

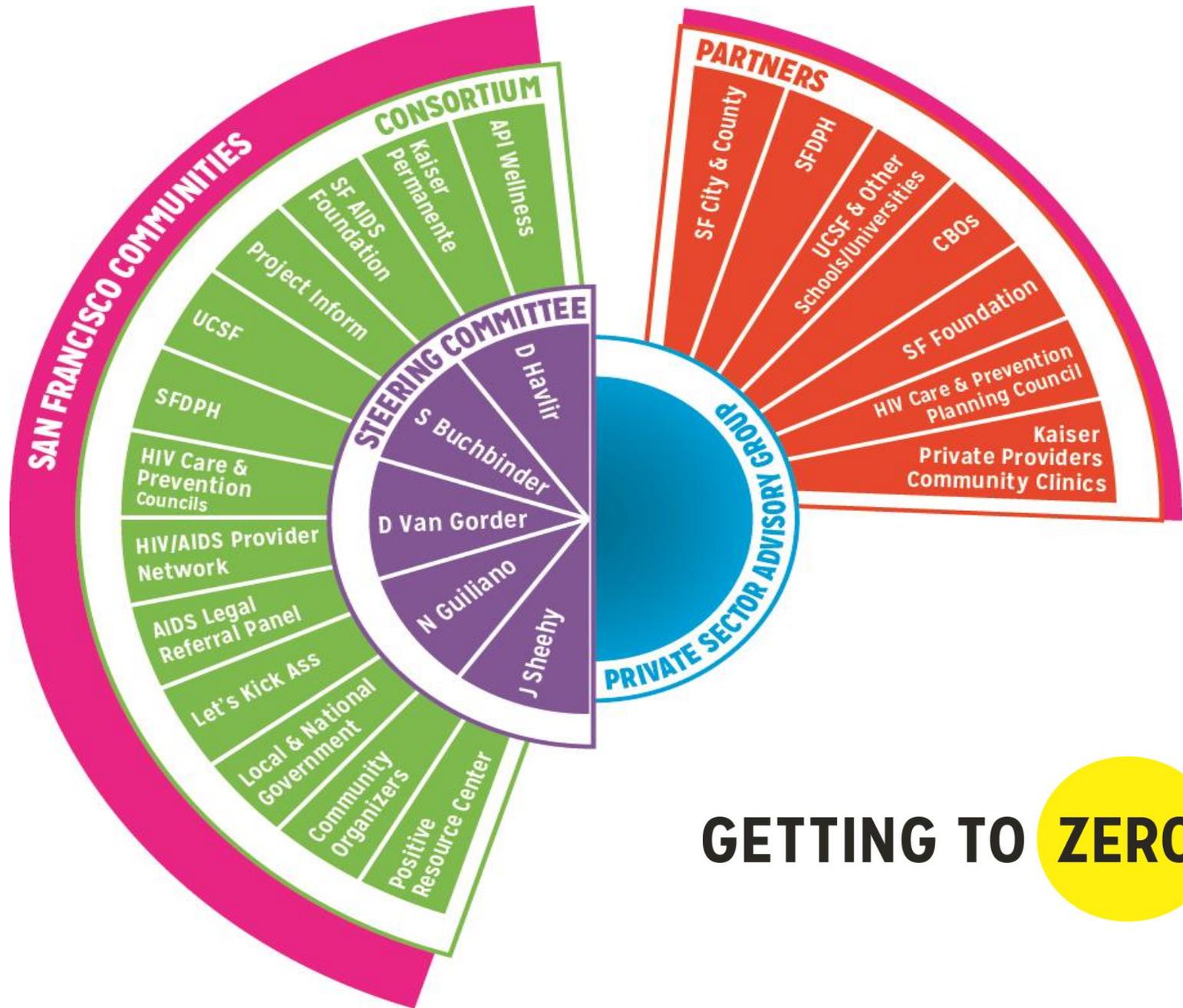
# GETTING TO ZERO

**Zero** HIV infections

**Zero** HIV deaths

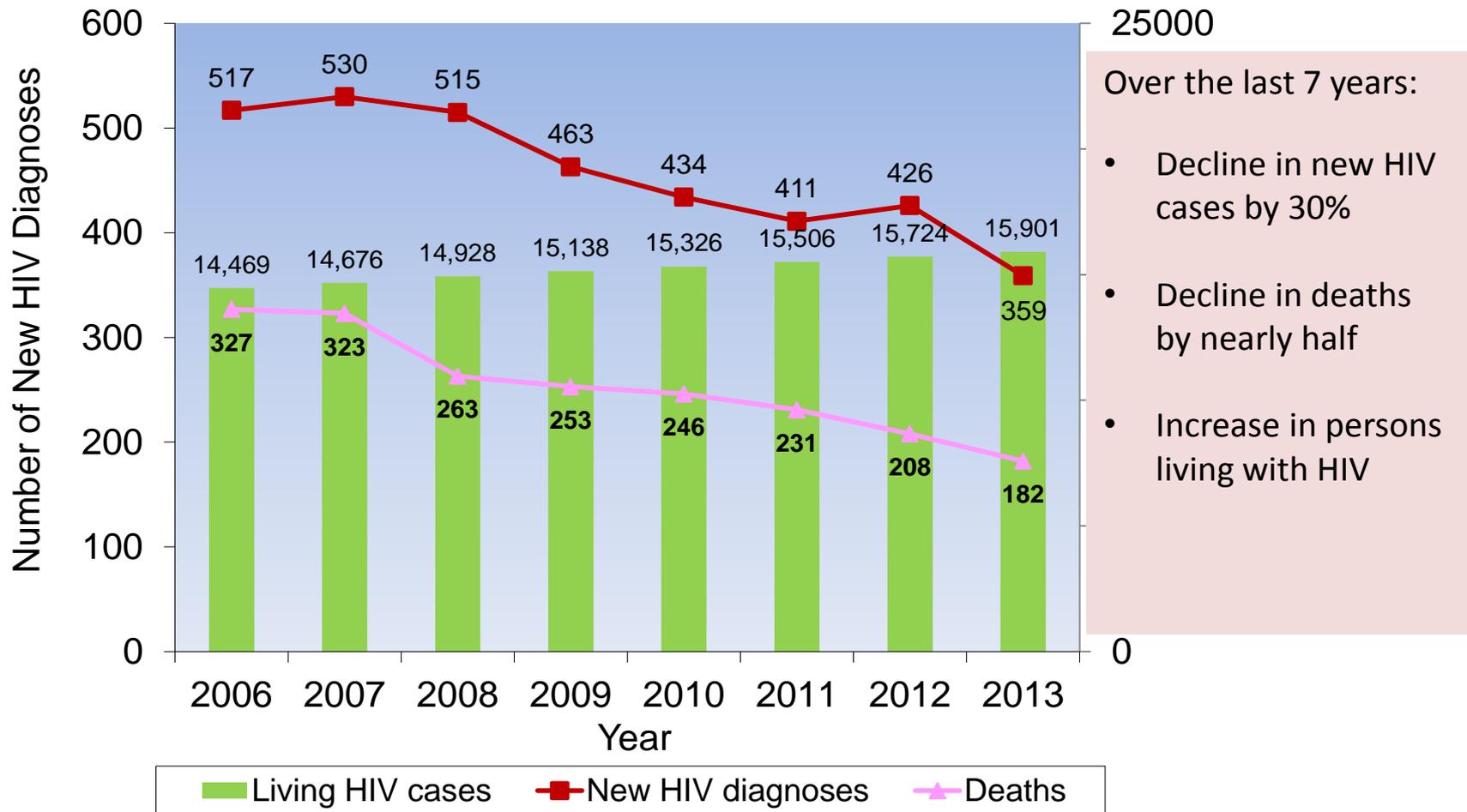
**Zero** HIV stigma

**Stephanie Cohen, MD, MPH**  
**on behalf of the Getting to Zero Consortium**



**GETTING TO ZERO**

# Overall decline in new HIV diagnoses and death in San Francisco, 2006-2013

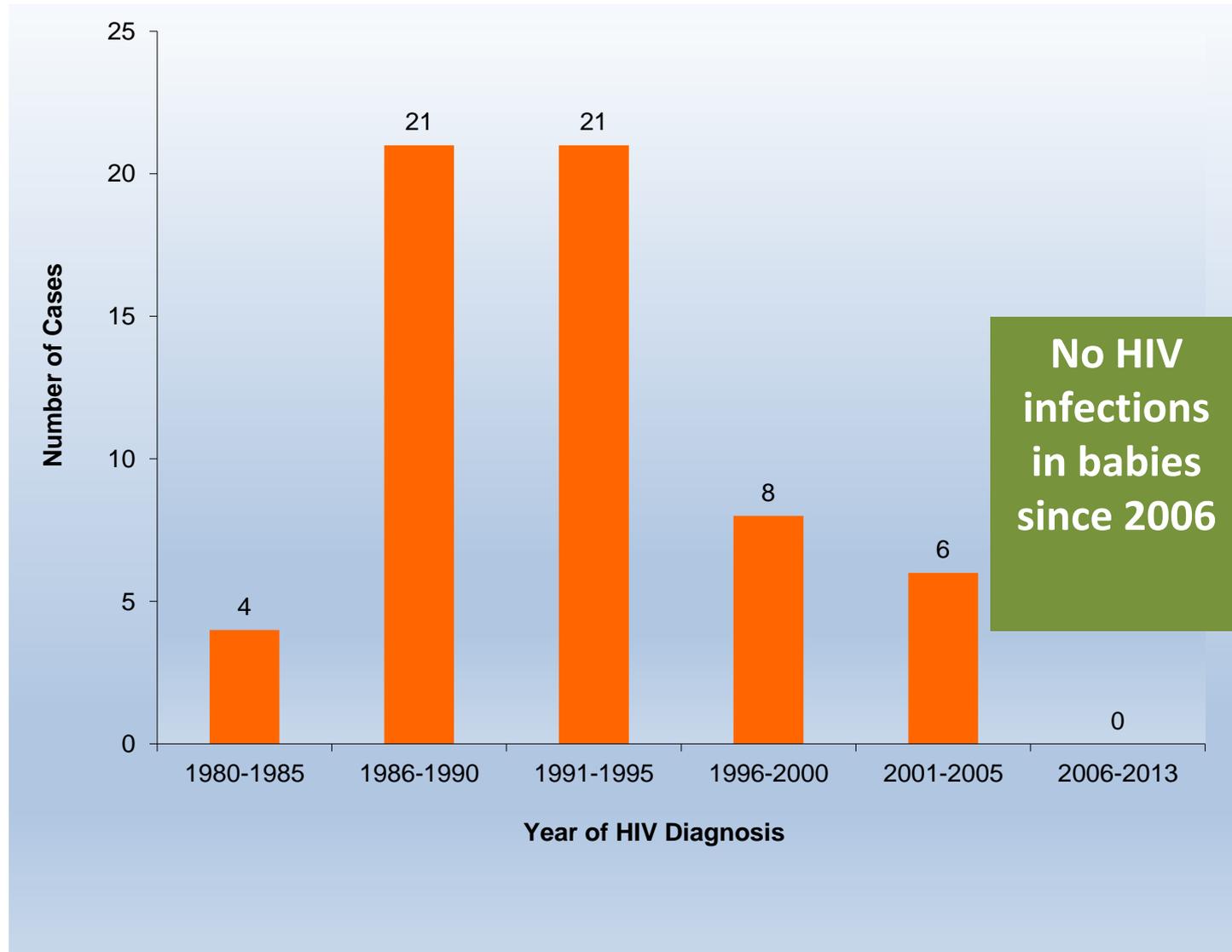


# Trends in new diagnoses

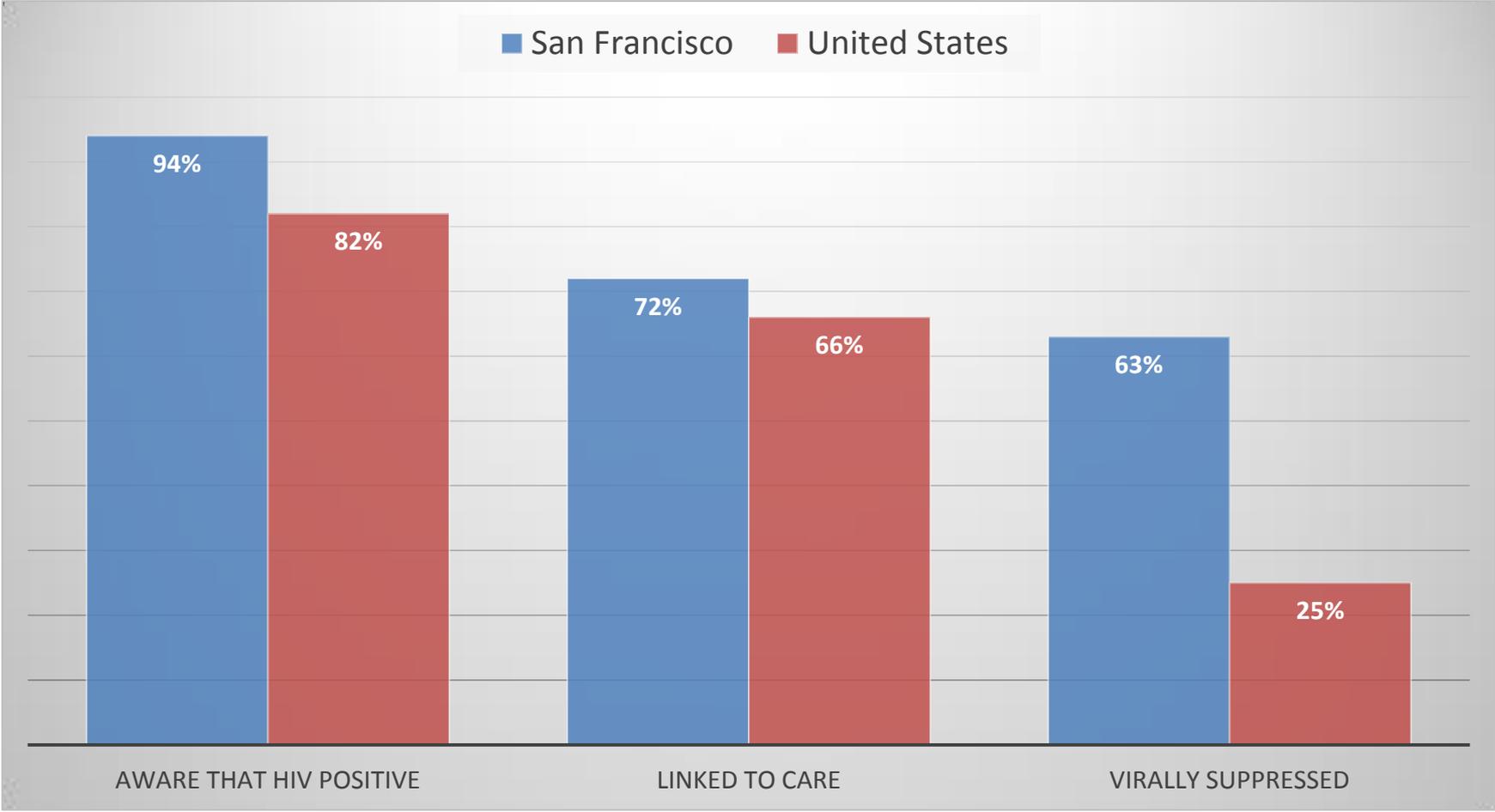
From 2006 – 2013

- **Overall number of new HIV diagnoses decreased**
  - Decreases in men and women
  - Decreases in African Americans and Whites
  - Decreases in MSM
  - Decreases in people who inject drugs
- **However, increased new diagnoses in 25-29 year olds**
- **Disparities remain, with highest number of new infections in African Americans and Latinos**

# Pediatric HIV cases by year of HIV diagnosis, 1980-2013, San Francisco



# HIV Care Cascade, San Francisco vs. US 2012



# Deaths Decreasing Overall among HIV positives in SF

- Overall **death rates in HIV positives** decreasing since 2006 in SF
- However, **disparities exist** in death rates
  - Higher in African Americans
  - Higher for people who inject drugs
  - Higher for women and transgender persons
- More than  $\frac{3}{4}$  of deaths occur in **persons > 50 years old**

# Positive trends are a result of political and community commitment

**The SF Board of Supervisors and Mayor have shown their commitment to the health and well-being of San Francisco by:**

- Back-filling positions cut through federal, state, and local budget tightening
- Providing ongoing support for successful existing programs
- New multi-year commitment to Getting to Zero

# GETTING TO ZERO

## Three Initiatives to Start

- **Ongoing funding for existing successful programs**
- Expand access to pre-exposure prophylaxis (**PrEP**) 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
- We will hold ourselves accountable through progress reports at annual Town Hall meetings on World AIDS Day.

# Scientific Foundation for PrEP

- **Daily Truvada™ reduces HIV infections**
  - Multiple trials show daily use protects against sexual and injection drug use transmission
  - Effectiveness may be >90% if taken daily
  - High tolerability, low side effect profile
- **CDC and World Health Organization**
  - Recommend for men who have sex with men, heterosexuals, injection drug users **during seasons of risk**



**Access to PrEP is a “game changer” in HIV prevention, and a central component of “Getting to Zero in SF”**

# SF leads the way in PrEP

- Bridge HIV (SFDPH) participated in **first PrEP trials**
  - First safety trial in US MSM
  - First efficacy trial in MSM (iPrEx)
- SFAF launched **PrEP information** campaign
- SFCC launched **first PrEP demonstration project** in US and now offers PrEP as part of routine STD clinic services
- SFGH has **CDC contract** to counsel providers about PrEP

**KEEP IT REAL with PrEP**

LEARN MORE AT [PrepFacts.org](http://PrepFacts.org)

**PrEP:** Pre-Exposure Prophylaxis is where HIV-exposed people take medication to reduce their risk of getting infected with HIV

**Adherence Matters:** Risk for HIV infection reduced by 92% to 99% among those who take PrEP daily and consistently

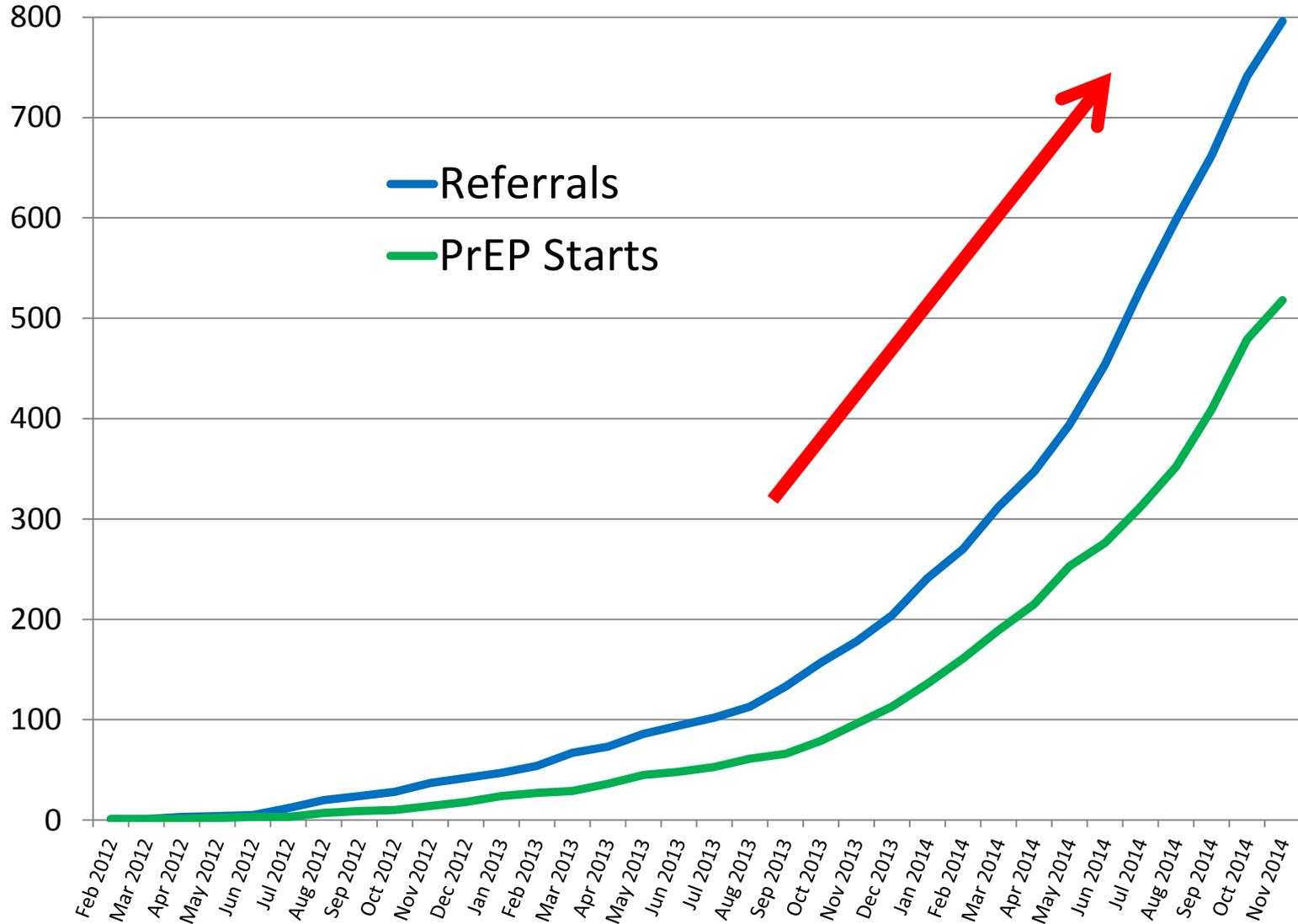
**Safe and well tolerated:** Nausea is most commonly reported side effect but typically goes away after first month

**Coverage:** Most insurance and Medicaid cover. Travelers for PrEP with private insurance program available for those who qualify

**SAN FRANCISCO**  
Supported by Beringer-Ingelheim, Inc.

PrEP is a newly available HIV prevention strategy, not a cure for HIV

# Kaiser PrEP Experience: 2012-2014



# Paying for PrEP

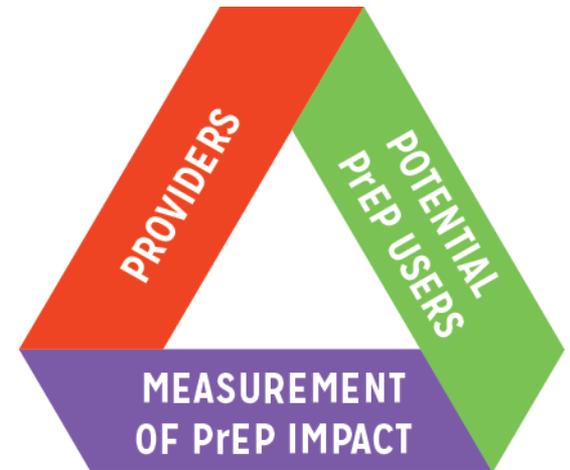


Coverage	How to access
Uninsured and < 500% FPL*	<ul style="list-style-type: none"> <li>Gilead will provide meds at no cost</li> <li>May need to pay for office visit and labs</li> </ul>
Uninsured and > 500% FPL*	<ul style="list-style-type: none"> <li>\$1250/month + office visits, lab costs</li> </ul>
Medi-Cal	<ul style="list-style-type: none"> <li>Covered; No prior authorization</li> </ul>
Employer-sponsored health insurance	<ul style="list-style-type: none"> <li>Most cover; some require prior authorization</li> <li>Cost sharing varies</li> <li>Gilead offers \$300/month co-pay assistance</li> </ul>
Covered California	<ul style="list-style-type: none"> <li><b>Bronze:</b> High deductible, 30-40% co-pay after deductible met                             <ul style="list-style-type: none"> <li>TDF/FTC ~\$800/mo (with co-pay assistance)</li> </ul> </li> <li><b>Silver, Gold:</b> Most have no cost after co-pay card</li> </ul>

\* 500% FPL = ~\$58,350 for a single person

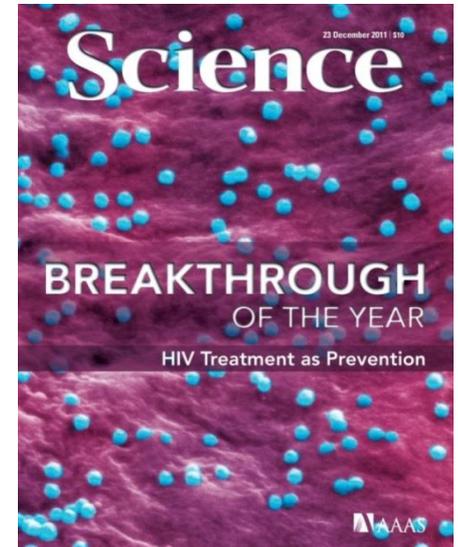
# PrEP for SF: What is needed now?

- Assistance for providers
  - Support for PrEP clinics
  - Training, online tools
- Assistance for PrEP users
  - Education campaign for those at risk
  - User hotline
  - Affordability
- Measurement of PrEP impact
  - PrEP use
  - Impact on HIV infections
  - Negative impacts (e.g., denial of insurance)



# RAPID ART and RETENTION: Scientific Foundation

- Early and sustained treatment for all HIV positive people
  - Reduces infections, TB, cancer
  - Prevents liver, heart, brain damage
  - Reduces death
- HIV treatment is prevention
  - Reduces HIV transmission by 96% by lowering HIV levels (HPTN 052)



**Effective HIV treatment for those living with HIV is central to “Getting to Zero” SF**

# SF leads the way 2010: First to recommend treatment for all

## The New York Times

**B**AY **A**REA **R**EPORTER

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.



## 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.

# HIV Treatment in San Francisco: What is needed now?

**There is a gap in successfully starting and maintaining treatment  
There continue to be new HIV infections in our city  
Starting therapy right after a new HIV diagnosis is advantageous**

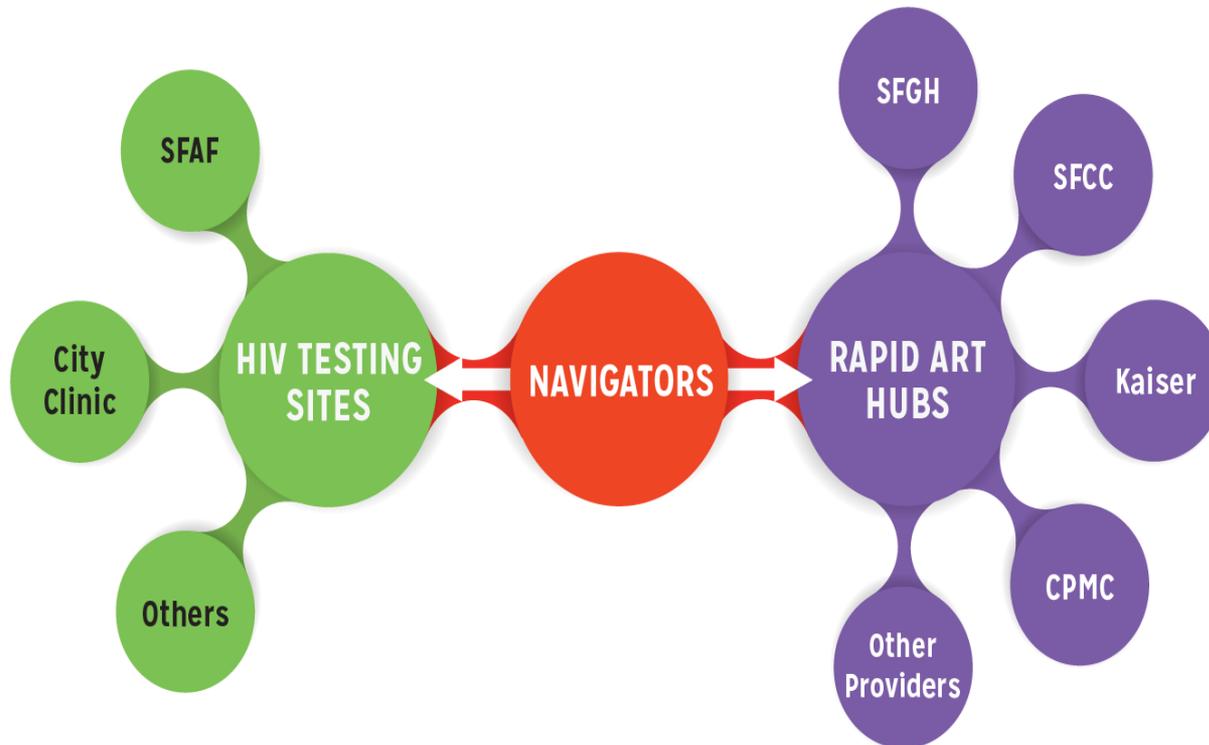
2. Program to enhance start of treatment  
“RAPID”
3. Program to retain persons in HIV care  
Expanded retention programs

# New program of **RAPID ART** upon diagnosis in San Francisco

- Pilot programs at SF General Hospital and SF City Clinic
  - Offer of ART at time of HIV diagnosis; focused on those with acute HIV infection
- What are advantages for such a program?
  - Immediate linkage and treatment initiation may increase likelihood of retention in care
  - Early ART associated with individual health benefit and will decrease time to virologic suppression

# Initiative 2: RAPID 2015

Expand services city wide by building upon existing LINCIS programs at DPH to create hubs for rapid initiation of ART to all individuals



# Initiative 3: RETENTION 2015



## Strengthening retention and re-engagement in care

- Hotline to support return to care
- Outreach for missed patient appointments
- Bolster case worker staffing
- Evidenced based use of surveillance data to identify pt's who are out of care
- Interactive data system in DPH to track progress

**We need continued support of current services in addition to these new initiatives in order to achieve goals of Getting to Zero**

# Barriers and Challenges

- HIV stigma is pervasive and difficult to measure
- Ensuring affordable housing for PLWH remains critical and increasingly challenging in SF's housing market
- Need ongoing advocacy to both maintain and expand current funding streams that support multi-disciplinary programs essential to HIV prevention (including substance use and mental health treatment, food security, needle/syringe exchange, legal services)

# SF leads the way in 2015



# TIME



SAN FRANCISCO'S FIRST AIDS MARCH, IN 1983

SAN FRANCISCO WAS GROUND ZERO FOR HIV IN THE U.S.

## THE END

NOW IT WANTS TO BE THE FIRST CITY IN THE WORLD  
WITH NO NEW INFECTIONS, NO STIGMA—

## OF AIDS

AND NO DEATHS. BY ALICE PARK

Photographs by Mark Mahaney for TIME