

Stop the hidden epidemic:

Five steps to prevent and treat HIV, HCV, and STDs among people experiencing homelessness

In 2019, San Francisco had an estimated 18,000 individuals experiencing homelessness.¹

People experiencing homelessness are disproportionately affected by HIV, HCV, and STDs.

In 2018, they represented:

- **20% of all new HIV diagnoses:** While HIV diagnoses in SF are declining overall, among people experiencing homelessness, they *increased 60%* from 2016 (n=25) to 2018 (n=40).²
- **65% of new HCV diagnoses at community testing sites³**
- **32% of all female syphilis cases⁴**



PrEP reduces the risk of HIV through sexual transmission by >95% and by at least 74% among people who inject drugs (PWID).⁵ Yet among PWID in SF, only 56% had heard of PrEP and only 3% had taken PrEP in the last year.⁶

FIGURE 1: PERCENTAGE OF PEOPLE LIVING WITH HIV WHO ARE VIRALLY SUPPRESSED



PEOPLE WITH HOUSING

75%



PEOPLE EXPERIENCING HOMELESSNESS

33%

Only 1/3 of people living with HIV and experiencing homelessness were virally suppressed in 2017.²

Five steps for providers and clinics:

1 Create a welcoming, trauma-informed space.

- Identify champions in the clinic to facilitate trauma-informed trainings:
 - Routinely schedule de-escalation trainings; debrief incidents when they happen.
 - For more information about free workforce trainings, contact: Hanna.Hjord@sfdph.org.
- **Have staff do a walk through with a client** to identify areas that may trigger someone with a history of trauma.
- **Offer radical hospitality and support for barriers to care** such as on-site food, clothing, phone chargers, transportation (ride-sharing apps or vouchers), and medication storage.



2 Collect contact information at every encounter.

- **Assess for homelessness at every visit**, both at registration and during the clinical encounter. Ask “*What’s your living situation?*” and follow-up questions.
- **Ask for multiple forms of contact info** to communicate important health information. Gather as many details as possible: e.g., tent or RV description, street corners, parks, library, neighborhoods, programs they attend.



3 Engage patients by building trust.

- Provide a human connection—ensure clients know they are cared about.
- Understand personal beliefs about HIV/HCV, STDs, and health care.
- Acknowledge and validate all coping skills, even ones that appear to cause harm.⁷
- Call, text, or email within 24 hours when patients miss appointments: reschedule or offer drop-in or open access appointments.
- **Respect patient autonomy by managing your expectations.** Your medical goals may not be what your patient feels is the most important that day.
- **Celebrate small incremental positive outcomes.** Recognize that coming to clinic is a big win.



EMERGENCY STABILIZATION 101

Shelters

Short-term emergency shelter (up to 90 days) through the 3-1-1 Waitlist. Clients set up a profile through a 5 CHANGES Reservation Site. Ensure patient had a TB test in the past year—print an x-ray report or Quantiferon/PPD result for them to bring.

Navigation Centers

Short-term shelters (1-30 days), with potential for extension. Partners, pets, and possessions allowed. Case management and connection to benefits and medical services on-site. HSH* determines access—no referrals.

*Department of Homelessness and Supportive Housing

Medical Respite & Sobering Center

Residential program with medically-oriented services for frail persons experiencing homelessness who are discharged from the hospital or failing to thrive in the shelter system. E-referral through Epic.

Coordinated Entry is the gateway to permanent housing:

SF Coordinated Entry/Online Navigation and Entry (ONE) System. Offers resources based on the client’s living situation and vulnerability. Clients are given an eligibility and housing priority assessment. To apply, clients need to go to: 123 10th St. or 2111 Jennings St.

4 Prevent HIV, STDs, and opiate overdoses.

- **Discuss your patient’s sexual health and substance use in a non-judgmental manner.**

Talking points:

- “STDs are on the rise in SF and I’m offering these tests to all my patients.”
- “I ask everyone this question to provide the best care. What substances, if any, are part of your life right now?”

- **Test for HIV, HCV, and syphilis at least once per year.**

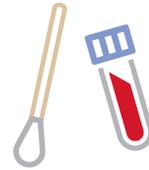
- **Test for chlamydia and gonorrhea** at sites of sexual exposure since pharyngeal and rectal infections are often asymptomatic.
- Examine for signs of 1^o and 2^o syphilis: oral/genital lesions or rash.
- Treat for syphilis if your patient has symptoms or a sex partner was recently diagnosed with syphilis.

- **Educate and offer PEP and/or PrEP to anyone at risk for HIV.**

- PrEP can be dispensed daily along with methadone or bupe.

- **Buprenorphine and methadone are effective HIV prevention tools.**⁸ Become a buprenorphine prescriber or refer your patients to SFDPH Street Medicine: Call 415-369-7969.

- **Provide naloxone education and prescriptions;** distribute directly if possible. Free kits are available at CBHS Pharmacy (1380 Howard) and most syringe access sites.



SFDPH Street Medicine provides care for individuals experiencing homelessness

Services include low-barrier medication for addiction treatment and primary and HIV care. Call with questions or referrals: **415-369-7969**.

5 Offer drop-in care, incentives, and medication storage to people living with HIV (PLWH) and people receiving HCV treatment.⁹



- **Offer incentives for making appointments or getting lab draws:** gift cards, transportation vouchers, or food.

- **Facilitate warm hand-offs for referrals** like specialty care, case management, and navigators.

- **Minimum:** Make contact with the referred provider so they expect the client.
- **Maximum:** Have someone from the other agency come to your clinic to meet with the client, or provide transportation from your clinic to the referred agency.

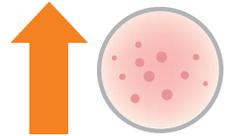
- **Help with medication access:** Most pharmacies can deliver packs of HIV, HCV, and PrEP meds directly to your clinic for patient pick up. Check out [scriptsiterx.com](https://www.scriptsiterx.com) or Daniel’s Pharmacy: 415-584-2210.

- **Offer primary care at every visit for PLWH who are not in care or on HIV medications.**

- Order HIV labs; vaccinate; give TB test every year (needed for shelter placement).
- Assess readiness. Offer to re-start HIV or HCV medications: “On a scale of 1 to 10, 1 being there is no chance of taking a daily pill and 10 being you’re ready to start today, where are you today?”
- Ensure patients know that Undetectable = Untransmittable (U=U). For people on antiretroviral medication, an undetectable viral load for at least 6 months prevents sexual transmission of HIV.
- Connect to an HIV navigation program: LINCS: **415-487-5506; tiny.cc/sfhivnavigation**.

Rising syphilis rates among women

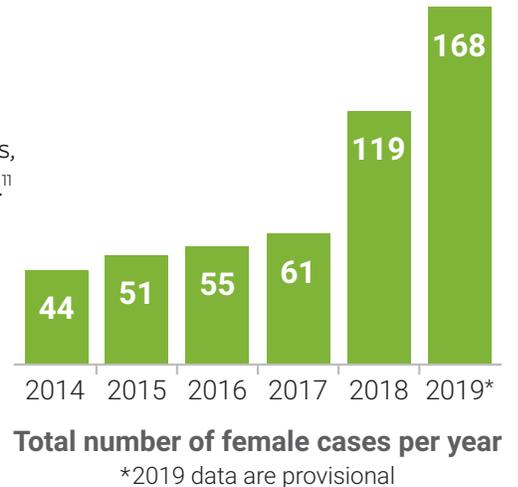
Female syphilis diagnoses increased by 174% in SF between 2017 and 2019.¹⁰
Over 60% of pregnant women with syphilis were experiencing homelessness.⁴



For all women who test positive or have signs of syphilis:

- 1 **Treat immediately.** For syphilis titer and treatment history or to report a case, call SFDPH: 415-487-5531.
- 2 **Obtain a pregnancy test and assess pregnancy intentions.** Discussing reproductive health may be triggering. Prior pregnancies, births and in particular child separation may be a source of trauma.¹¹ Talking points: “Do you think you might want to have (more) children someday? When do you think that might be? How important is to you to prevent pregnancy until then?”¹²
- 3 **Test for HIV and offer HIV PEP and/or PrEP.**
- 4 Inform women that the **SFDPH LINCS team** will reach out to them to ensure partners are tested and treated if needed.

FIGURE 2: FEMALE SYPHILIS CASES IN SAN FRANCISCO, 2014–2019¹⁰



There was a 391% increase in congenital syphilis in California from 2008–2018.¹³

- Congenital syphilis occurs when a pregnant woman transmits the infection to their baby with potentially severe health outcomes including miscarriage and infant death.
- Test for syphilis at least twice during pregnancy. SFDPH now recommends all pregnant women get screened during the 1st and 3rd trimester (ideally 28–32 weeks), and again at delivery if at risk.
- Benzathine Penicillin G is the only acceptable treatment during pregnancy. Desensitization is necessary if a patient is allergic.
- For pregnant women not in care, refer to Team LILY, a ZSFG-based roving care team: 415-802-7615.

Resources

- SF City Clinic/DPH STD: sfcityclinic.org/providers/training-and-education. Find HIV, HCV, STD, bupe, and naloxone resources.
- Syphilis and HIV linkage program (LINCS): 415-487-5506
- Syphilis titer and treatment history: 415-487-5531
- Street Medicine: 415-369-7969
- Workforce trainings: Hanna.Hjord@sfdph.org

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