“Getting to Zero” in San Francisco Consortium

Zero new HIV infections
Zero HIV deaths
Zero stigma and discrimination
Getting to Zero SF: What are we?

• Multi-sector independent consortium – operates under principles of collective impact:
  “Commitment of groups from different sectors to a common agenda to solve a specific problem.”

• Vision
  – Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of “Getting to Zero”
Strategic priorities

• Improve health and well-being for persons in San Francisco living with HIV or at risk for infection
  – Maintain funding for existing efforts
  – Achieve success in signature initiatives
  – Prioritize health equity
• Secure funding and broad city/private sector support
• Create innovative programs
• Exchange best practices with other cities
Getting to Zero SF Committees

Priorities and initiatives for the consortium’s work are set by GTZ’s four committees:

- PrEP
- RAPID
- Retention & Re-engagement
- Ending Stigma

Recently added Adolescent + Young Adult Committee for cross-cutting issues
Get involved!

- Join the consortium Google Group: www.GettingToZeroSF.org

- Quarterly consortium meetings, as well as other GTZ events are listed on the calendar: http://www.gettingtozerosf.org/getting-to-zero-events/
Get involved!

• Join a committee. Read more about the committees and their members on the website.

• Talk with a committee co-chair tonight. Ask at the sign in desk for an introduction.
RAPID & Retention Resources

- RAPID Protocol
  https://www.gettingtozerosf.org/rapid-standard-operation-procedure/

- HIV ReConnect Brochure for Providers & Frontline Workers: HIV navigation can help

- HIV ReConnect HIV Navigation Options in SF
  https://drive.google.com/file/d/0Bxbt-vn6gIdndDlINnpCSHJ0cjg/view

- HIV ReConnect HIV Care Options in SF
  https://drive.google.com/file/d/0Bxbt-vn6gIdnNWVXN3NSc3FPNW8/view
• Consensus Statement

https://www.preventionaccess.org/consensus

U=U Community Partners as of November 27, 2017

Over 500 organizations from 68 countries have signed on to share the U=U message in ways that work for their communities.
Events Around San Francisco

We hope you can attend!!

• Thursday November 30, 4-5pm - UCSF-Gladstone CFAR 2017 Merle A. Sande Lecture with Stephen Goff, Mahley Auditorium, 1650 Owens Street, San Francisco.

• Thursday, November 30, 6-9:30pm - Light in the Grove: The National AIDS Memorial Grove Annual Gala, Sen. Mark Leno will be honored with the “Lifetime of Commitment” award.

• Thursday, November 30, 6-9 pm - Clínica Esperanza World AIDS Day Mask Exhibit, Terra Gallery, 511 Harrison St, San Francisco, CA 94105.

• Friday, December 1, 11am -1pm - National AIDS Memorial Grove World AIDS Day community celebration.

• Friday, December 1, 12-1pm - ZSFGH Screening of Emmy-winning PBS NewsHour series, “The End of AIDS?” and panel discussion with special guests, Carr Auditorium, Building 3, Room 100.

• Tuesday, December 5, 12-1pm - ZSFGH Medical Grand Rounds "Updates in the Fast-Moving World of HIV" with Monica Gandhi, Carr Auditorium, Building 3, Room 100.
“Getting to Zero” in San Francisco Consortium

Zero new HIV infections
Zero HIV deaths
Zero stigma and discrimination

Photo by Jim Herd
Welcome and Many thanks to our sponsors and to the >200 members for all of their volunteer work!

Steering Committee
Johanna Brown
Susan Buchbinder
Diane Havlir
Dana van Gorder
Joe Hollendoner
Shaddai Cuestas-Martinez
Jacob Moody
Jessie Murphy
Tracey Packer
Hyman Scott
Mike Shriver
Lori Thoemmes
1. Welcome
2. Announcements & Acknowledgements
3. Policy Update
4. Committee Updates
5. Panel & Community Discussion: Undetectable=Untransmittable (U=U)
Updated GTZ Website
www.gettingtozerosf.org
AGENDA

• Tax Reform
• State PrEP Assistance Program (PrEP-AP)
• State legislation for next year
  – AB 186
In order to pay for tax cuts to the top .1% of households, the bill would:

- Eliminate the individual mandate in the Affordable Care Act
  - 1,810,000 people in California would lose health insurance coverage
- 3,969,800 California families would see a tax increase
Tax Reform

• Senate version is essentially an Obamacare repeal effort
  – Eliminating the individual mandate will destabilize the insurance markets and could lead to them collapsing
• Senator Collins will support if they pass Alexander-Murray (funding the CSR’s) and Collins-Nelson (reinsurance)
  – Both are sensible market stabilization measures but neither undoes the damage of repealing the individual mandate
• Next steps:
  – Senate expected to vote on 11/30
  – Senate and House versions need to be reconciled, which can happen two different ways:
    • Bill goes to committee to work out differences between House and Senate versions
    • House just concurs the Senate bill, with no changes (and this could happen very fast)
  – Goal is to pass legislation before Christmas
PrEP assistance program (PrEP-AP)

• Approved in FY16-17 budget, implementation postponed due to ADAP issues
• PrEP-AP will pay for:
  – PrEP related medical OOP costs as recommended by the CDC for uninsured and insured individuals and
  – For insured clients, assistance with PrEP after the manufacturer’s co-payment assistance threshold has been met
    • Uninsured individuals will have 100% of their PrEP drug costs paid for by the drug manufacturer’s Patient Assistance Program.
• Planning phased implementation – first uninsured program (“early 2018 then insured program (“spring of 2018) 
  – Training for enrollers to begin in January 2018
• Statewide HIV agenda still being developed, the CA HIV Alliance is discussing legislation aimed at creating a California Getting to Zero plan
• AB 186 (safe consumption services bill)
  – Hope to pass it early in the new year
  – Still looking for two more votes – the Northern California targets are Senators Pan and Glaser
  – when the bill passes the Senate it will have to go back to the Assembly for concurrence on some amendments.
Adolescent and Young Adult Committee

Co-Chairs: Adam Leonard, NP, MPH & Tonya Chaffee, MD, MPH
Members: Jackson Bowman, Eva Kersey, Miranda Nordell, Aisha Mays, Parya Saberi, Xavier Erguera, Andrew Ciscel, Joi Jackson-Morgan, Erin Wilson, Christy Camp, Christopher Pepper, Geoffrey Hart-Cooper, Ashley Rojas, Sarah Kellman, Alan Guttirez, Gustavo Banuelos, Carol Dawson-Rose, Michael Blake, Ted Ruel, Stephanie Cohen, Hyman Scott
Youth/TAY GTZ Committee Goal

All SF youth will have a HIV test by the time they turn 25

OBJECTIVES:
1. Expand and support status-neutral continuum of care youth services.
2. Increase provider's willingness to routinely and regularly screen youth for HIV.
3. Reduce HIV stigma that contributes to low HIV testing.
Status Neutral Continuum of Care
Strategies to Achieve Goal:

• Targeted HIV testing opportunities during the 9th and 11th grade as part of SFUSD “Be Real, Be Ready” sexual health curriculum
• Deliver QI/CBA HIV testing trainings to healthcare providers caring for adolescents and young adults across systems in SF (UCSF, Kaiser, etc.)
• Develop a youth-facing sexual health promotion social media/print campaign with youth involvement

Outcomes/Metrics for youth <25:
• Increased HIV testing.
• Increased proportion of youth who know their HIV status.
• Increased uptake of PrEP and PEP.
• Increased viral suppression.
• Reduced HIV-related stigma among youth/TAY.
Next Steps: Subcommittees for Strategic Initiatives

Youth engagement/education in HIV prevention and treatment

Provider training/education HIV prevention and treatment

Clinical services/delivery of care for HIV testing, prevention, and treatment
RAPID Committee

Chair: Susa Coffey
Committee Members: Diane Havlir, Darpun Sachdev, Erin Antunez, Oliver Bacon, Virginia Cafaro, Stephanie Cohen, Alyson Decker, Janet Grochowski, Diane Jones, Patrick Kinley, Clarissa Ospina-Norvell, Chris Pilcher
RAPID: 2017 Accomplishments

Dissemination (SF, US, international)

Stats/metrics

Monthly Clinical Case Conference
Rapid: 2017 Accomplishments

Dissemination (SF, US, international)

Stats/metrics

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<th>Metric</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016 Q2</th>
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<tr>
<td>Median Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis -&gt; Care</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Care -&gt; ART</td>
<td>27</td>
<td>16</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Diagnosis -&gt; VL &lt;200</td>
<td>133</td>
<td>91</td>
<td>75</td>
<td>51</td>
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</tbody>
</table>

Monthly Clinical Case Conference
R&R: Retention & Re-engagement Committee

- Adrienne Elias/shanti, sf hiv planning council
- Amanda Newstetter/bay area aetc
- Amy Wohl
- Andy Scheer/sfdph sf city clinic
- Austin Padilla/stigma committee rep.
- Beth Mazie/positive resource center
- Bill Hirsh/aids legal referral panel
- Chip Supanich*/sf hiv planning council
- Christy Camp/larkin st. youth
- Chuan Teng/positive resource center
- Clarissa Ospina-Norvell/ucsf w86
- Darpun Sachdev/sfdph lincs navigation
- Dean Goodwin/sfdph hhs
- Edwin Charlebois/ucsf caps (co-chair)
- Erin Antunez/sfdph lincs navigation
- Eva Mureithi/ucsf w86
- Gale Sandoval/instituto familiar de la raza
- Hyman Scott*/sfdph bridge hiv & ucsf w86
- Irma Parada/sfdph hiv-is
- Joanna Eveland/sfdph tom waddell
- Jae Sevelius/ucsf caps
- Jimmy Gale/sfaf
- Joe Ramirez-Forcier/positive resource center
- Julie Lifshay/sfaf
- Kate Darling/ucsf
- Linda Walubengo/catholic charities
- Lori Thoemmes/ucsf ahp
- Nikki Calma/shanti
- Patrick Kinley/LINCS
- Rebecca Levin/prc
- Serena Ngo/poh
- Susan Scheer/sfdph surveillance
- Tara Apriletti/mnhc clinica esperanza
- Vinay Jindal/

*gtz steering committee member
R&R Achievements/Accomplishments

• **Behavioral Health Needs Assessment** – low burden, city-wide on-line assessments from client and provider perspective. Link: [https://www.surveymonkey.com/r/W758G5C](https://www.surveymonkey.com/r/W758G5C) Results soon.

• **Communications** – Retention & re-engagement messaging for clients & providers, stigma & barriers reduction. Posters up in many locations. New Trans and SF population images being developed with CDC. HIV Re-Connect documents are live.

• **SF HIV Frontline Workers Oranizing Group** – Barriers to Employee Retention: Analysis of Year 1 findings done. Trainings (Trans, Mental Health linkage, Updates)

• **HMLS Cell Phone Project** – Cellphones for Homeless and Marginally-housed currently in navigation & Cell phone charging stations. Now have 2 Best Practices Documents & many new installations of charging stations.
Cell-Phone Charging Stations

Sites: (over 30 stations)

- PRC,
- SFAF,
- Shanti,
- AHP coming soon!
- City Clinic discussing

GTZ Retention & Re-Engagement Best Practices: CLIENT CELLPHONE CHARGING STATIONS

The Need:
- Homelessness and marginally housed persons do not have easy access to locations to charge their cell-phones.
- This interferes with their ability to be engaged in navigation, access healthcare, coordinate appointments, and have follow-up conversations about their health issues and care.

Best Practices:
- Install low-cost cell-phone charging stations in appropriate clinic and non-clinic settings where homelessness and marginally housed clients may charge their cell phones so they may remain in contact with their healthcare providers.
- Locate stations on top of desks where 1-on-1 client provider interactions occur and last for 30 minutes or longer. Desktop placement (as opposed to under-desk) respects client dignity and serves as a visual cue to charging station availability.
- Avoid locations with poor security: reception areas, hallways, low density shared spaces.

Recommended Equipment: (cost per charging station = $21)

<table>
<thead>
<tr>
<th>4-in-1 Charging Cable</th>
<th>Connector with Lightning / 30 Pin / Micro USB / Mini USB Ports for iPhone, iPad Air Mini, iPod touch Nano, Galaxy (Manufacturer: iCoo) Amazon Order Link (2-pack): $10.99 (click here)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USB Wall Charger</td>
<td>1A/5V Universal Portable Travel Charger (Manufacturer: HONGSE) Amazon Order Link (3-pack): $10.99 (click here)</td>
</tr>
<tr>
<td>Power-strip w/ 12ft Cord</td>
<td>6-outlet surge protected powerstrip with 12-foot cord. Amazon Order Link $11.87 (click here)</td>
</tr>
<tr>
<td>Plastic Zip-Ties</td>
<td>Zip-Ties for Securing charging station Amazon Order Link $5.99 (100 count) (click here)</td>
</tr>
</tbody>
</table>
LINCS Cell-Phones For Nav Clients

Screening clients for homelessness and offering homeless clients access to cellphones during intake through

Supporting clients in keeping their cellphone and staying engaged with their clinic and navigator

Helping clients obtain a replacement cellphone if theirs is lost, stolen, or sold

Solar Chargers!
GTZ PrEP Committee

Co-Chairs: Al Liu & Robert Grant

PrEP User Subcommittee Co-chairs: Pierre Crouch

PrEP Provider Subcommittee Co-chairs: Tracey Packer & Stephanie Cohen

PrEP Metrics Subcommittee Chair: Susan Scheer & Dara Geckeler

SF PrEP Data 2014-2016

- ~12,300 MSM on PrEP in 2016 (4700 in 2014)
- In 2014, lower % of eligible AA (8%), Latino (4%), and API (7%) MSM on PrEP vs. white MSM (23%)
- In 2016, gaps improving
  - ~3% fewer eligible Latinos than Whites on PrEP
  - For AA, 9% lower than Whites in SFCC but 20% higher in STOP AIDS sample.

% PrEP-Eligible MSM Reporting PrEP Use

Data from NHBS (2014), SFCC (2014, 2016), and STOP AIDS (2015, 2016)
Achievements/Accomplishments

• 4 GTZ PrEP programs launched focused on AA, Latino, young MSM & transwomen
  – 22 peer navigators/ambassadors trained, &
  – 22 PrEP community events completed in 2017

• Expansion of PrEP trainings and detailing for navigators and clinical providers
    • 57 attendees across 4 counties
  – PrEP detailing in 2017
    • 65 detailing visits: 286 PrEP clinicians, 343 other staff trained

• Data to PrEP pilot launched using STD surveillance data
  – Focused on reaching Black and Latino MSM and transwomen with STD cases
    • 51 attempted for contact: 27% reached for navigation, of which 43% accepted PrEP referral

• Emergency Youth Truvada fund launched
  – 9 young people initiated in program in first half of 2017

• DPH launching PrEP texting campaign on Dec 1st
  – Text “ask” to 213-33 to check it out
Ending Stigma Committee

Co-Chairs: Vincent Fuqua, Wayne Steward
Steering Committee Liaison: Tracey Packer
Members: Tez Anderson, Gustavo Banuelos, Samuel Berston, Katy Birnbaum, Johanna Brown, Cecilia Chung, Talia De La Cruz, Matt Dorsey, Rebecca Erenrich, Armando Estrada, Stephanie Goss, Jonathan Gomez, Bob Grant, DK Haas, Alison Hughes, Brandon Ivory, Courtney Liebi, Bobbi Lopez, Sam Jackson, Sarah Kellman, Patrick Kinley, Shaddai Martinez-Cuestas, Mark Molnar, Jacob Moody, Gavin Morrow-Hall, Thomas Muyunga, Austin Padilla, Marion Pellegrini, Jenna Rapues, Armando Rodriguez, Allison Rojas, Ashley Rojas, Sabina Simmons, Hannah Tessema, Lance Toma, Sandra Torres, Jonathan Van Nuys, Guy Vandenberg, Keith Waltrip
Progress and Accomplishments

• Stigma reduction incorporated as goal in HIV prevention contracts (administered by SFDPH Community Health Equity and Promotion (CHEP) Branch)

• Developed plan and identified measures for tracking progress on stigma reduction efforts

• Outreach and dialog with experts in addressing trauma-informed care
  – Intent to implement trauma-informed care training in 1-2 clinics in coming months
Monitoring Stigma Reduction Progress

Two major data sources

1. Medical Monitoring Project (MMP)
   - Existing surveillance tool
   - Detailed survey, includes stigma-related items
   - Limited only to HIV+ respondents
   - Not specific to GTZ efforts

2. Brief survey to be administered annually at CHEP-funded agencies
   - Select items adapted from MMP
   - More specifically targets GTZ efforts
   - Assess both HIV+ and HIV- respondents
UNDETECTABLE = UNTRANSMITTABLE
People living with HIV on ART with an undetectable viral load in their blood have a negligible risk of sexual transmission of HIV.

Depending on the drugs employed it may take as long as six months for the viral load to become undetectable. Continued and reliable HIV suppression requires selection of appropriate agents and excellent adherence to treatment. HIV viral suppression should be monitored to assure both personal health and public health benefits.
“The science really does verify and validate U=U.”

- Anthony S. Fauci, M.D., Director, NIAID, NIH @ USCA 2017
The Evidence for U=U

MATT SPINELLI, MD
INFECTION DISEASE FELLOW
DIVISION OF HIV, ID, AND GLOBAL MEDICINE ZSFG/UCSF
Undetectable=Untransmittable Outline

► Review of the Science
  ► What are the origins of U=U?
  ► Prior to antiretroviral therapy (ART), how did we learn lower viral load = lower risk?
  ► What supports starting ART to lower transmission risk?
  ► What supports U=U in the real world?
  ► What supports U=U in MSM?

► Frequently Asked Questions
What Are the Origins of U=U?

1998:
Studies of HIV transmission from mother to baby: 0 transmissions when on ART
Beckman et al (Int Conf AIDS 1998)

1998:
U.S. guidelines include “possibly decreasing transmission” as rationale for starting ART
DHHS guidelines 1998

2000:
Study of HIV transmission in sero-different partners in Uganda
Quinn et al 2000
2000: Without Antiretroviral therapy
No Transmissions When Viral Load <1500

- 415 couples in Uganda studied for up to 30 months
- Lower viral load, lower risk
- No transmissions when viral load was <1500

Quinn NEJM 2000

2011: Large Randomized Trial: Starting Antiretroviral Therapy to Decrease HIV Infection (HPTN 052) Cohen et al. NEJM 2011

2011: Antiretroviral Therapy Decreases HIV Transmission in a Randomized Trial (HPTN 052)

Sexually-Active Sero-Different Couples with CD4 Count 350-550 (1763 couples)

Immediate ART Arm (886 couples)
- Fewer HIV-related Clinical Events
- Fewer HIV Transmissions

Delayed ART Arm (877 couples)

2015: Final Analysis of HPTN 052--No Transmissions If Undetectable

- No “linked” transmissions when partner on ART 3 months and virally suppressed
- 36% of transmissions occurred outside of partnership (“unlinked”)
- Caveats: 3% MSM, High Condom Use

8 Transmissions when Partner on ART

4: Partner Had Treatment Failure

4: Partner Had Started ART within 90 Days

Cohen MS, et al. IAS 2015
### 2016-2017: What supports U=U in the Real World and in MSM?

<table>
<thead>
<tr>
<th>Study</th>
<th>Population</th>
<th>Condomless Sex Acts</th>
<th>Transmissions within Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTNER</td>
<td>888 couples, 38% MSM</td>
<td>58,000</td>
<td>0</td>
</tr>
<tr>
<td>Opposites Attract</td>
<td>343 couples, 100% MSM</td>
<td>17,000</td>
<td>0</td>
</tr>
</tbody>
</table>

Rodgers et al. JAMA 2016; 316: 171-81
Bavinton et al, IAS 2017: TUAC0506LB
"The science really does verify and validate U=U." Anthony S. Fauci, M.D., Director, NIAID, NIH Speech at United States Conference on AIDS (September, 2017)

"People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner." CDC (September, 2017)

“It is time, to end the fears!” “I really think these community members who were active on U=U did a great job." Pietro Vernazza, author of Swiss Commission Statement (November, 2017)
FAQ: U=U

- How long after starting antiretroviral therapy does U=U?

- What if you or a partner misses doses or stops therapy?

- What about sexually transmitted infections (STIs)?

- What about people with injection drug use?
How Long After Starting ART Is Safe?: No Infections After 6 Months in Partners-PrEP

- Randomized, placebo-controlled trial in sero-different heterosexual partners with partner starting ART
  - 3 infections in first six months vs. 0 after six months
- 6 Months May Be Conservative
  - Older HIV Regimens
  - No Infections after 90 days in HPTN 052

Mujugira, JAIDS 2016;72:579-84
What If I/My Partner Misses Doses Or Stops Antiretroviral Therapy (ART)?

- When do people become detectable off ART?
  - Risk increases significantly after one week (2x odds).
  - Can be as soon as 48hrs (Genberg et al. AIDS 2012)
    - Risk of transmission is still very low if missing less than a week

- If you/partner stops for longer than several days:
  - Other prevention strategies remain available: PrEP, condoms
    - Continue until undetectable
What Do We Know about Sexually Transmitted Infections? Injection Drug Use?

- Sexually Transmitted Infections (STIs):
  - No transmissions if undetectable (high rates of STIs in HPTN 052, PARTNER)
    
    (Rodgers et al. JAMA 2016; 316: 171-81)

- Injection Drug Use:
  - Limited data (only 2% with injection drug use in PARTNER)
  - PrEP and needle exchanges are effective for prevention

  (Choopanya K. et al. Lancet 2013)
U = U

Undetectable = Untransmittable
UNDETECTABLE = UNTRANSMITTABLE

Community Discussion

Photo by Jim Herd
Thank you!

Photo by Jim Herd