Antiretrovirals and HIV Prevention
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• How have we incorporated bio-behavioral strategies into our HIV prevention programs?
• Complement other strategies including:
  – Condom access and distribution
  – Needle and syringe exchange
  – Substance use treatment
  – Health education and risk reduction counseling
1. Status awareness

• Routine testing for groups with high HIV prevalence
• Routine testing in medical settings
• Simplifying test process
• Screening for AHI in high prevalence settings
• Additional 30,000 tests in DPH supported programs
2. LINCS

• Linkage, Integration, Navigation and Comprehensive Services
• Partner services and linkage for clients newly diagnosed with HIV
• Navigation to assist with re-engagement for known positives not in care
3. Universal OFFER of ART in Ward 86 and all SFDPH Community Health Clinics: Jan 2010

“All patients, regardless of CD4 count, will be evaluated for initiation of antiretroviral therapy (ART)”

*Decision to start ART made by the individual in conjunction with the provider*

*Slide courtesy of M. Das*
4. Access to sexual health services

• City Clinic
• Magnet
• SF DPH supports STD screening at over 30 other community based sites, and through the jails
5. nPEP

- Offered at the municipal STD clinic
- Clients receive 2-day starter pack and prescription
- Uninsured, low-income SF residents provided PEP at no cost from SFGH pharmacy
- Counseling, follow-up testing
- Provided almost 3000 PEP courses since 2002
6. Pre-Exposure Prophylaxis

- NIAID-funded PrEP Demonstration Project
- NCT# 01632995
- Multi-site, prospective, open-label
- 600 at-risk HIV-negative MSM and transgender women
- Offered up to 48 weeks of PrEP (FTC/TDF)
What do we want to learn?

• **Who** is interested in taking PrEP, for how long, and how frequently they take the medication.

• Whether there will be any change in the risk behaviors of PrEP participants.

• Will PrEP be tolerable and safe?

• Whether we can provide PrEP at a busy STD clinic and community health center.
PrEP Demonstration Project

• If you build it, they will come
• Waitlist, have not been able to enroll all interested clients
• Urgent need to build capacity among other providers
Additional Slides
San Francisco’s Approach to Maximizing the Continuum of Prevention, Care and Treatment

Primary Prevention Efforts
- PrEP, PEP, condoms, syringes
- Drivers
  1. Substance use
  2. Alcohol
  3. Meth
  4. Crack
  5. Poppers
  6. STDs, # of partners

LINCS: Linkage, Navigation & Retention Team

Slide courtesy M. Das
Major Gaps in the Implementation Cascade: Comparing US Data to San Francisco

Slide courtesy M. Das and HIV surveillance
Proportion of Persons Diagnosed with HIV between 2008-10 Who Were Linked to Care within 3 Months of Diagnosis

Linkage, Access, ART Use and Viral Suppression in Four Large Cities in the US, 2009

Percentage of estimated number of HIV-infected persons* in stages of continuum of care in four large US cities through December 2009

- **Chicago**
  - (23,799)
  - Linked to Care: 62%
  - Accessed Care: 58%
  - On ART: 57%
  - Suppressed VL: 51%

- **Los Angeles County**
  - (47,658)
  - Linked to Care: 54%
  - Accessed Care: 54%
  - On ART: 48%
  - Suppressed VL: 40%

- **Philadelphia**
  - (19,691)
  - Linked to Care: 30%
  - Accessed Care: 39%
  - On ART: 34%
  - Suppressed VL: 23%

- **San Francisco**
  - (17,665)
  - Linked to Care: 68%
  - Accessed Care: 54%
  - On ART: 48%
  - Suppressed VL: 44%

*Includes people diagnosed with HIV in 2008 and living with HIV through 2009 and an estimated additional 20% who are unaware of their infection.

Spectrum of engagement in care among persons diagnosed with HIV, 2009-10, San Francisco
## Spectrum of Engagement in Care HIV Diagnosed 2009-2010

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Groups Where Outcome Was Less Frequent</th>
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| Linked to care within 6 months | • MSM IDU  
• Persons unknown transmission risk  
• No health insurance  
• Housing status unknown |
| Retained in care at 3 to 6 months | • Unknown insurance status |
| Virus suppressed (≤ 200 copies/ml) within 12 months | • Younger age groups  
• MSM IDU  
• Persons unknown transmission risk  
• No health insurance or unknown status  
• Homeless or unknown housing status |