Achieve this vision by ensuring the health and wellness of individuals and communities living with HIV and at risk for HIV

Getting to **Zero** Consortium



Why this? Why now?

- **San Francisco has**
 - Robust epidemiology data
 - Excellent care networks (clinical, community-based, others)
 - Strong community involvement
 - Political will to help achieve our goals
- **We now have better-than-ever tools for prevention and treatment**
- **With coordinated effort, we could be the first city in the US to achieve the vision of Getting to Zero**
- **BUT, we need better coordination among groups, collective effort to achieve this**

Three Initiatives to Start

- Expand access to pre-exposure prophylaxis for San Franciscans at-risk for HIV infection
- **RAPID ART: Early diagnosis and treatment of HIV**
 - Improved health of newly infected
 - Reduced risk of HIV transmission
- Retention in HIV care

PrEP prevents infections*

(*if you take it)

Study	Efficacy overall	Drug detected overall	Estimated Risk reduction with drug detection
iPrEx	42%	~50%	92%
Partners PrEP	67-75%	82%	86% (TDF) 90% (FTC/TDF)
TDF-2	62%	80%	78%
Fem-PrEP	No efficacy	26%	“adherence too low to assess efficacy”
VOICE	No efficacy	29%	“adherence too low to assess efficacy”



OCTOBER 1, 2013

THE NEW YORKER

WHY IS NO ONE ON THE FIRST TREATMENT TO PREVENT H.I.V.?

POSTED BY CHRISTOPHER GLAZEK



Fast vs. Slow Ideas

Anesthesia

- First demonstration Oct 1846
- First publication Nov 1846
- Mid-Dec: used in Paris, London
- Feb 1847: almost all Europe
- June 1847: most regions of the world
- Within 7 years, nearly every hospital US, Britain

PrEP Should Be a Fast Idea, Not a Slow One

-Evans and Van Gorder, Huffington Post, Oct 2013

“PrEP is an especially good option for people during “seasons of risk”...”

-James LoDuca, myprepexperience.blogspot.com

Antiseptics

- First publication 1867
- 20 years later, surgeons used coats soaked in blood, re-used gauze without sterilization
- “It was a generation before Lister’s recommendations became routine” – Guwande, New Yorker, July 29, 2003

Demo Project Sites

San Francisco City Clinic



Miami-Dade County Downtown STD clinic



Whitman Walker Health



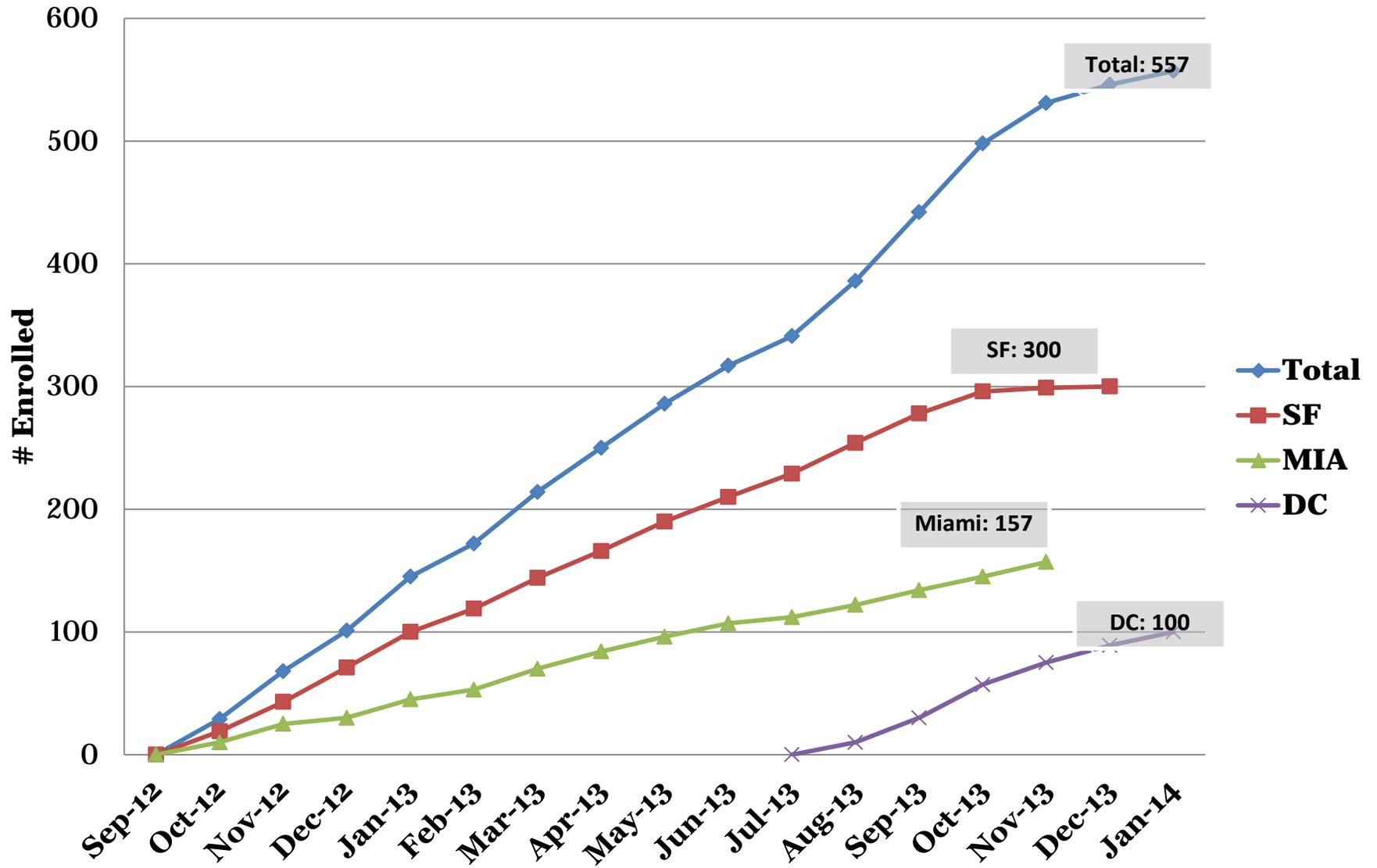
PrEP eligibility and uptake, by site

	SF	Miami	DC	Total
Approached for pre-screening	581	312	176	1069
Declined	233	76	55	364
Ineligible (behavioral or medical)	48	79	21	148
Enrolled	300	157	100	557
Uptake among potentially eligible	56%	67%	65%	60%

Significant demand for PrEP in SF and DC

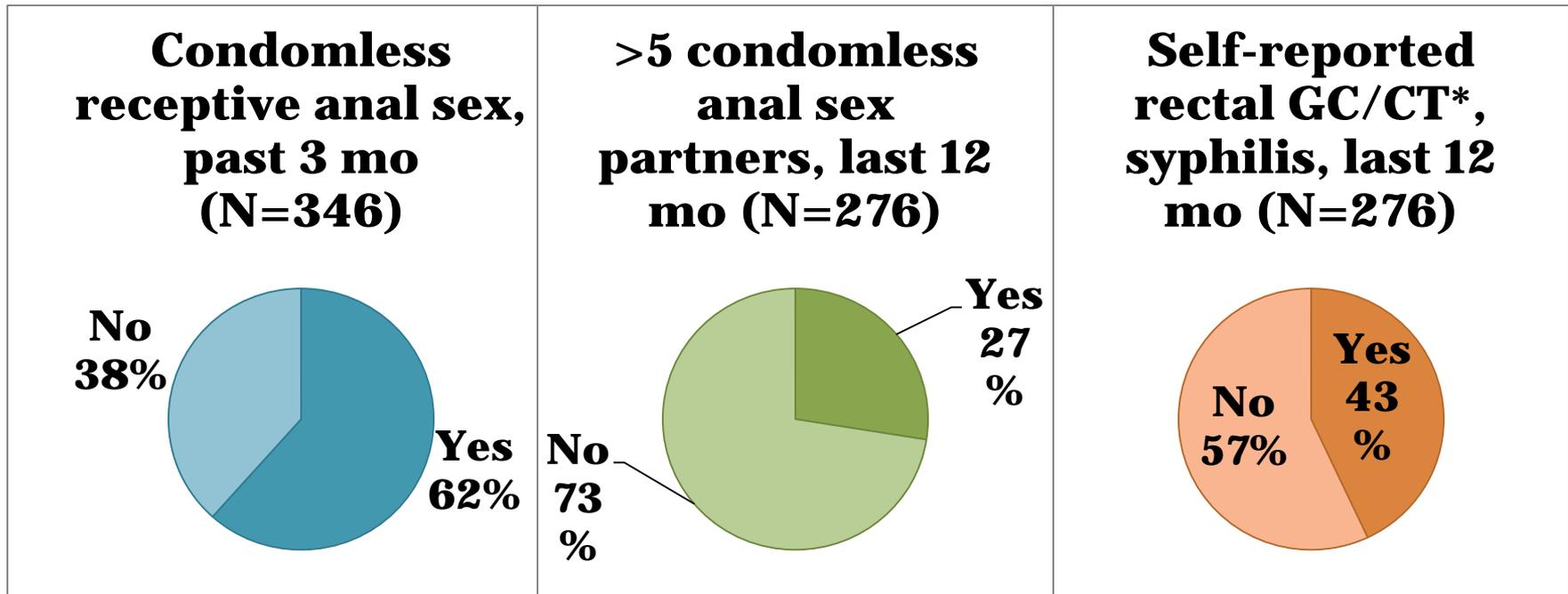
- Waitlists in SF and DC throughout study
- Number of “self-referrals” increased during enrollment period, (30% in first 3 mo, 53% in last 3 mo, $p < 0.005$)
- Hearing about PrEP through a friend or sex partner was highly associated with being a self-referral for PrEP ($p < 0.001$)

PrEP Demo enrollments, by month



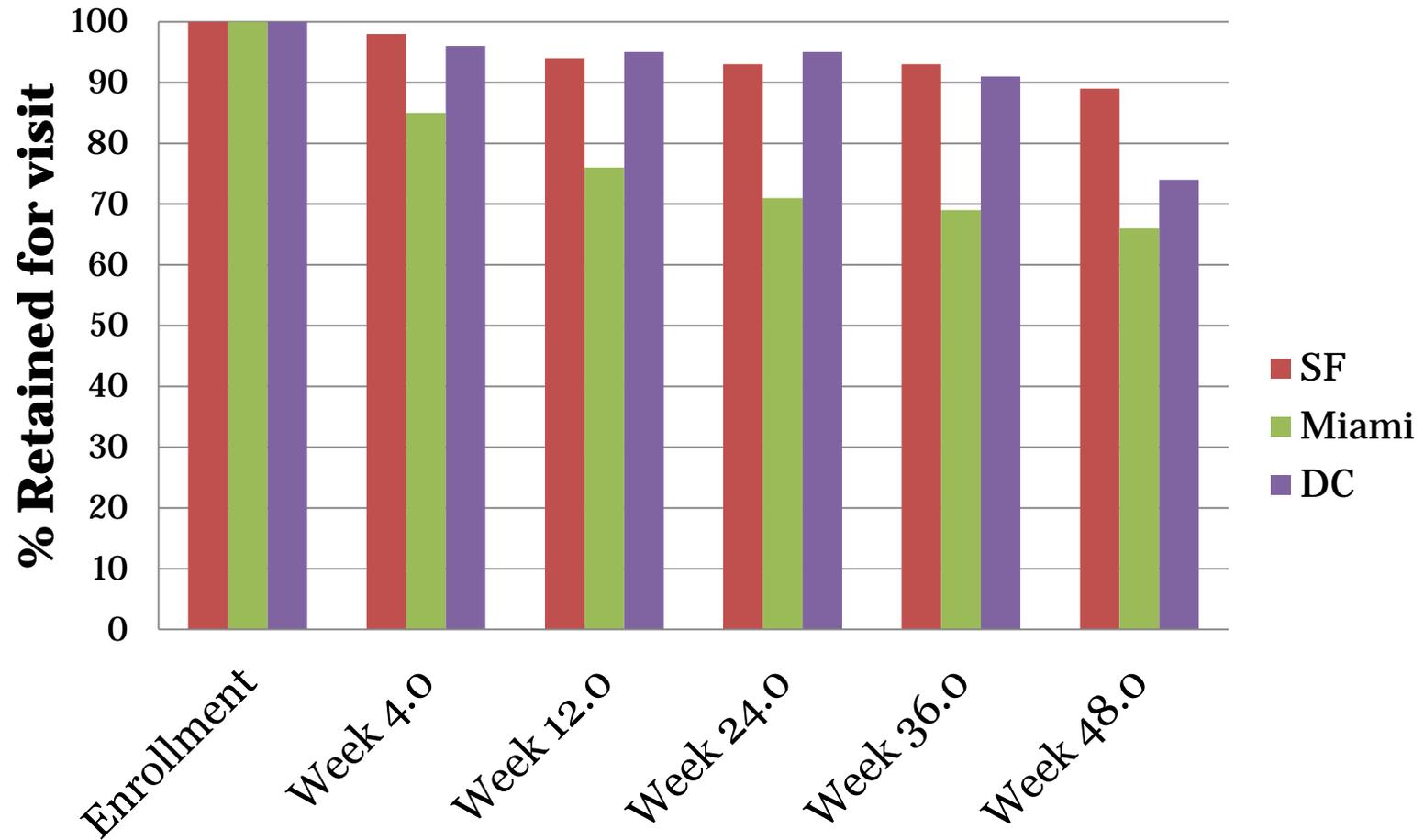
Substantial proportion declining PrEP were at risk for HIV acquisition

- Among participants who declined participation and provided sexual behavior data:

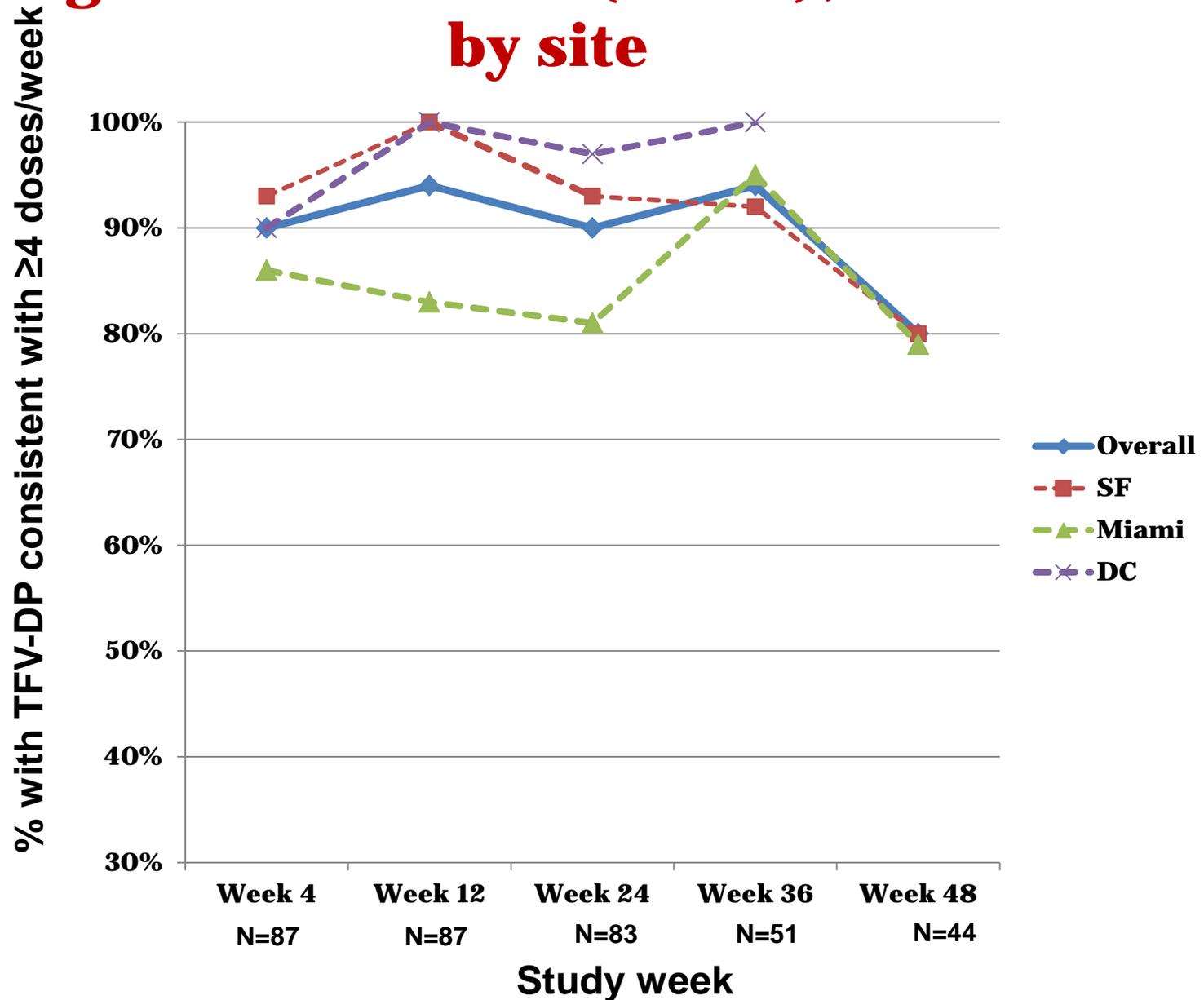


*Gonorrhea, chlamydia

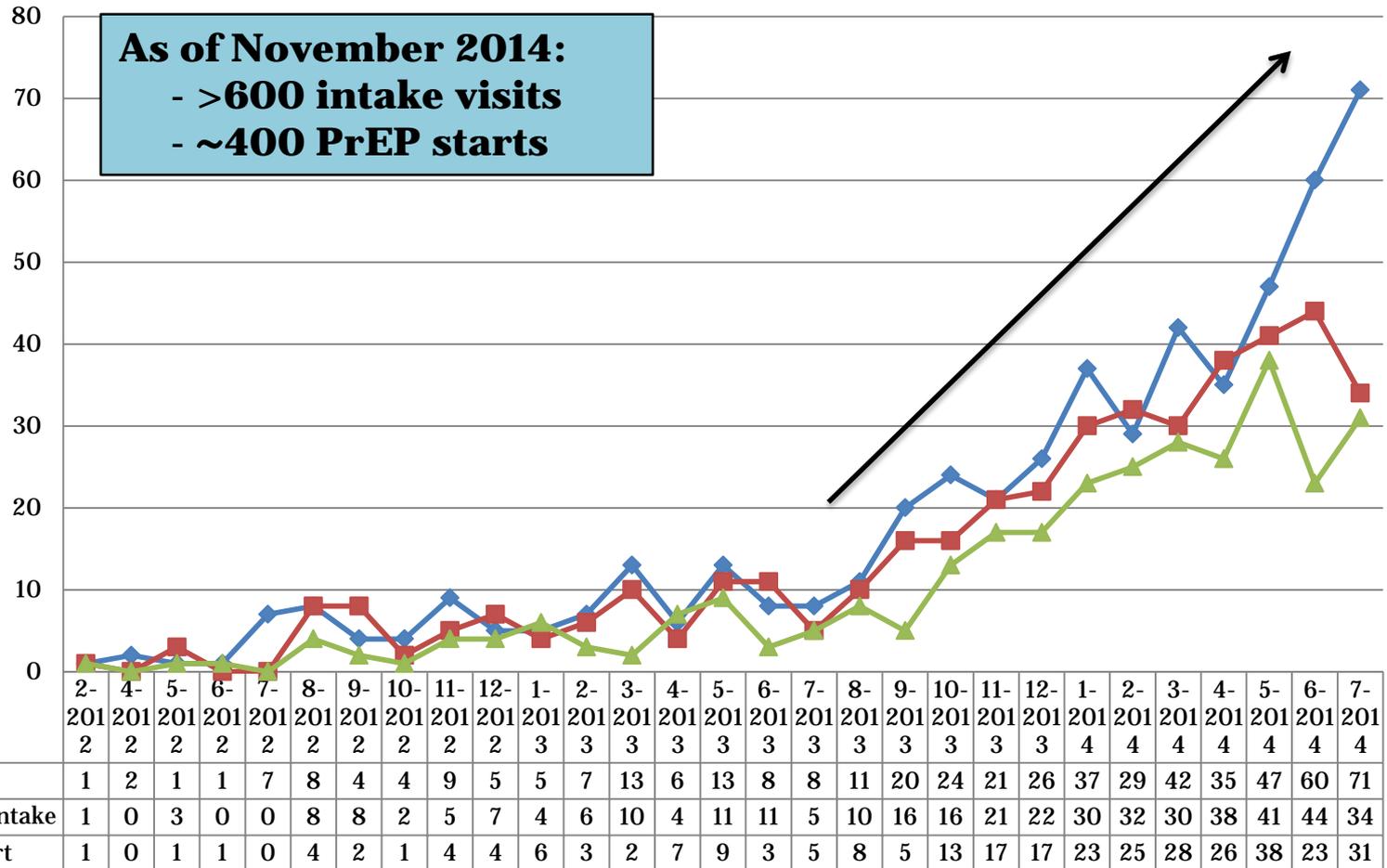
Retention in the Demo Project



Proportion with estimated ≥ 4 doses/week in longitudinal cohort (N=90), overall and by site



The SF Kaiser PrEP Experience: 2012-2014



PrEP: What is Needed?

User

- Centralized website/hotline for information, videos
- Navigators to link w/ care
- Tools to help w/ insurance, assistance
- Broad awareness/ knowledge including speakers bureau
- Provider capacity and knowledge

Provider

- Training on practical implementation (incl Ob/Gyn, Peds)
- Warmline for consultations
- Online tools for local implementation
- PrEP Programs (e.g., Kaiser, Magnet, City Clinic, Ward 86, BPAC, 360 clinic)

Measurement

- Uptake
- HIV infections in current/recent users
- ARV resistance
- Social harms
- HIV incidence
- STI incidence
- Cost

Developing tools to support clients using PrEP

Welcome to Prepmate!

Here's some info to help with getting started.

We know starting PrEP can be exciting and overwhelming, and we're here to help you out in any way we can. Here's how we've got your back:



Real people, real support.

Anytime you need a question answered, some help with PrEP, or just someone to talk to, text us. We'll get back to you as soon as we can, and always within 24 hrs.



Reminders that don't suck.

We'll send reminders (disguised as pretty funny texts) for about 2 weeks to get you started. If you want more, just text to let us know, but we don't want to be annoying.

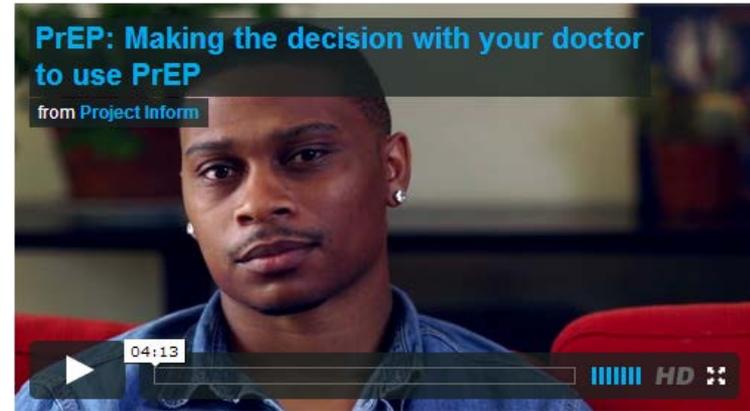


People like you.

We've got a little social network thing going on so you can talk to other PrEP users. You can find it under the menu at the top right.

PrEP Videos and Testimonials

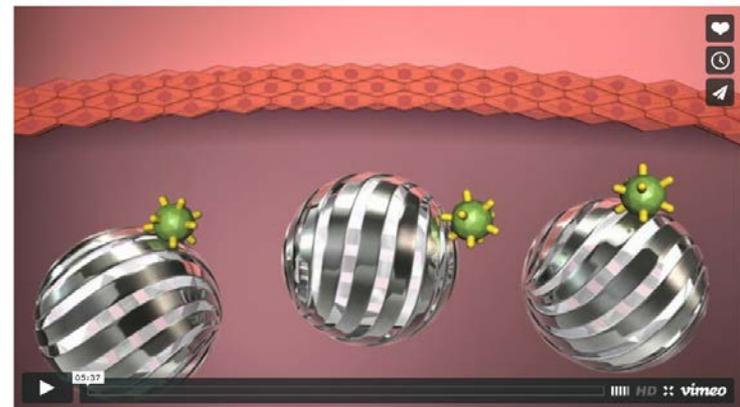
www.projectinform.org/prep/



www.myprepexperience.blogspot.com



www.whatisprep.org



Like Share 104 people like this.

REQUEST INFO OR A COPY OF THIS VIDEO

Learn More About PrEP

Paying for PrEP



Coverage	How to access
Uninsured and < 500% FPL	<ul style="list-style-type: none">• Gilead patient assistance program (PAP) provides TDF/FTC at no cost• Client may need to pay for office visit and labs
Uninsured and > 500% FPL	<ul style="list-style-type: none">• Pay out of pocket (\$1250/month) + office visits, lab costs
MediCal	<ul style="list-style-type: none">• Covered; No prior authorization
Employer-sponsored health insurance	<ul style="list-style-type: none">• In general, most plans cover TDF/FTC for PrEP• Cost sharing varies; Gilead offers \$300/month co-pay assistance• Some require prior authorization• Provider needs to code visit correctly or q3mo HIV testing may not be covered
Covered California	<ul style="list-style-type: none">• Bronze. High deductible, 30-40% co-pay for specialty drugs after deductible met; TDF/FTC approx \$800/mo (with co-pay assistance)• Silver, Gold: Most have no cost after co-pay card

SF: Start Treatment Immediately

The New York Times

Monday, April 5, 2010 Last Update: 5:54 PM ET

City Endorses New Policy for Treatment of H.I.V.

By SABIN RUSSELL
Published: April 2, 2010

In a major shift of H.I.V. treatment policy, San Francisco public health doctors have begun to advise patients to start taking antiviral medicines as soon as they are found to be infected, rather than waiting — sometimes years — for signs that their immune systems have started to fail.

[Enlarge This Image](#)



Theo Rigby for The New York Times
Dr. Bradley Hare, an H.I.V.

The new, controversial city guidelines, to be announced next week by the Department of Public Health, may be the most forceful anywhere in their endorsement of early treatment against H.I.V., the virus that causes AIDS.

BAY AREA REPORTER



SF health officials advise early treatment for people with HIV

by Liz Highleyman

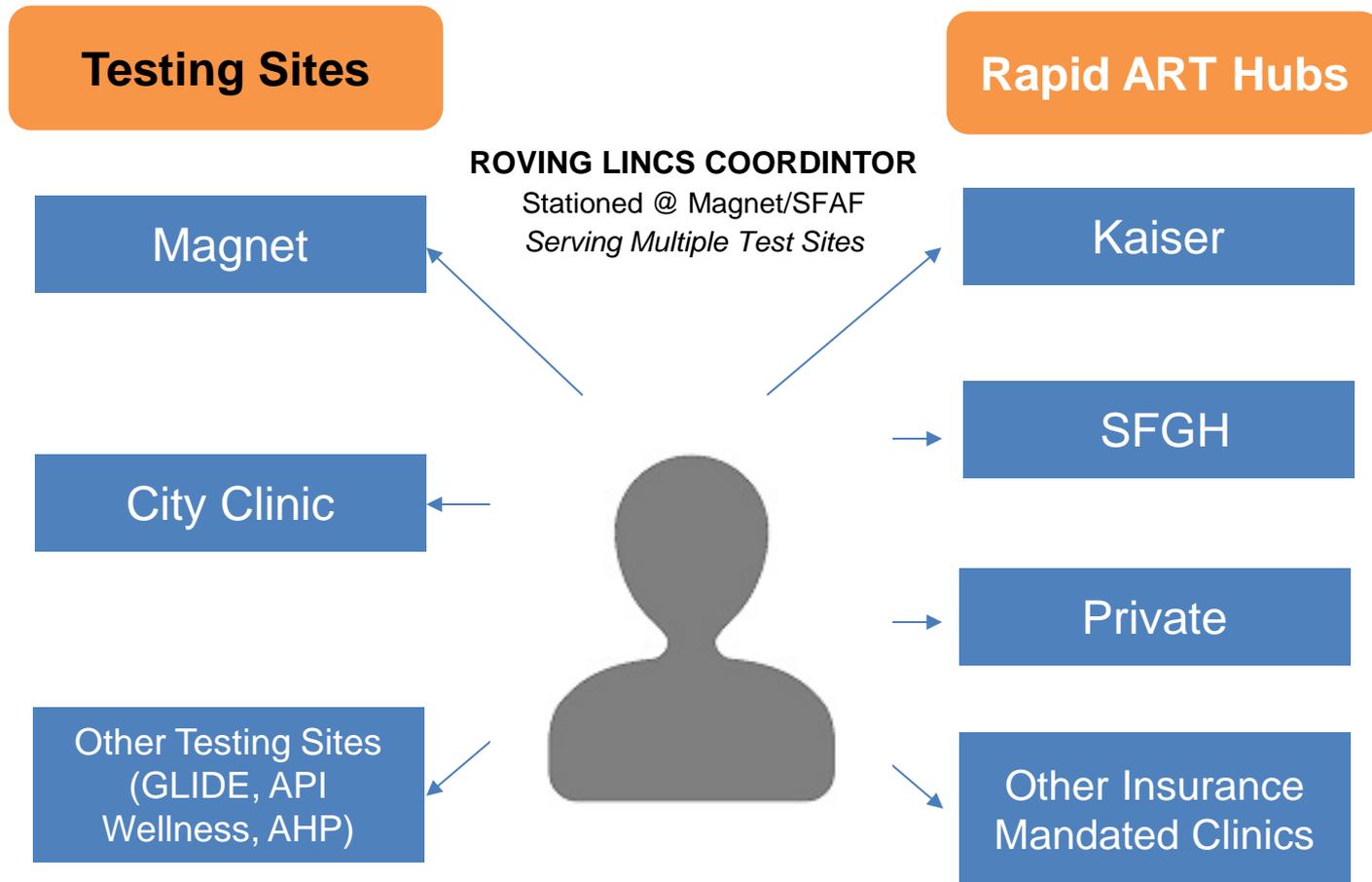
A standing-room only audience packed Carr Auditorium at San Francisco General Hospital on Tuesday to hear about the city's new policy recommending treatment for all people diagnosed with HIV regardless of CD4 T-cell count.

As first described in an April 2 article in the New York Times, the policy change reflects a shift from delaying antiretroviral therapy until a person's immune system sustains significant damage to encouraging everyone to receive treatment as soon as possible.

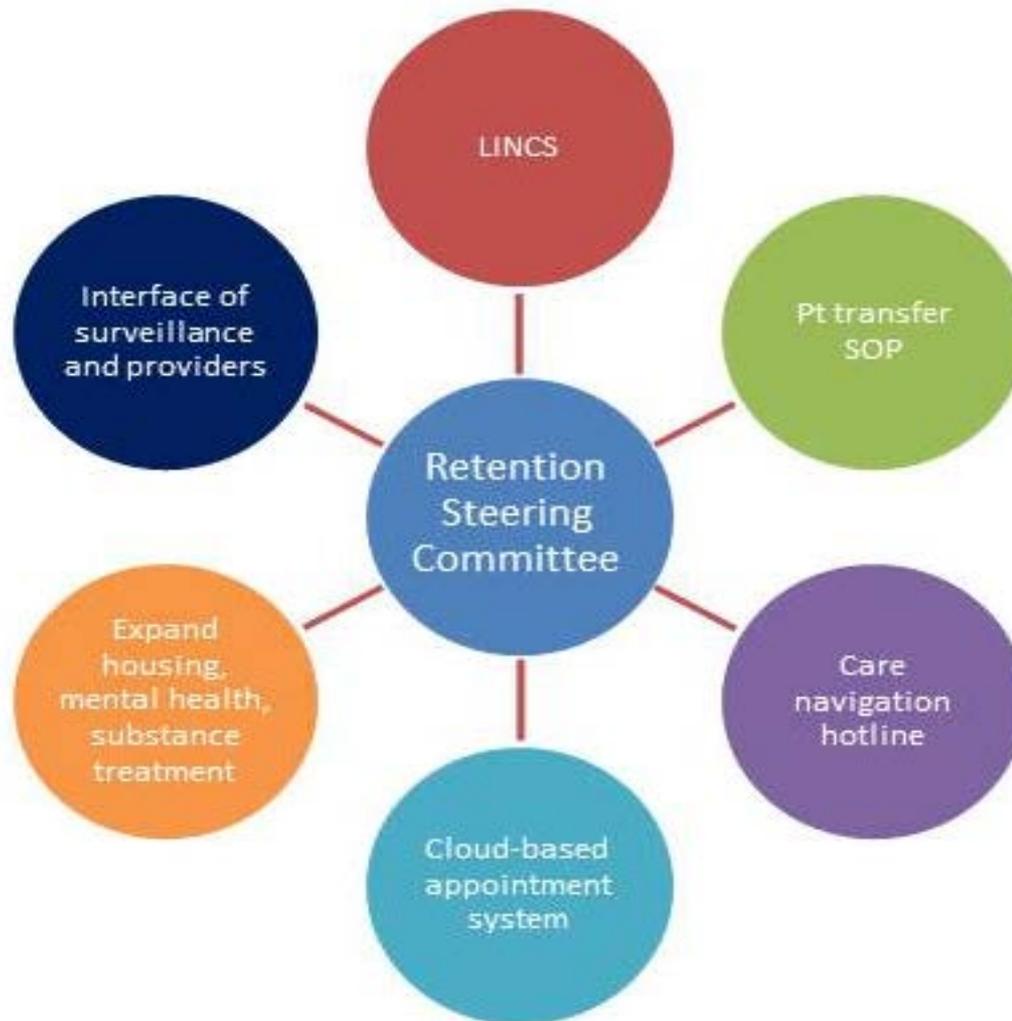
RAPID: What is Needed?

- Expand LINCS (Linkage, Integration, Navigation, Comprehensive Services)
- Emergency drug supply for start-up
- Clinical SOP for rapid start-up of ART
- Provider capacity building

Rapid ART Delivery



Retention in Care: What is Needed?



Core leadership

- Diane Havlir
- Dana van Gorder
- Jeff Sheehy
- James Loduca
- Susan Buchbinder
 - Susan.Buchbinder@sfdph.org

Thanks to all who provided slides

- Stephanie Cohen
- Albert Liu
- Darpun Sachdev
- Jonathan Volk