



# HIV/STI UPDATE



Health Commission, Dec 17, 2024  
Sharon Pipkin  
Trang Nguyen  
Nyisha Underwood  
Stephanie Cohen



**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Addressing HIV and STI disparities through an integrated, patient-centered approach

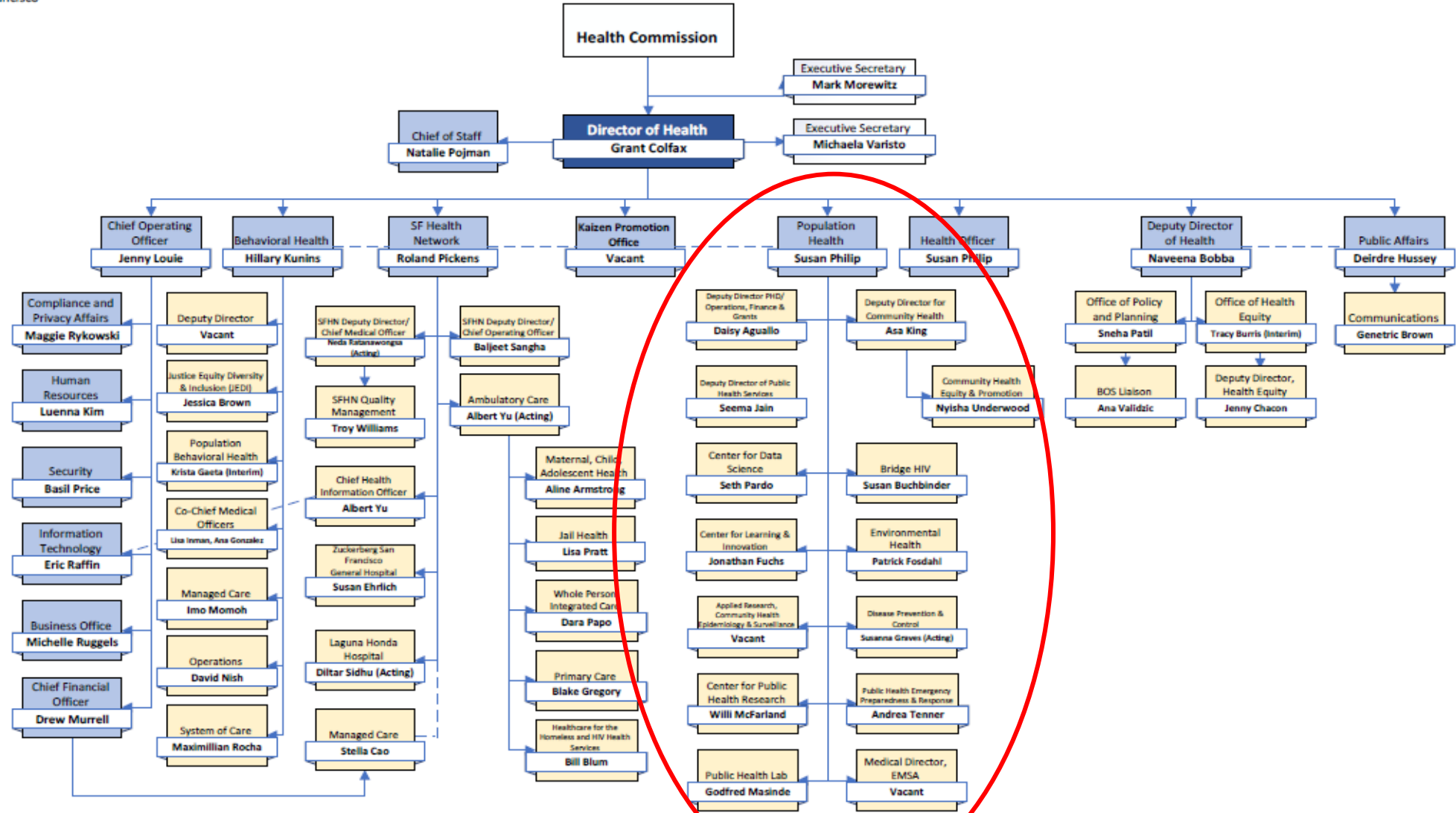
- HIV and STI epidemiology updates
- Programmatic efforts to address HIV and STIs
- How rapidly implementing innovative strategies and partnering with health systems and community is leading to progress in sexual health
- Where disparities persist and challenges remain





City and County of San Francisco  
London N. Breed  
Mayor

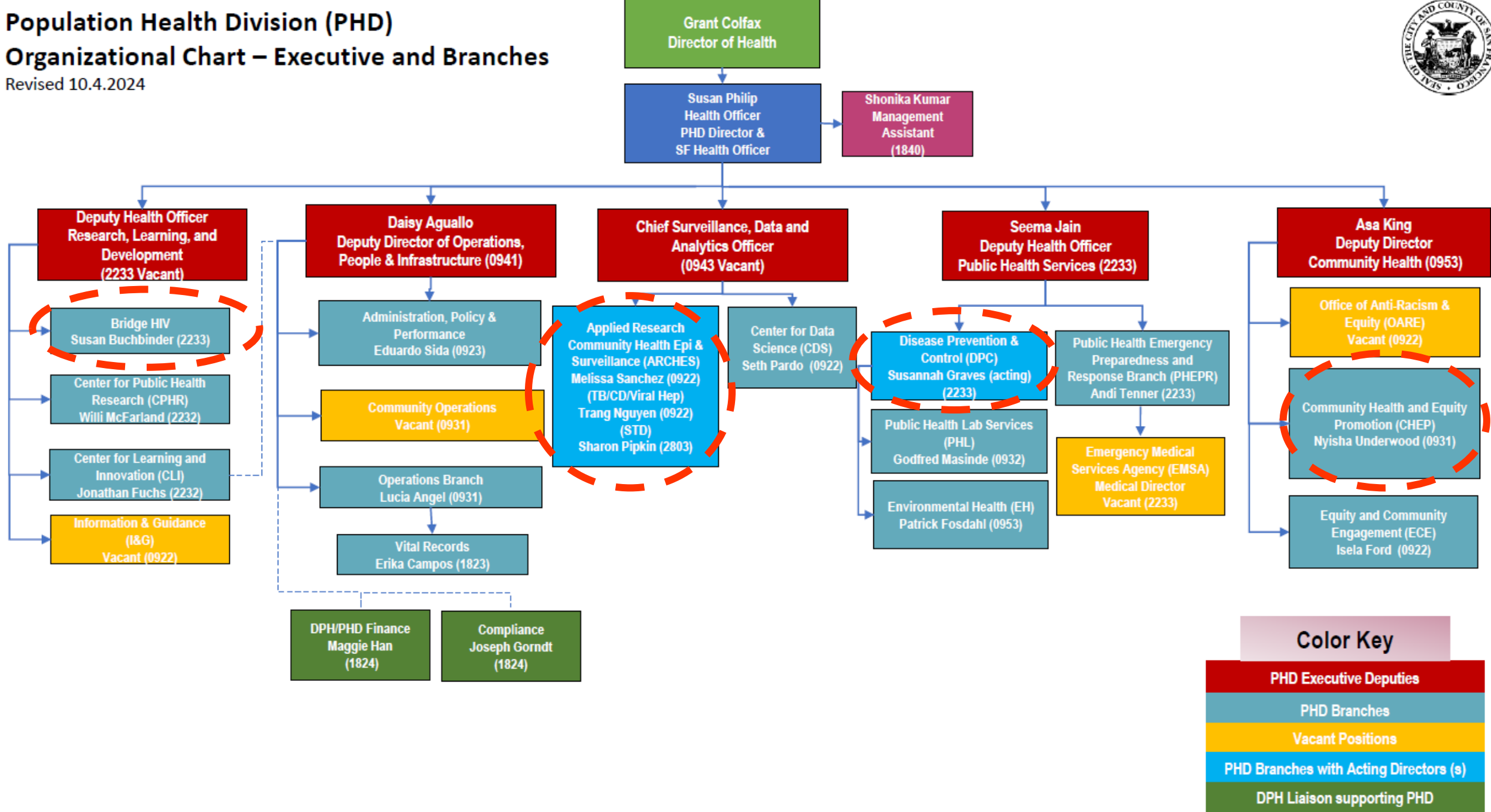
San Francisco Department of Public Health  
Grant Colfax  
Director of Health



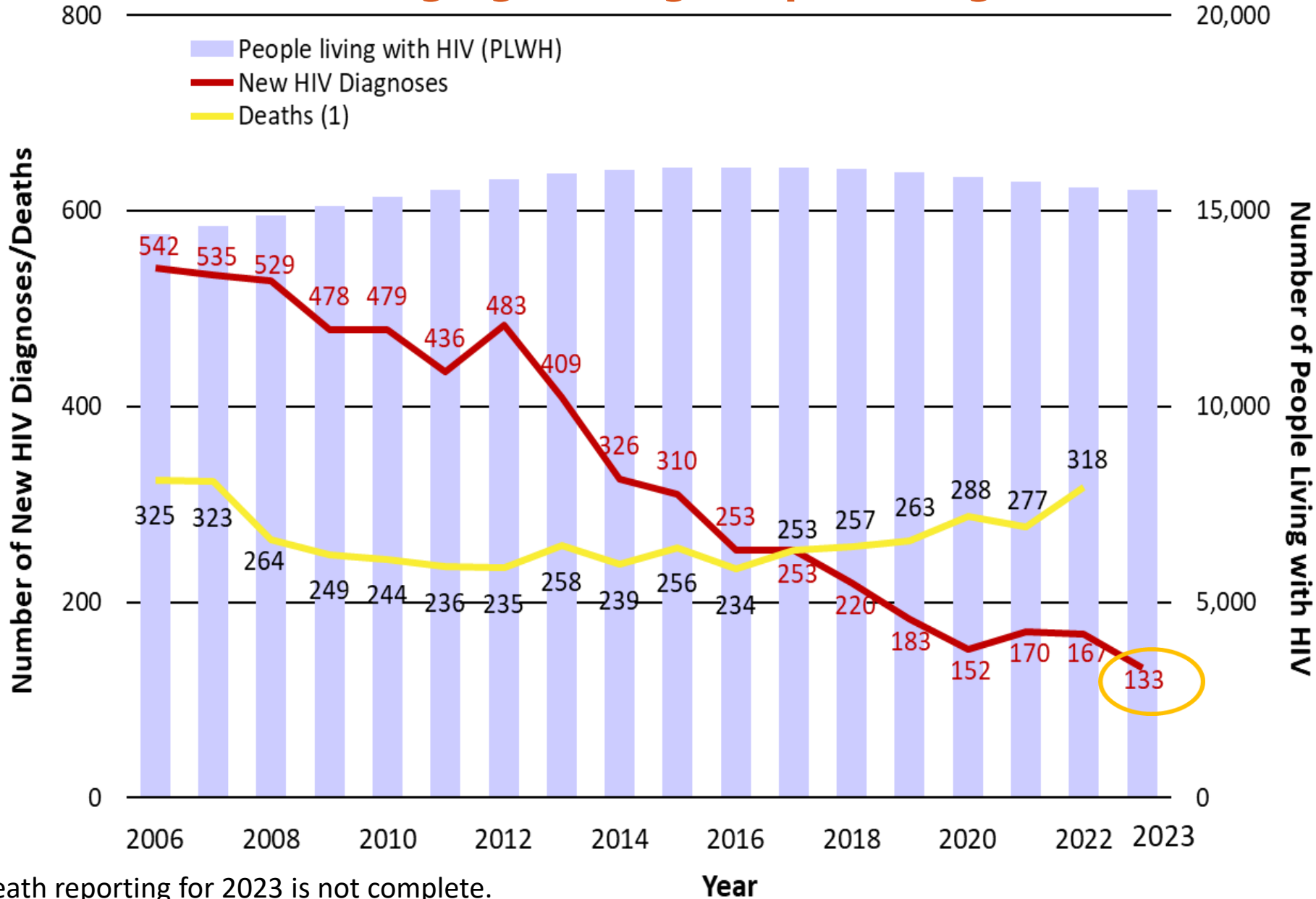
# Population Health Division (PHD)

## Organizational Chart – Executive and Branches

Revised 10.4.2024



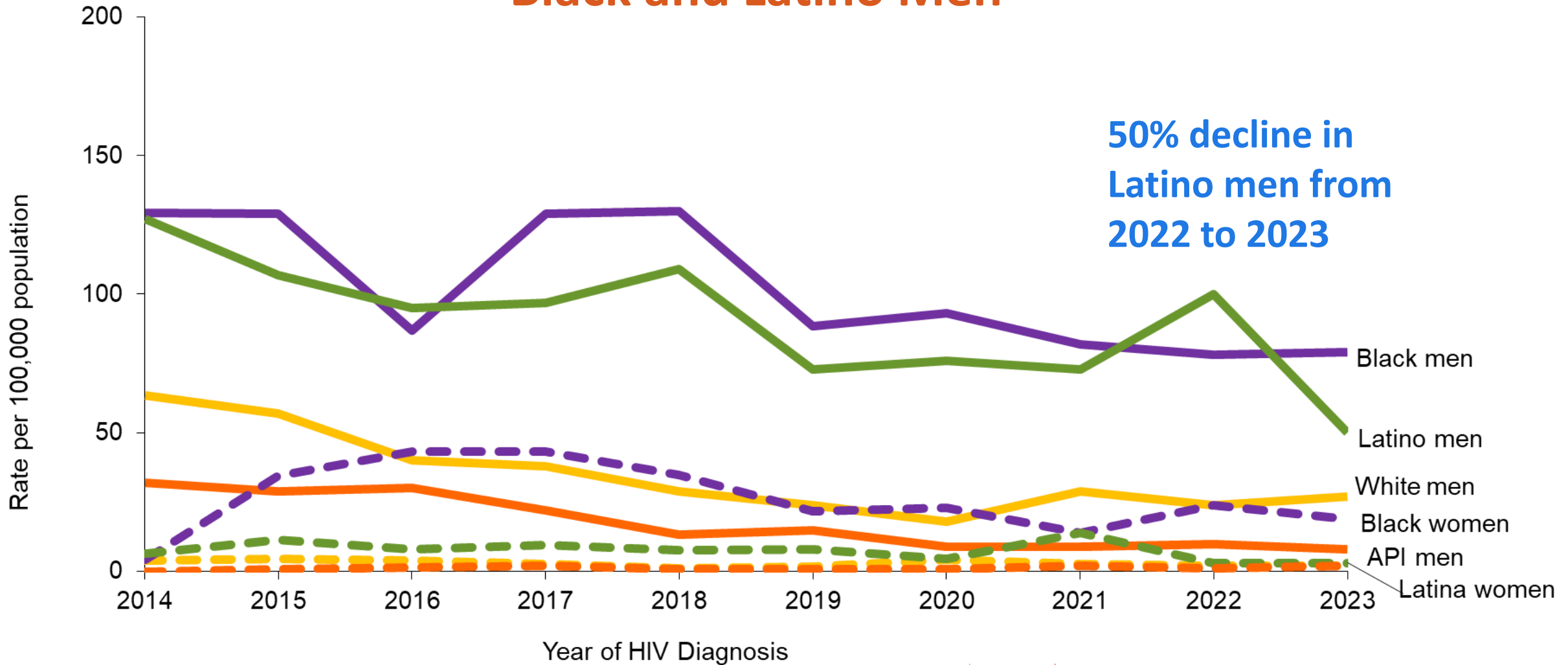
# Reductions in New HIV Diagnoses while Deaths Increase Due To Aging Among People Living with HIV



- 133 new diagnoses is **20% decline** from 2022
  - 67% reduction since 2013
- PLWH SF residents at diagnosis:
  - 74% ≥ 50 years;
  - 45% ≥ 60 years
- Deaths increased since 2016 due to aging cohort
- Overdose deaths up
  - 9.9% in 2011-2014 to 17.8% in 2019-2022

<sup>1</sup>Death reporting for 2023 is not complete.

# Annual Rates of New HIV Diagnosis Highest among Black and Latino Men



Rates for some racial/ethnic, gender groups are too small and may be unstable to be released separately. Population denominators not available for trans women and trans men.

# Trends in HIV New Diagnoses Numbers in Select Populations

Population	2023 diagnoses Number (%)	% Change in number from 2019-2023
<b>Overall</b>	<b>133</b>	<b>↓ 27%</b>
<b>Persons experiencing homelessness (PEH)</b>	<b>31 (23%)</b>	<b>↓ 3%</b>
<b>All persons who inject drugs*</b>	<b>25 (19%)</b>	<b>↓ 22%</b>
<b>Cis Women</b>	<b>13 (10%)</b>	<b>↓ 19%</b>
<b>Trans Women</b>	<b>11 (8%)</b>	<b>↓ 21%</b>

PWID: Persons who inject drugs

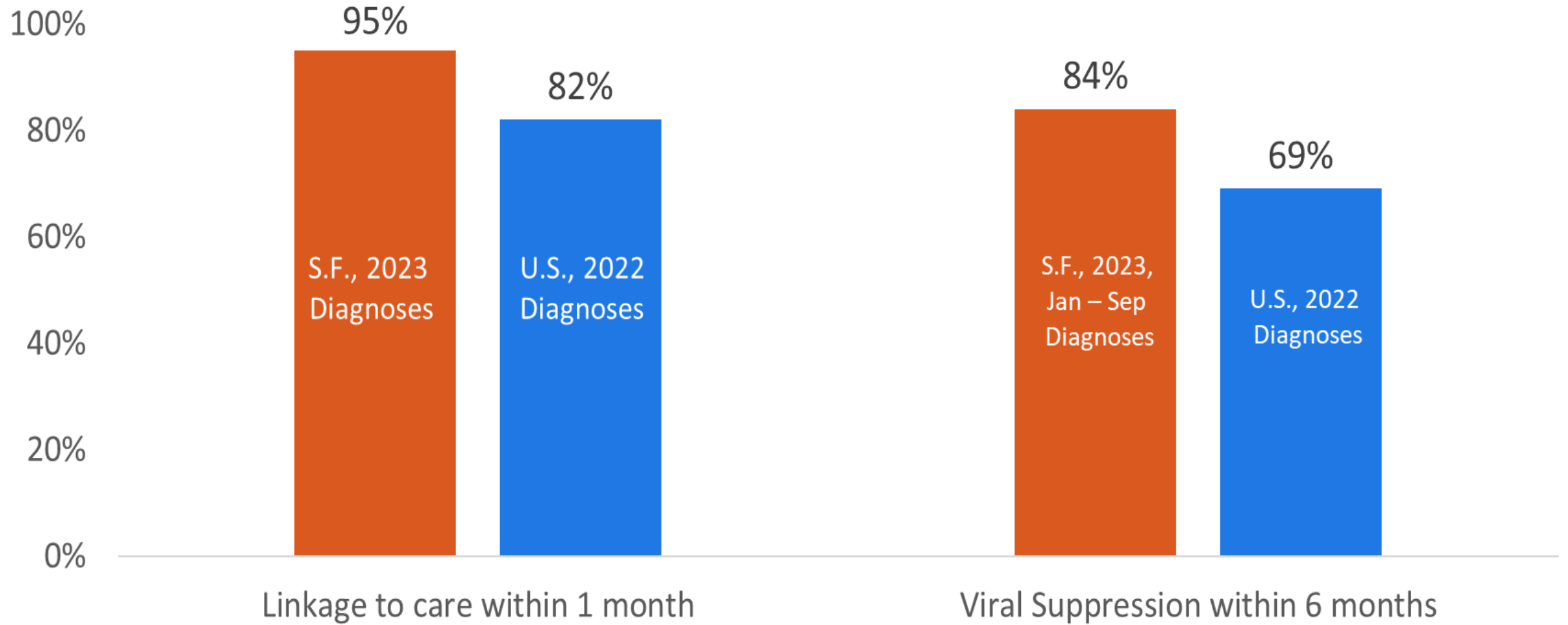
TWSM: Trans women who have sex with men

PEH: Persons experiencing homelessness

\* Includes PWID, MSM-PWID, TWSM-PWID.



# SF HIV Care Continuum Indicators Back Up to Pre-Pandemic Levels



<sup>1</sup> New diagnoses based on evidence of confirmed HIV test, does not account for self-report date of HIV infection.

<sup>2</sup> latest viral load test within 6 and 12 months of diagnosis.

<sup>4</sup> Diagnosed Jan – Sep 2023 (N= 146)



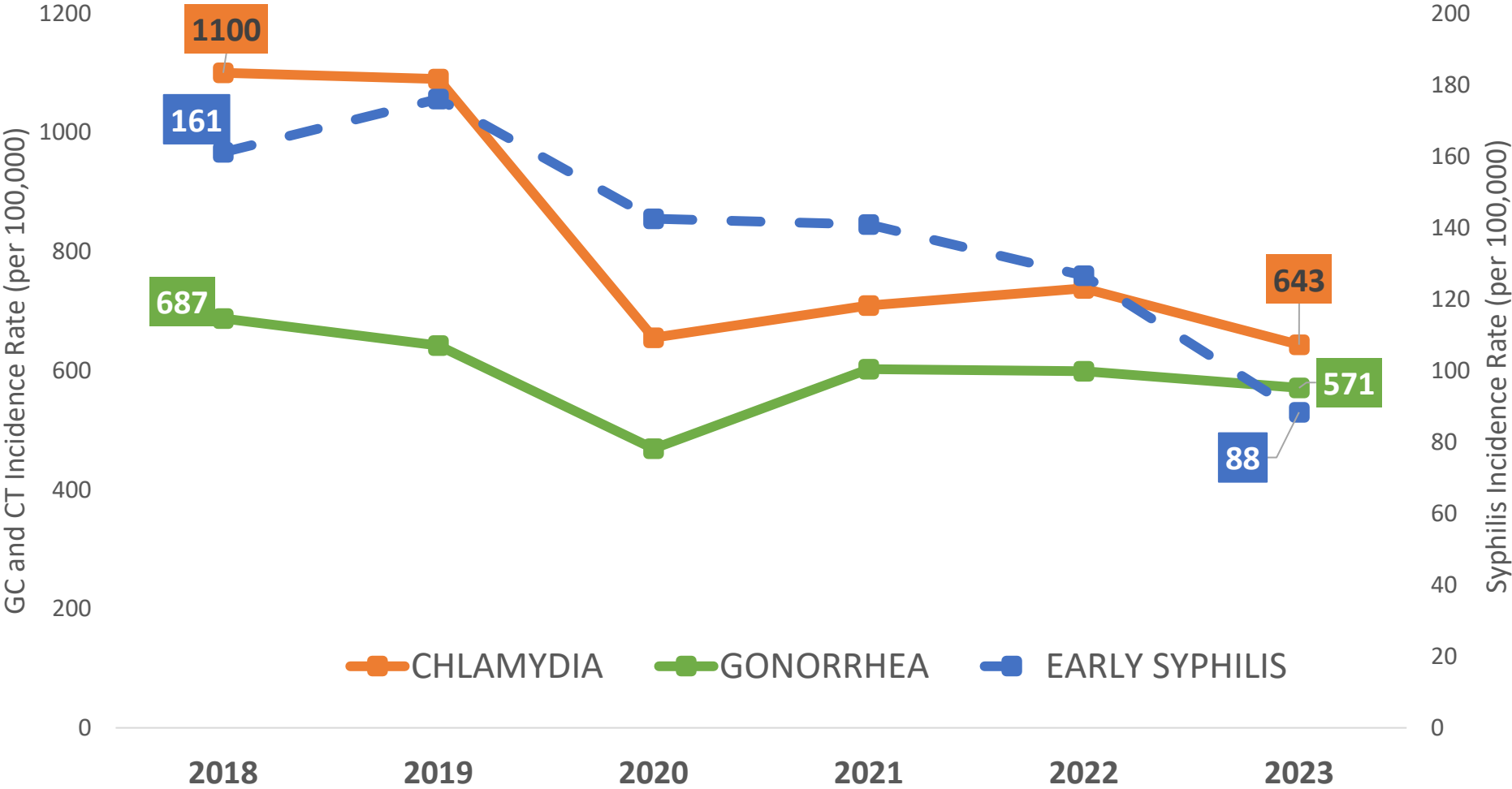
# HIV Epidemiology Summary

- **20% decline in new diagnoses from 2022 to 2023 was greater compared to previous year to year decreases**
  - After increase in 2022 of Latinx diagnoses, decline in 2023 driven by decrease among Latino cis men
- **High levels of rapid linkage to care and viral suppression among new diagnoses**
- **74% of PLWH residing in SF during 2023 were virally suppressed**
  - Improved viral suppression since 2021 among:
    - Blacks and Latinx
    - People <50 years age
    - PWID (except TW-PWID)
    - People born outside U.S
- **Concerning trends:**
  - Proportion of new diagnoses in PEH remained high
  - Transwomen PLWH decline in proportions virally suppressed
  - Continued increase in accidental drug overdose deaths



# Decreased annual STI incidence rates for chlamydia, gonorrhea, and syphilis among San Francisco residents from 2018 to 2023.

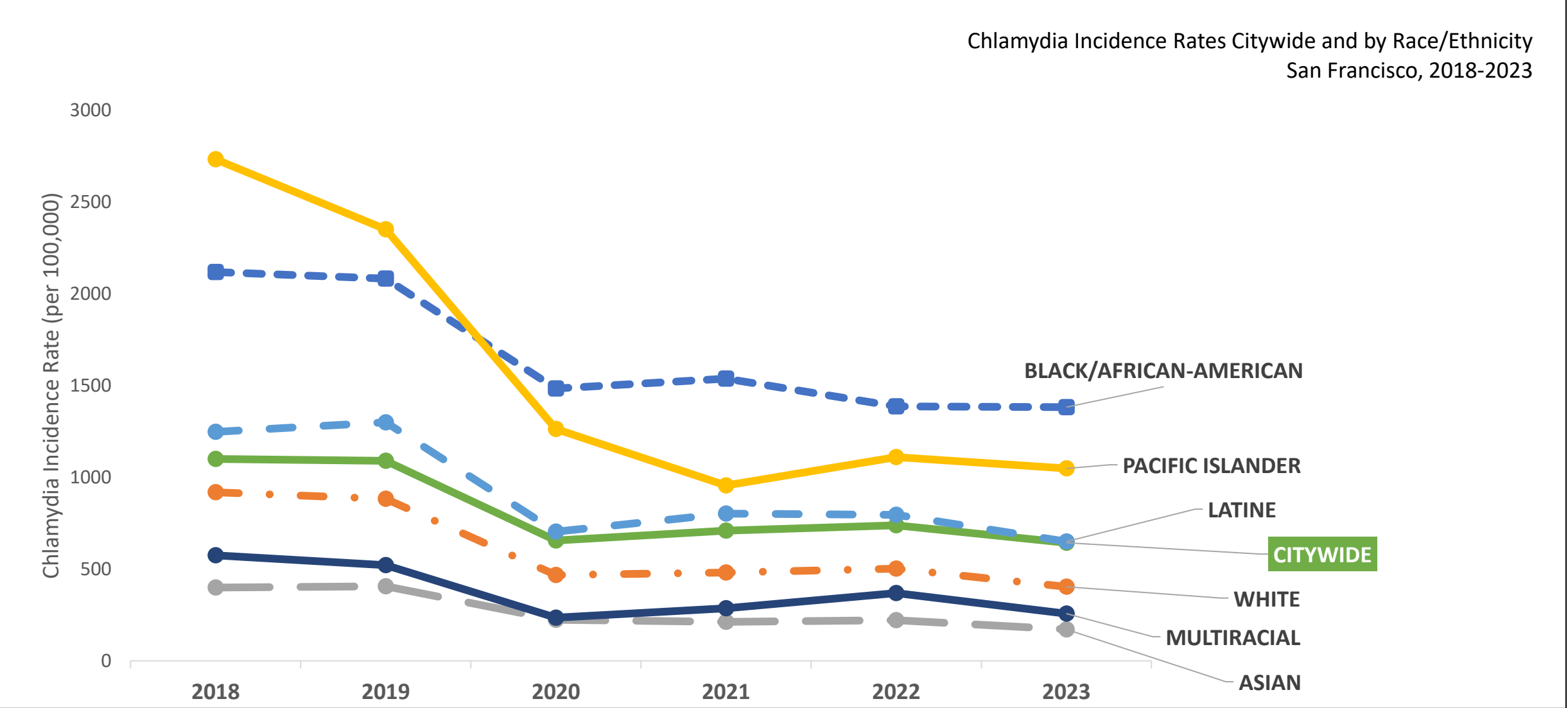
Chlamydia, gonorrhea, and early syphilis rates, San Francisco, 2018-2023



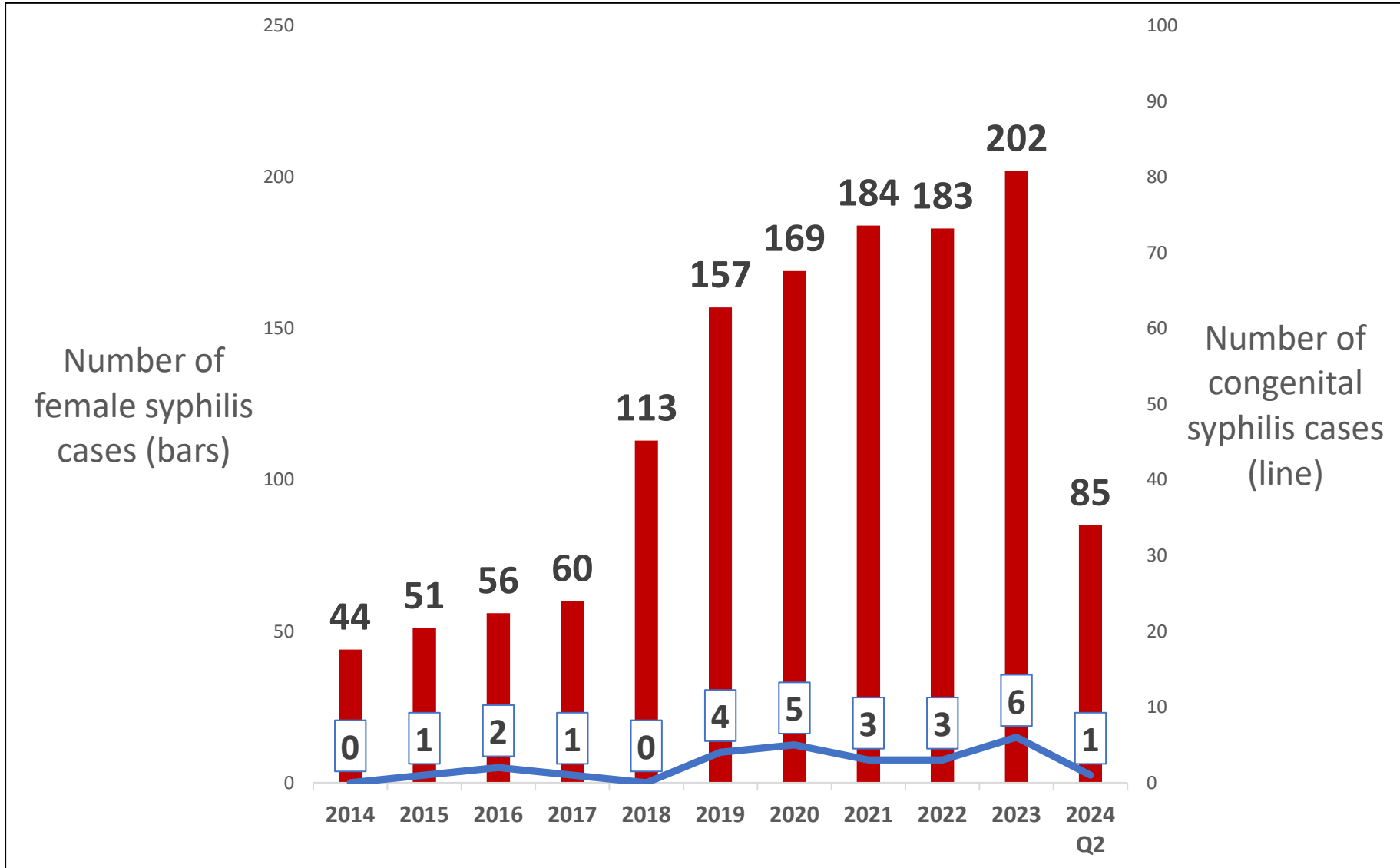
**Pre-COVID: 2018-2019**  
 - Chlamydia stable  
 - 7% decrease in gonorrhea  
 - 11% increase in early syphilis

**With COVID: 2019-2023**  
 - All rates decreased:  
 Chlamydia (-41%)  
 Gonorrhea (-11%)  
 Early syphilis (-50%)

Citywide chlamydia rates between 2018 and 2023 reflect continued disparities by race/ethnicity, with higher rates among Black/African-American, Pacific Islander, and Latine San Franciscans, which is also true for gonorrhea and early syphilis.



Increases in SF of total female syphilis and congenital syphilis cases have continued since 2014\*



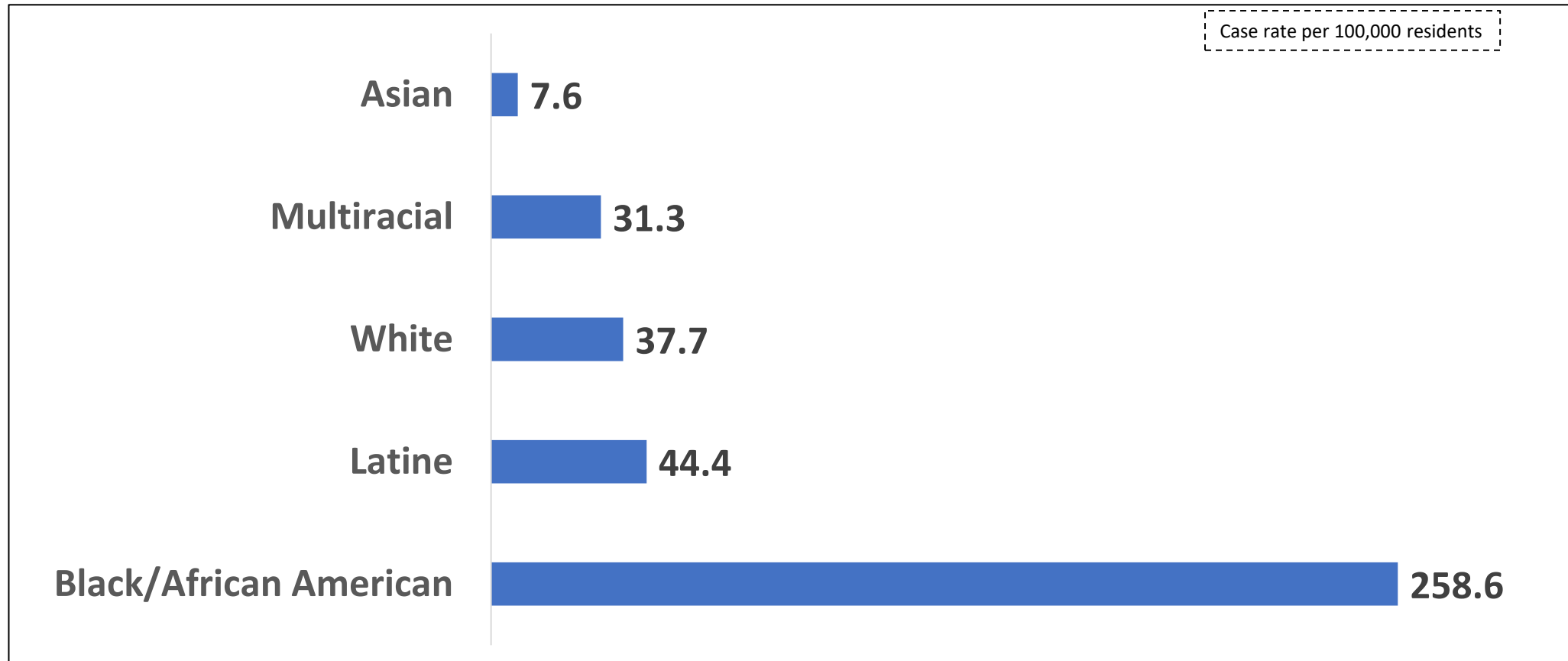
In 2023, of 202 female syphilis cases:

- 25 pregnant
  - 5 of whom were PEH,
  - 9 reported meth use,
  - 3 reported heroin use,
  - 17 lacked medical care

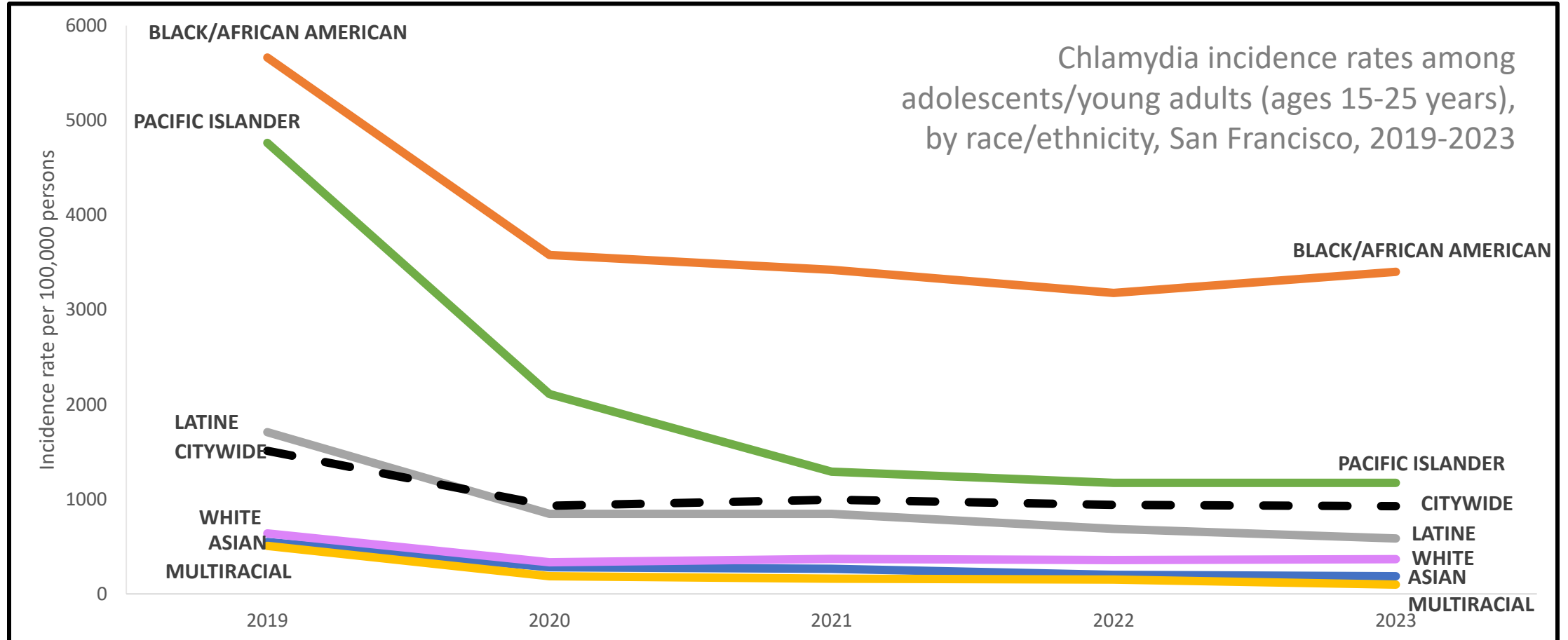
\* Female syphilis cases in SF include people whose sex at birth is female, or whose gender identity is female or trans male.

Black/African-American and Latine SF female residents experience high rates of syphilis infection.

## Rate of SF female syphilis cases (all stages) by race/ethnicity, 2023

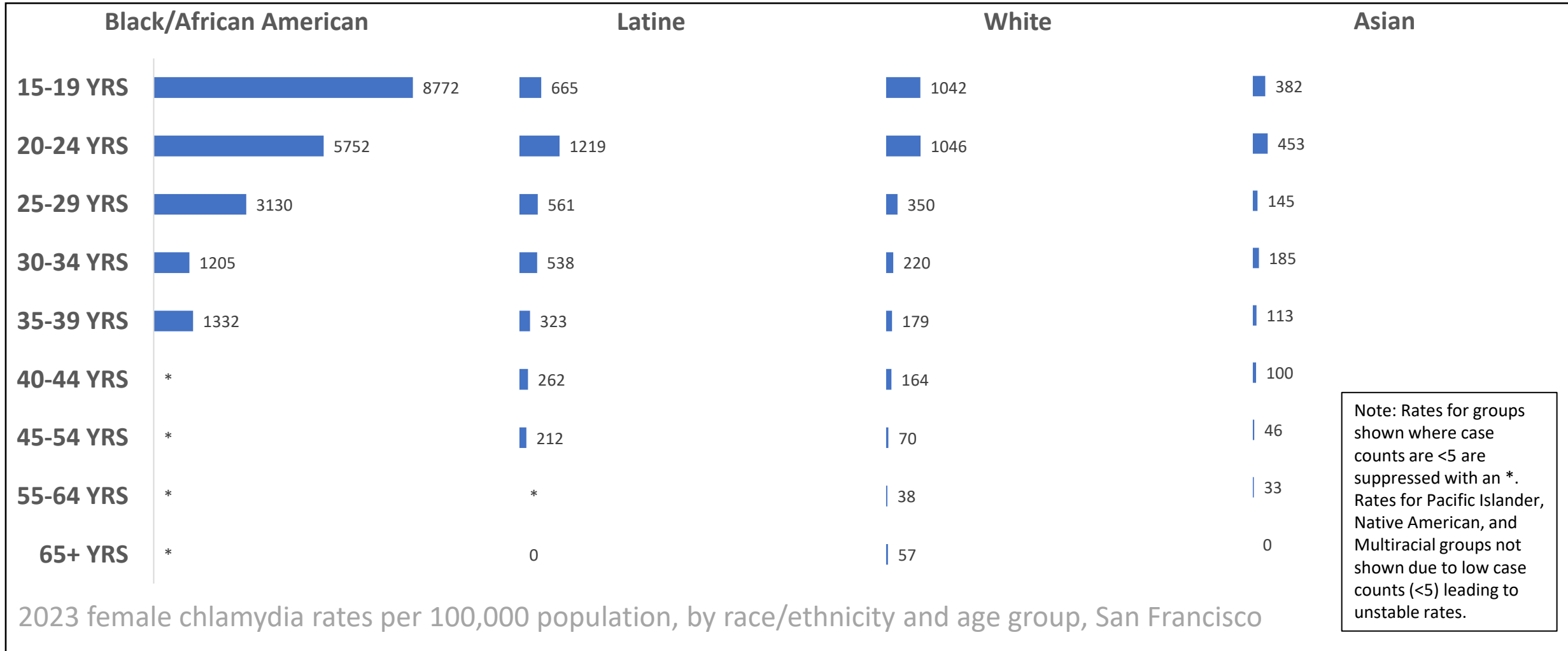


Chlamydia rates among adolescents/young adults have generally declined but are still higher among Black/African-American, Pacific Islander, and Latine youth relative to other groups.

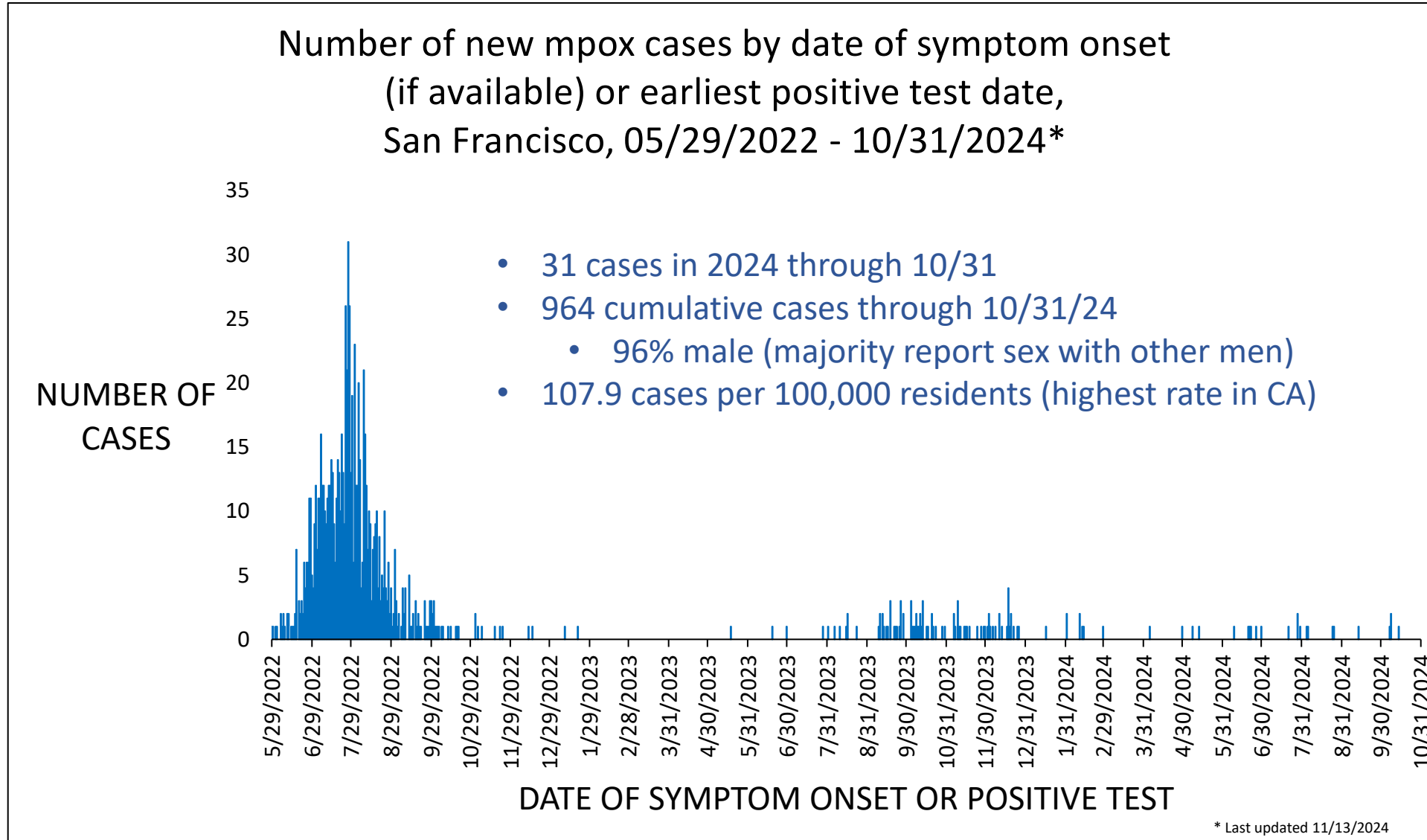


Note: rates for Native Americans not displayed due to low case counts (<5) and unstable rates

2023 chlamydia rates highest in younger women, especially Black/African Americans. The same disparities persist for gonorrhea, with highest rates among 20-24 Black/AA females.



Sporadic and low number of [mpox](#) cases continue to be diagnosed in SF.



As of 12/11/24

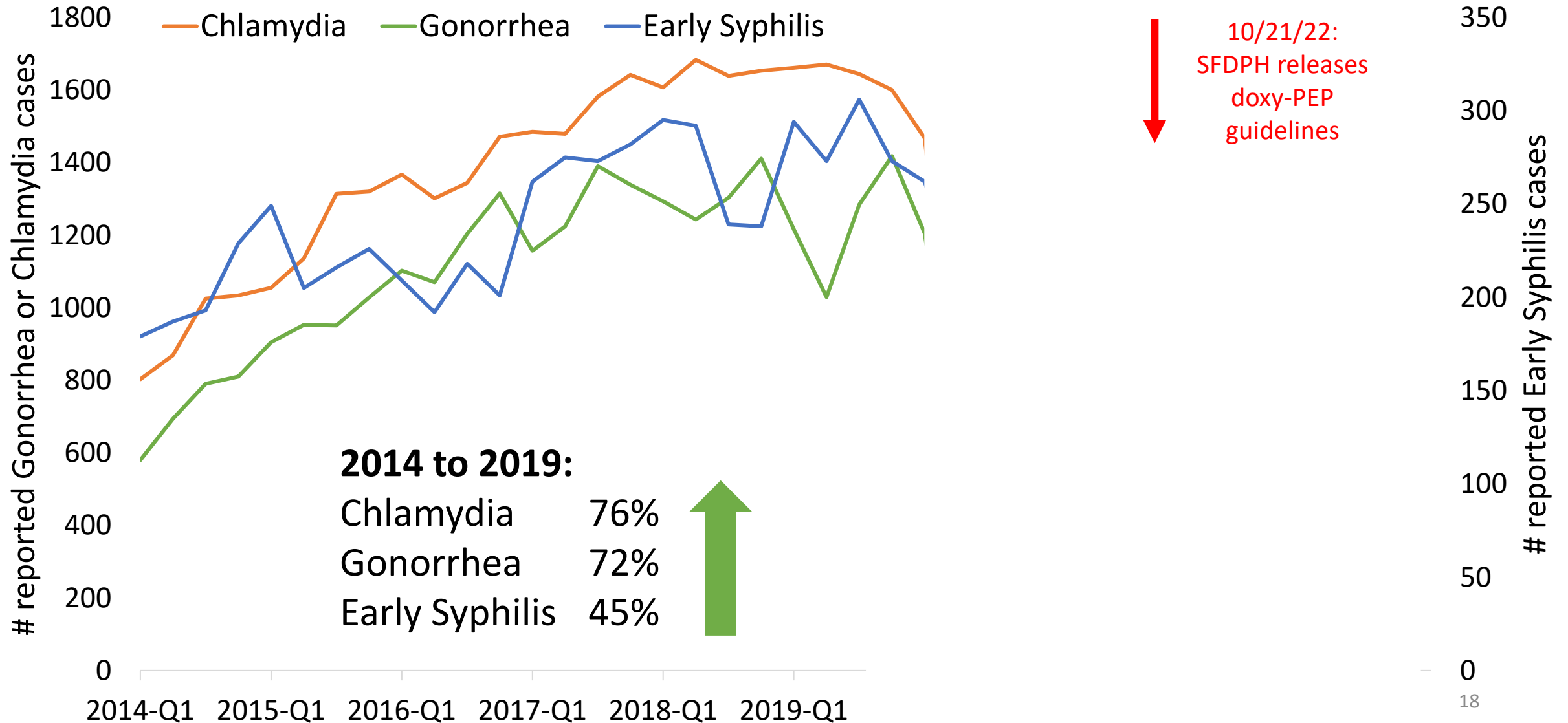
- no Clade I cases have been identified in SF



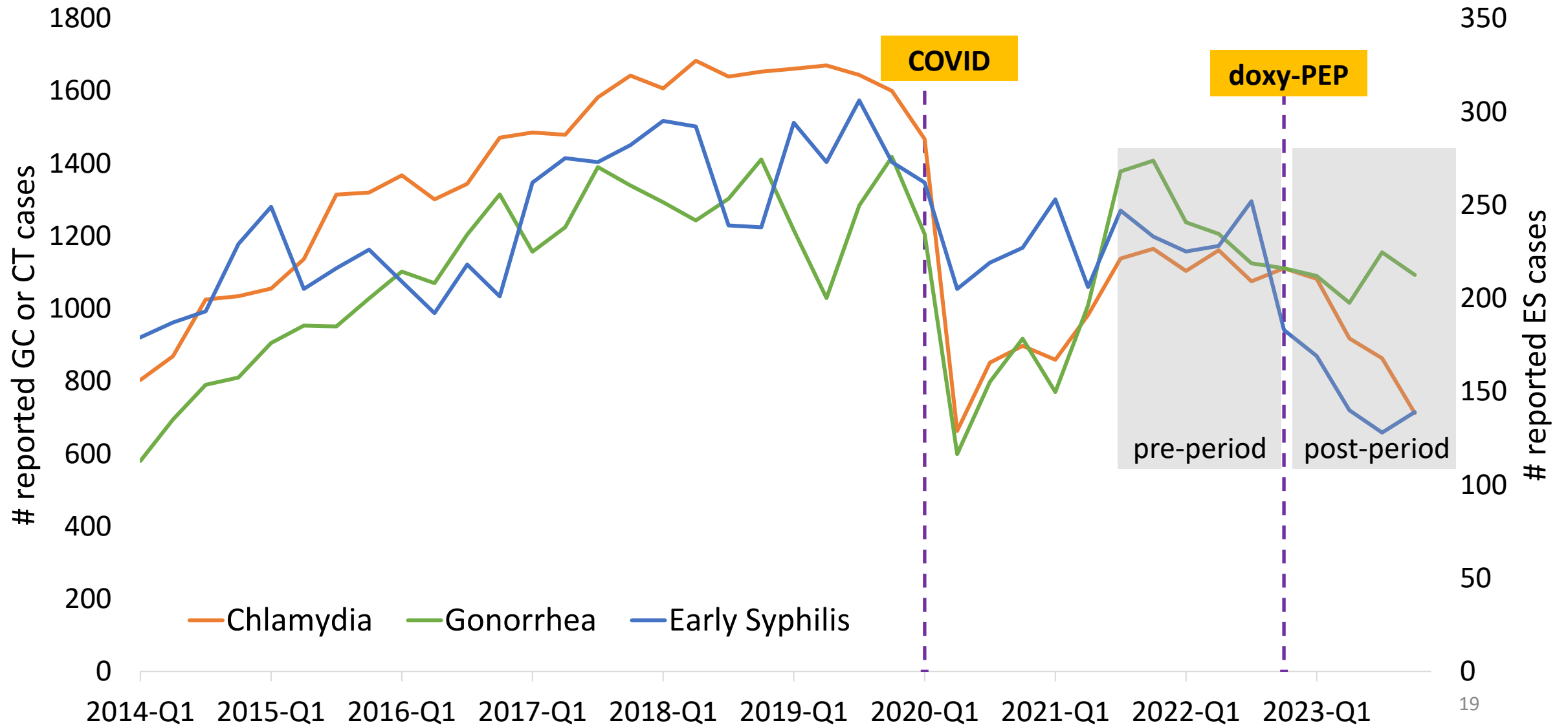
# Monitoring STI trends among men who have sex with men and trans women since doxy-PEP roll-out

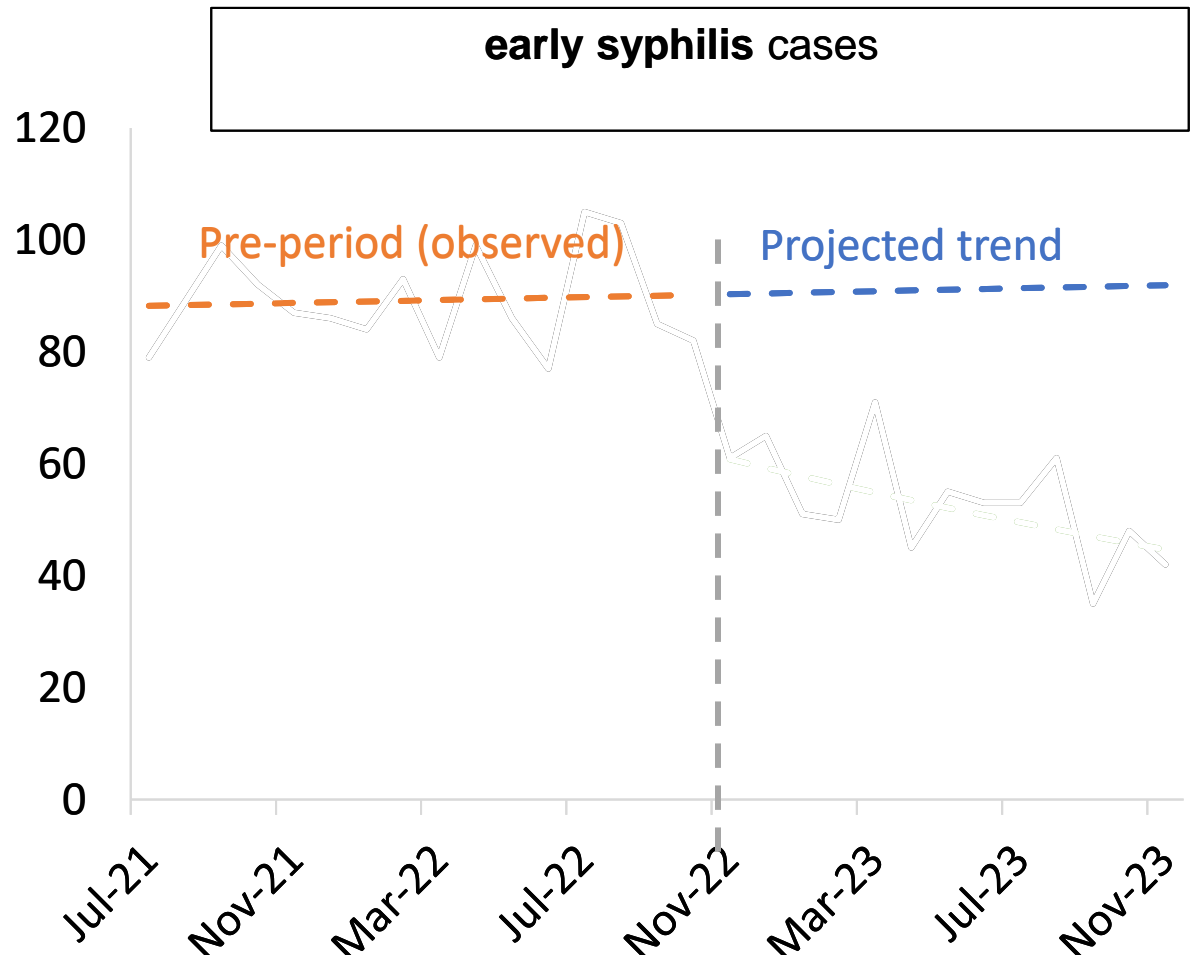
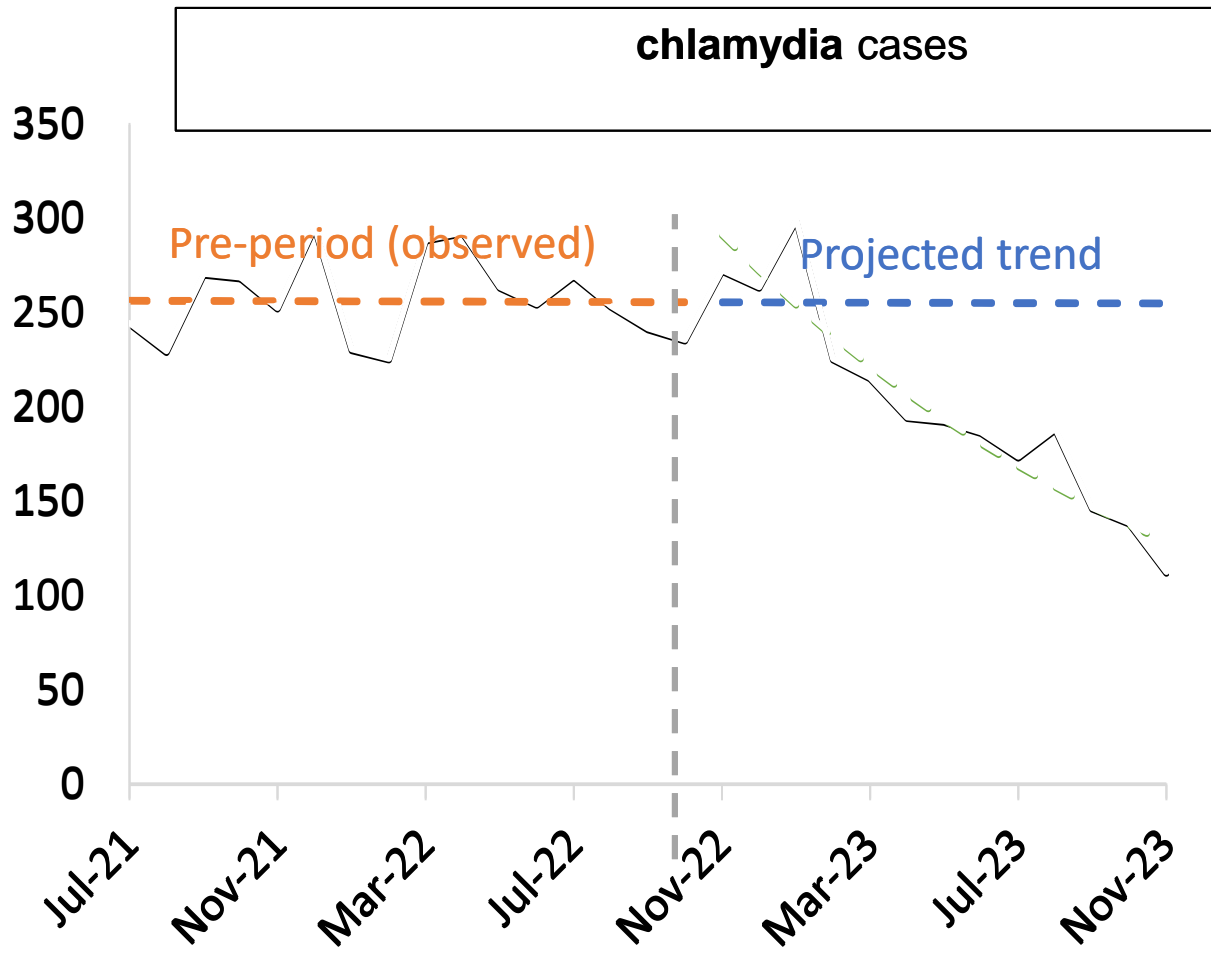
- **Doxy-PEP for STI prevention**: 200 mg doxycycline within 72 hours of condomless sex
- Three randomized controlled trials have demonstrated efficacy of doxy-PEP in preventing bacterial STIs in men who have sex with men (MSM) and trans women
  - Two of four clinical sites in US DoxyPEP study were in SF (Ward 86 and SF City Clinic)
- SFDPH was 1<sup>st</sup> in nation to release citywide doxy-PEP guidelines in October 2022

# STI Trends in San Francisco among Men who Have Sex with Men (MSM) and Trans Women (TGW), 2014-2023



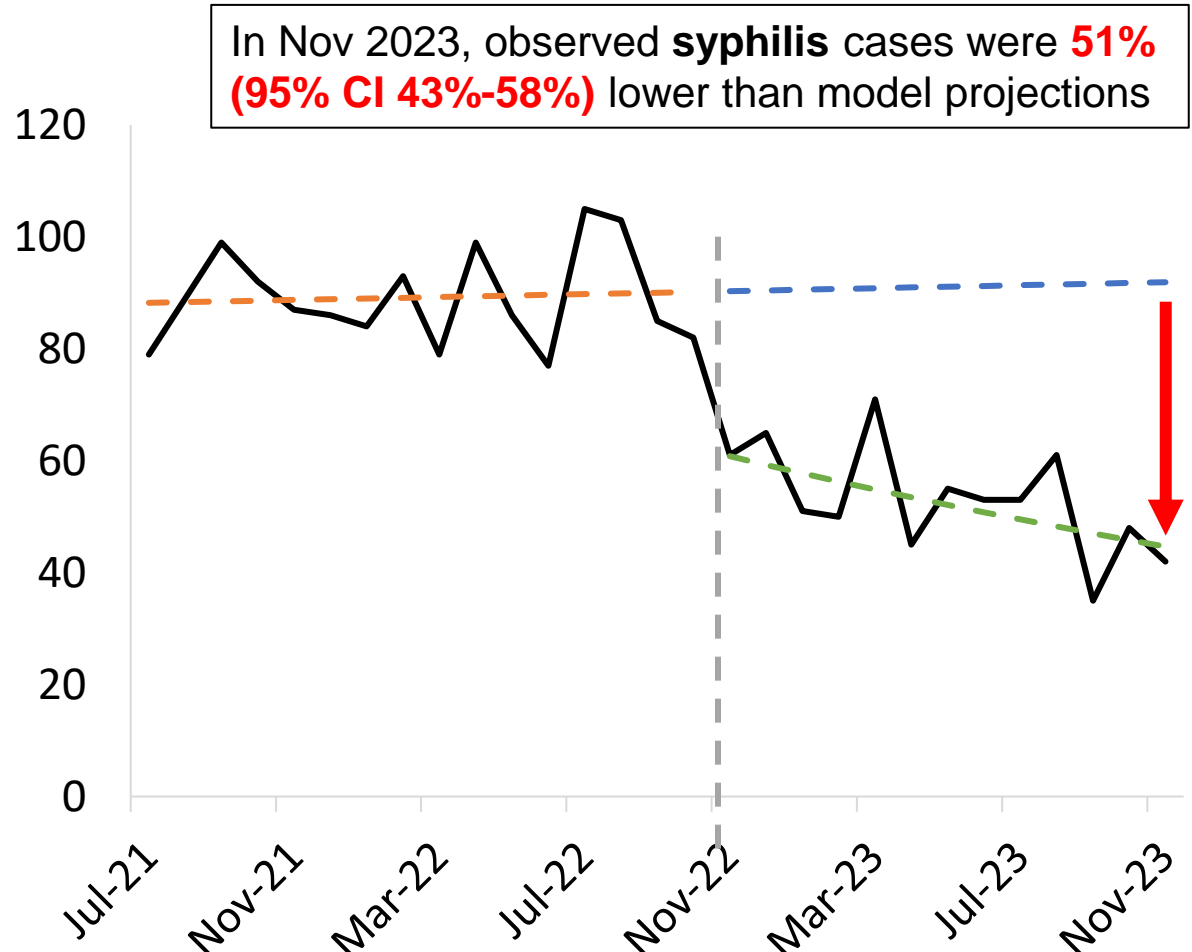
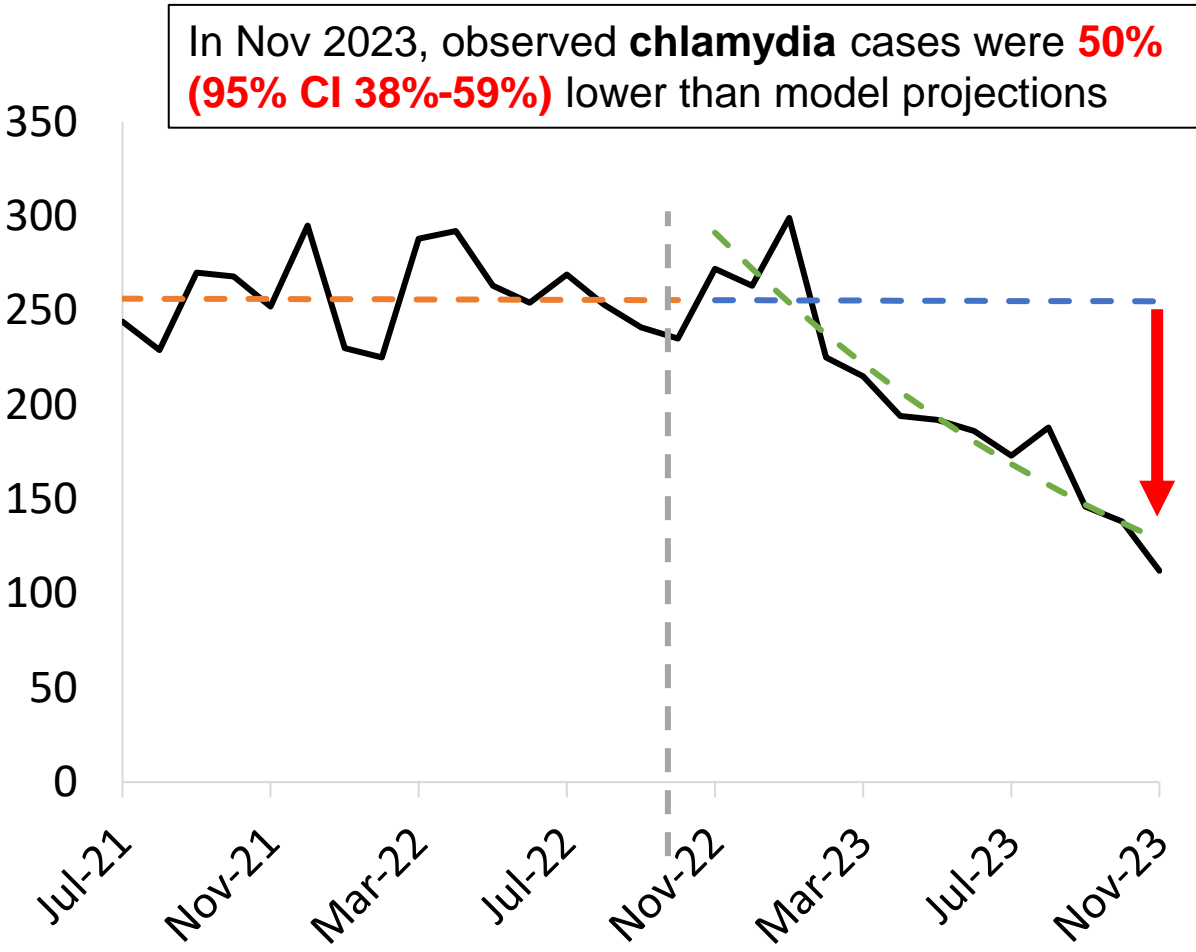
# Analysis of STI trends before and after release of SF doxy-PEP guidelines





- - - - Pre-period (observed) trend     
 - - - - Projected trend     
 - - - - Post-period (observed) trend

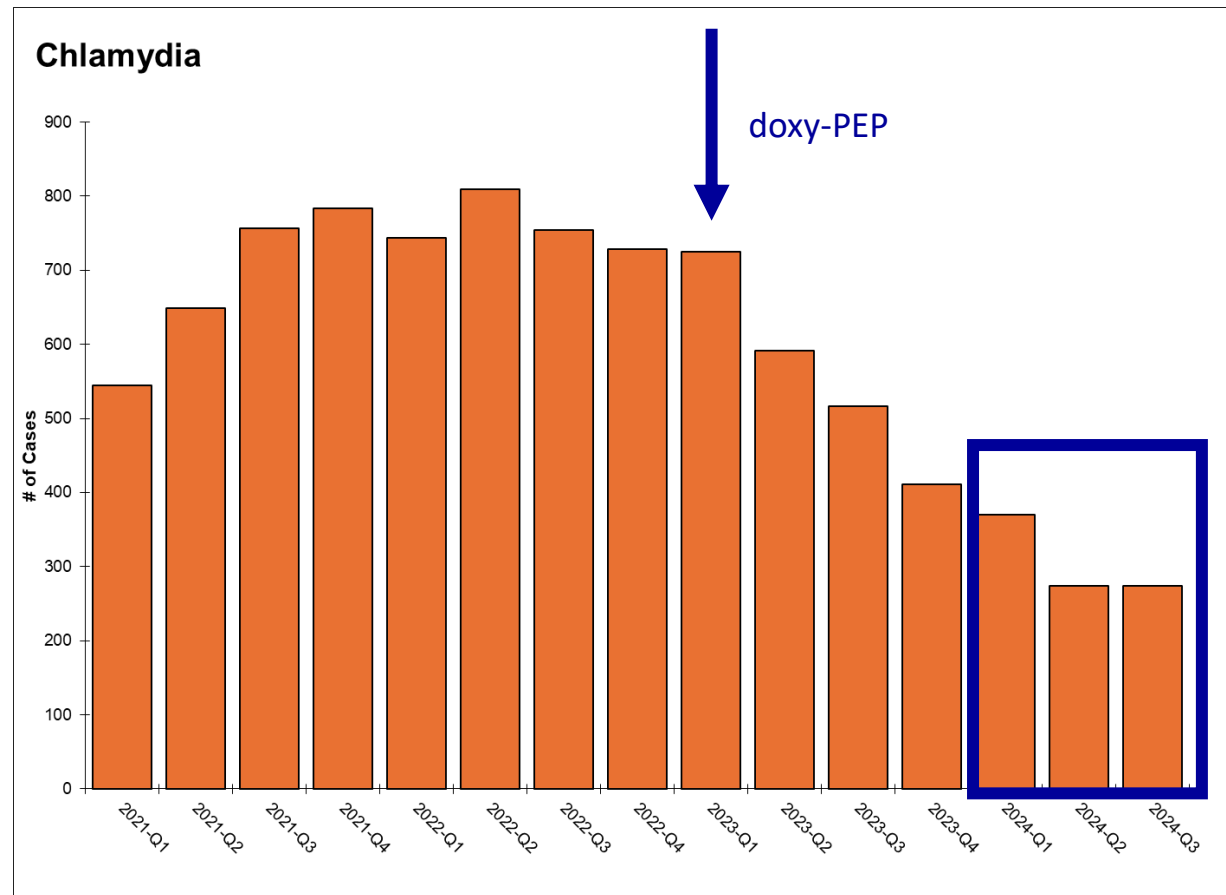
# Decline in citywide chlamydia and early syphilis cases in MSM and TGW in SF after release of doxy-PEP guidelines



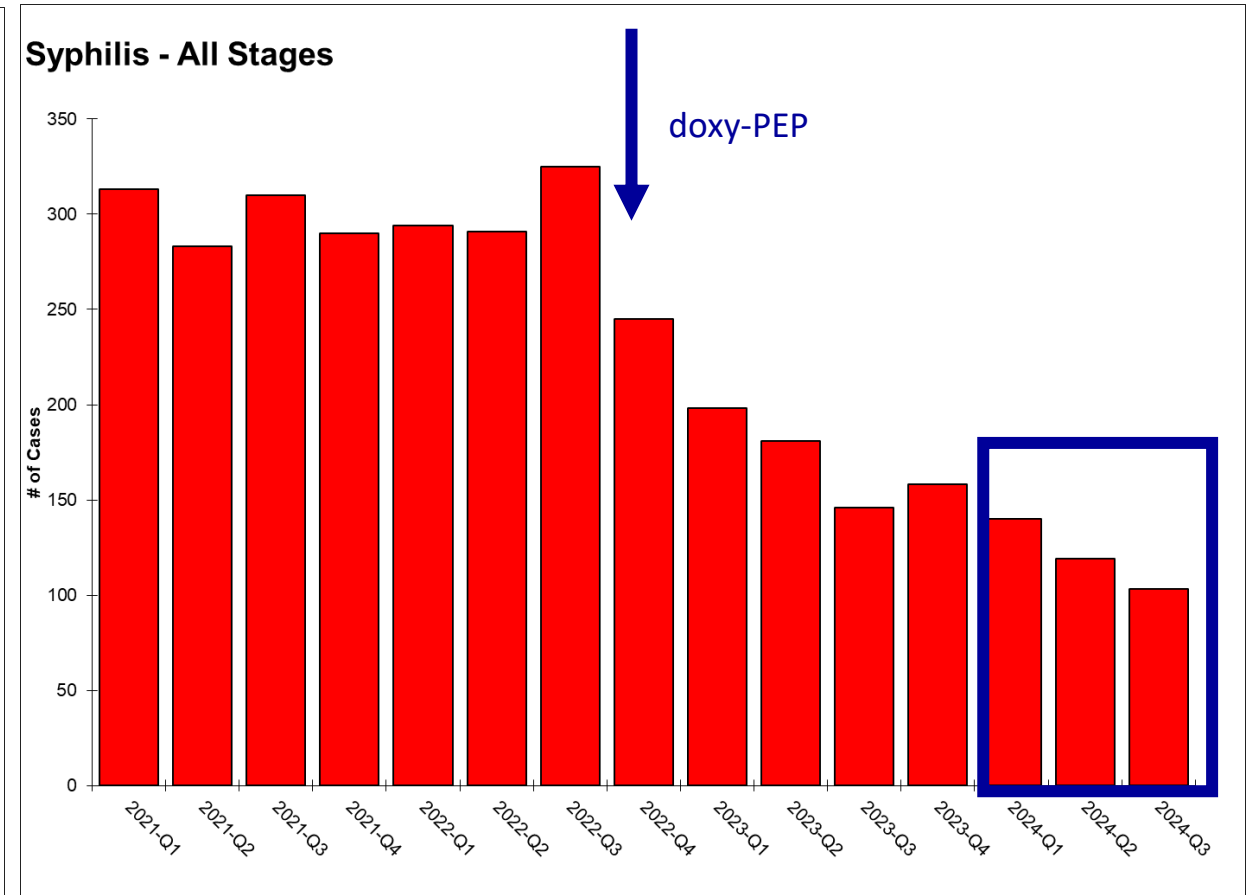
- - - Pre-period (observed) trend     
 - - - Projected trend     
 - - - Post-period (observed) trend

# Among men who have sex with men (MSM) and trans women (TGW): Quarterly citywide chlamydia and syphilis cases **continued to decline** in 2024.

Quarterly chlamydia\* and syphilis\*\* cases among MSM and TGW, Q3 2018-Q3 2024, San Francisco

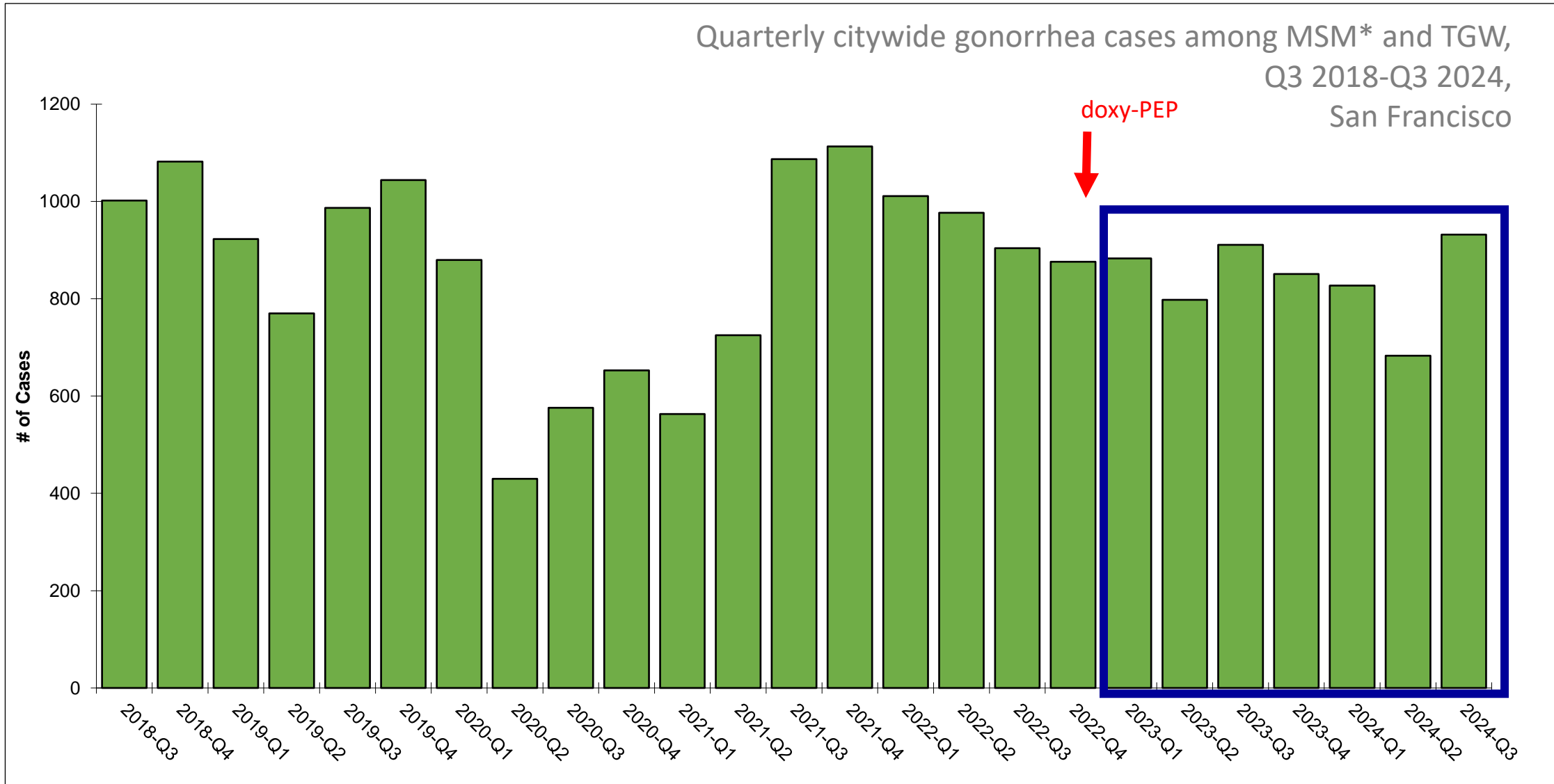


\* MSM identified by reported gender identity and sex of sex partners in past 10 years or 10-year history of extragenital testing



\*\* MSM identified by reported gender identity and sex of sex partners in the past year or 1-year history of extragenital testing

Since Q3 2023, quarterly gonorrhea cases among men who have sex with men (MSM) and trans women (TGW) have not steadily declined as seen with chlamydia and syphilis.



## STI Epidemiology Summary

- **Syphilis rates are still high among cis women**, increasing in 2023 while rates among cis-males are decreasing.
- The multi-fold increase in the number of pregnant syphilis cases has not led to a multi-fold increase in congenital syphilis cases, but **elimination of congenital syphilis remains a high priority**.
- Mpox is not eliminated, though SF has not experienced spikes in cases as other jurisdictions did in Q2-Q3 2024. Important to **continue to promote the mpox vaccine**.
- Continued STI **disparities among adolescents and young adults** requires continued efforts to **promote screening and education**, particularly among BIPOC youth.
- **Declines seen in chlamydia and syphilis among MSM and transwomen** since introduction of doxy-PEP were statistically significant and have continued.



# Disease Prevention & Control: HIV/STI



People • Care • Prevention



Training &  
Technical  
Assistance

Research



# Support Implementation of Doxy-PEP and HIV PrEP

EL DEPARTAMENTO DE SALUD PUBLICA DE SAN FRANCISCO

## Lo Esencial de la PrEP inyectable



La PrEP es segura y puede reducir el riesgo de contraer VIH en más del 99%.



Recibirá inyecciones una vez al mes durante los primeros 2 meses. Luego cada 2 meses.



La protección contra el VIH comienza 7 días después de la primera inyección.



Le harán pruebas de VIH y ITS en sus visitas a la clínica.



Informe a su proveedor si piensa suspender o reiniciar la PrEP.



### Doxy-PEP prescribing guide for San Francisco providers

#### What is doxy-PEP?

Doxycycline post-exposure prophylaxis (doxy-PEP) consists of using **doxycycline 200 mg within 72 hours after oral, anal, or vaginal/front-hole sex to prevent the acquisition of chlamydia, gonorrhea, and syphilis.**

Clinical trials have shown doxy-PEP to be effective among men who have sex with men (MSM) and trans women, with reductions in chlamydia and syphilis ranging from 74–88%.<sup>1,2</sup> Efficacy against gonorrhea is lower. Doxy-PEP does not prevent HIV, mpox (monkeypox), or other viral infections.

#### Who can take doxy-PEP?

Recommend doxy-PEP to cis men, trans women, and other gender-diverse people who were assigned male sex at birth, who in the past year:

- had condomless anal or oral sex with ≥ 1 partner who was assigned male sex at birth, and
- had a bacterial STI.

Offer doxy-PEP using shared decision-making to cis men, trans women, trans men, and other gender-diverse patients (of any sex assigned at birth) who in the past year:

- did not have an STI but had condomless anal or oral sex with ≥ 2 partners assigned male sex at birth, regardless of STI history.

More data is needed on the efficacy of doxy-PEP for vaginal/front-hole protection.

- The only study to date among cis women did not find doxy-PEP effective at preventing STIs, possibly due to adherence.<sup>3</sup>

When prescribing doxy-PEP to patients who have receptive vaginal/front-hole sex, providers should counsel patients about the lack of efficacy data, recommend against doxy-PEP use during pregnancy, and reinforce the importance of adherence.

#### Dosing and prescribing guidance

- **200 mg of doxycycline taken as soon as possible** after condomless oral or anal sex, but **no later than 72 hours afterward.**
- **Doxycycline can be taken every day** depending on frequency of sexual activity, but **no more than 200 mg within a 24-hour period.**
- **Acceptable formulations:**
  - Doxycycline hyclate or monohydrate **immediate release 100 mg** (2 tabs taken together)
  - Doxycycline hyclate **delayed release 200 mg** (1 tab), but typically much costlier
- **Example Rx:** doxycycline 100 mg, #60, 1 refill, take 2 capsules (200 mg) by mouth as needed ASAP after condomless sex, and no later than 72 hours after. Do not take more than 200 mg in a 24-hour period.
- **ICD-10 diagnosis code Z20.2** (Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission).



### About Doxy-PEP

#### What is doxy-PEP?

- Doxy-PEP means taking the antibiotic doxycycline after sex to prevent getting a sexually transmitted infection (STI). It is like a morning-after pill but for STIs.
- It is highly effective at preventing syphilis and chlamydia. It may prevent gonorrhea, but not as well.
- Talk with your provider about whether doxy-PEP is right for you.

#### When to take it

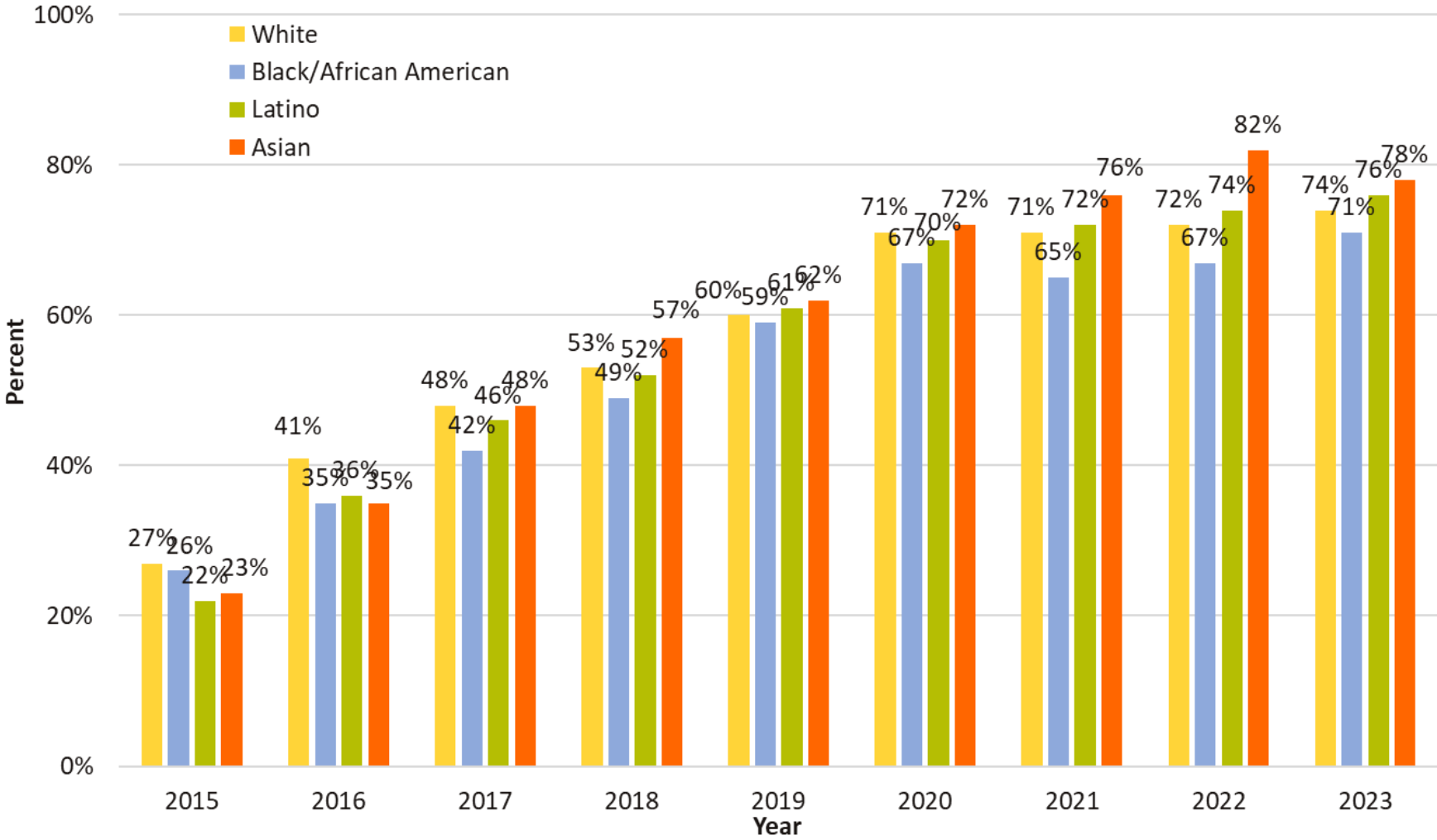
- Take two 100 mg pills of doxycycline as soon as possible after condomless sex, but no later than 72 hours after. Taking it as soon as possible may help it work better. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom isn't used for the entire time.
  - If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex, but don't take more than 200 mg (two 100 mg pills) every 24 hours.

#### How to take it

- Take doxycycline with plenty of fluids and do not lie down for at least 15 minutes after taking it, so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.
- Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- Avoid dairy products, calcium, antacids, or multivitamins 2 hours before or after taking doxycycline.
- **Do not take doxy-PEP when pregnant.**



# Proportion of HIV PrEP eligible MSM currently on PrEP<sup>1</sup> by Race/ethnicity, San Francisco City Clinic, 2015-2023<sup>2</sup>

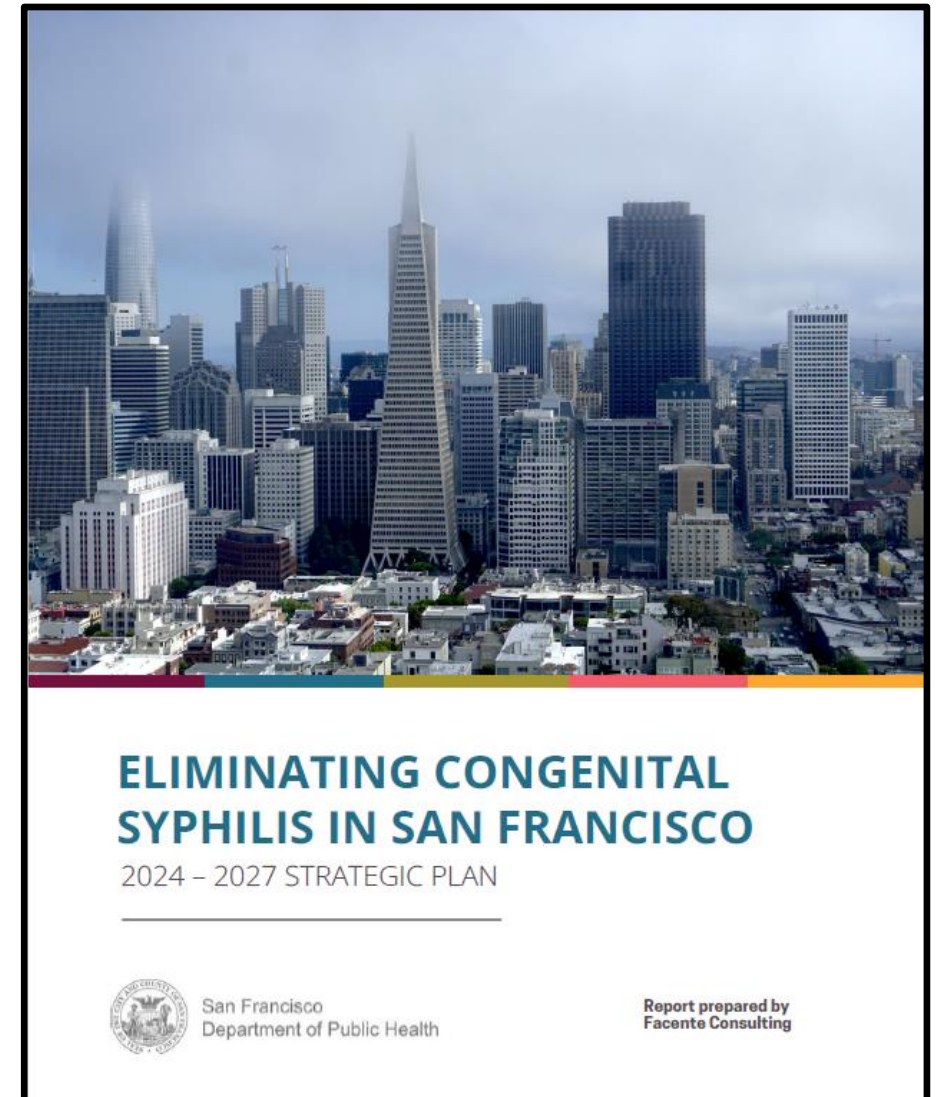


<sup>1</sup> On PrEP at visit: (1) Answer 'yes' to are you currently on PrEP or (2) Enrolled in PrEP as of visit. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports.

<sup>2</sup> Data for some racial/ethnic groups are too small and may be unstable to be released separately.

# Eliminating congenital syphilis (CS) remains a program priority

- 1) Increase access to low-barrier syphilis testing
- 2) Develop sustainable systems and tools for CS education and capacity building
- 3) Improve care coordination of pregnant patients with syphilis
- 4) Optimize the use of data to support syphilis prevention and response efforts



# Increasing access to low barrier, rapid syphilis screening

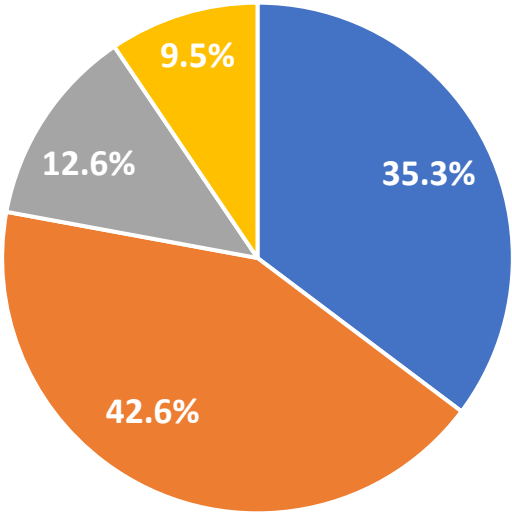


Year	SFDPH Jail Health Services	Whole Person Integrated Care (WPIC)
2023	1519	134
2024*	1258	213

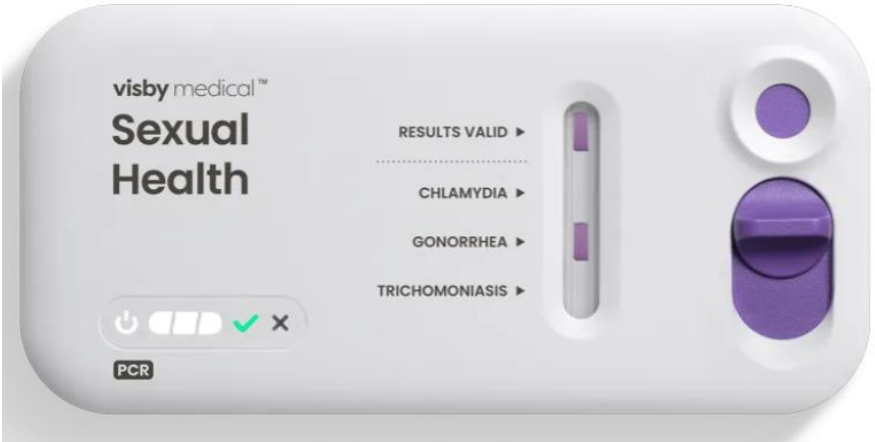
\*Through 10/31/24

# Ensure low barrier access to STI testing: Community Health Programs for Youth (CHPY)

**% of POC STI tests by race/ethnicity at New Gen Clinic  
(n=175)**



■ Black/African American ■ Latina ■ Asian/API ■ White



38 (22%) were positive for at least one STI:

- 23 Chlamydia
- 12 Trichomonas
- 1 Gonorrhea

# Linking individuals and their partners with HIV and STIs to prevention, treatment and care: 2023



People • Care • Prevention

- **SYPHILIS**

- 554 patients with syphilis assigned for partner services; 28 pregnant
- Ascertained pregnancy status for 98.7% of cis women with early syphilis
- Assured treatment for 95% of cis women with early syphilis
- 74% of CS cases were averted

- **HIV**

- 133 patients newly diagnosed with HIV assigned for partner services and linkage; 95% linked within 1 month
- Provided navigation services to 85 individuals living with HIV and not-in-care; 39% PEH; 59% virally suppressed 12 months later

- **MPOX**

- *In 2024 (through Oct), offered services to 31 people with mpox*

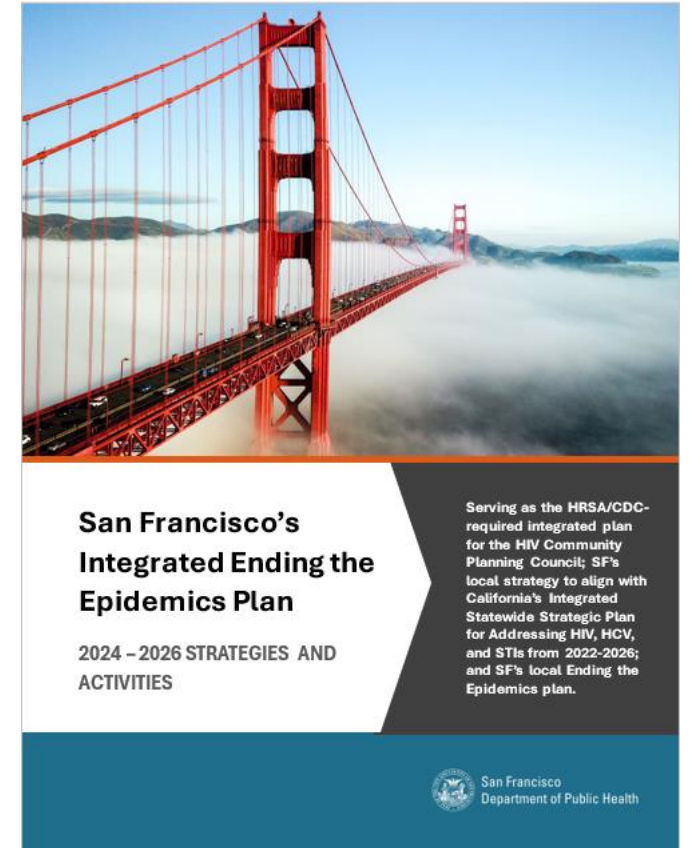
- **Developing a diverse workforce**

- *In 2023-Q3 2024, hired and trained 11 new LINCS staff, of whom 5 are Spanish speaking*



# Community Partnerships to End the HIV/HCV/STI Epidemics (ETE) in San Francisco

- Center, advance, and prioritize health equity and racial justice
- Integrate HIV, Hepatitis C (HCV), STIs, prevention and care, COVID, and overdose prevention
- Employ models of status neutral care
- Ensure that services are as low barrier as possible
- Value lived experience and fund peer-delivered services
- Eliminate HIV/HCV/STI-related stigma and discrimination
- Use a harm reduction framework that values human dignity
- Address social determinants of health







**SAN FRANCISCO AIDS FOUNDATION**

**Gay/MSM**

- **Led by San Francisco AIDS Foundation**
- With Glide, Shanti & San Francisco Community Health Center
- Central Hub is at Strut: 470 Castro St, Tues-Sat 10am-7pm

**Latino/a/x/e**

**Instituto Familiar de la Raza, Inc.**

- **Led by Instituto Familiar de la Raza**
- With Mission Neighborhood Health Center & San Francisco AIDS Foundation
- Central Hub is at Latino Wellness Center: 1663 Mission St, Suite 603, M/W 10am-8pm and Tues/Thurs/Fri 10am-6pm

**Asian & Pacific Islander**

**UCSF Alliance Health Project**

**THE LOTUS PROJECT**

- **Led by UCSF Alliance Health Project (AHP)**
- With San Francisco Community Health Center
- Central Hub is at AHP: 1930 Market St, Mon-Sat

**Trans Women**

**STAR**  
SAN FRANCISCO TRANSGENDER ALLIANCE OF HEALTH RESOURCES

- **Led by San Francisco Community Health Center**
- With IFR, SFAF
- Central Hub is at Trans Thrive: 1460 Pine St, Mon-Fri 2-4:30pm

**Young Adult**

**LYRIC**  
CENTER FOR LGBTQ YOUTH

- **Led by Lavender Youth Recreation & Information Center (LYRIC)**
- With Huckleberry Youth Programs, Homeless Youth Alliance & San Francisco AIDS Foundation
- Central Hub is at Lyric drop-in: 566 Castro St, M/W/F 2-6pm and Tues/Thurs 11am-6pm

**PWUD & PEH**

**THE LOBBY AT WARD 86**

- **Led by UCSF Ward 86**
- With Glide, UCSF Alliance Health Project, Lyon Martin
- Central Hub is at The Lobby: 1<sup>st</sup> floor of building 80, Mon-Fri 1-5pm

**Black / African American**

**Rafiki COALITION**

**UHOJA**

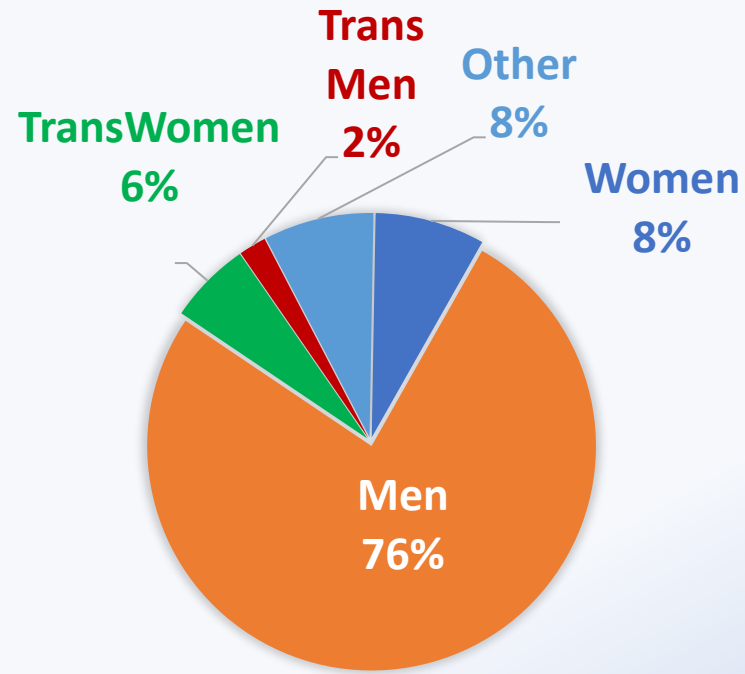
- **Led by Rafiki Coalition**
- With San Francisco AIDS Foundation, 3<sup>rd</sup> Street Youth Center, Positive Resource Center & UCSF Alliance Health Project

# Health Access Point (HAP) Data

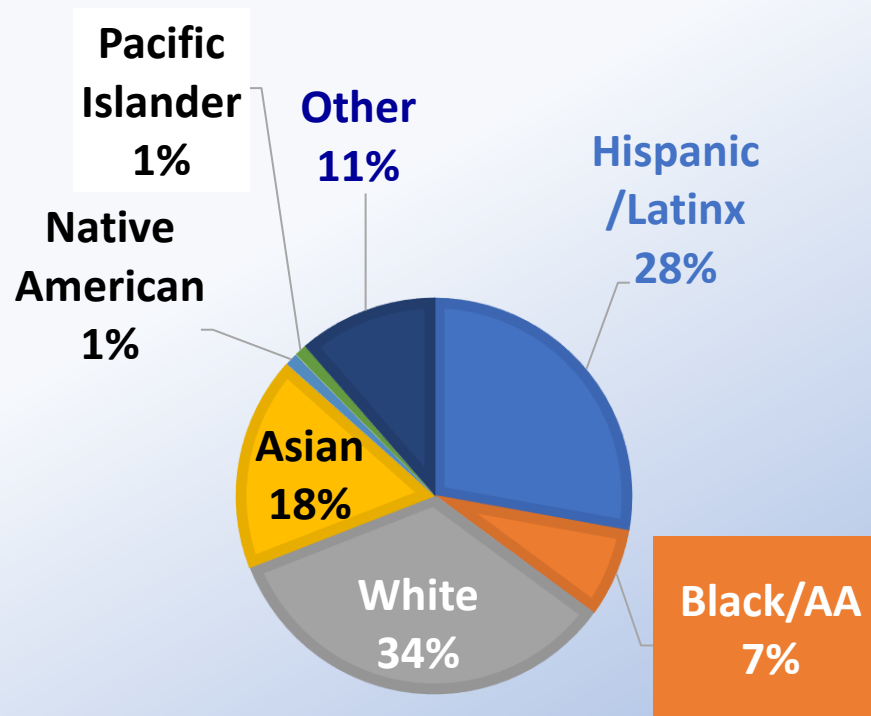
07/01/23 – 06/30/24

- HAPs have seen 8432 clients for 19,030 visits

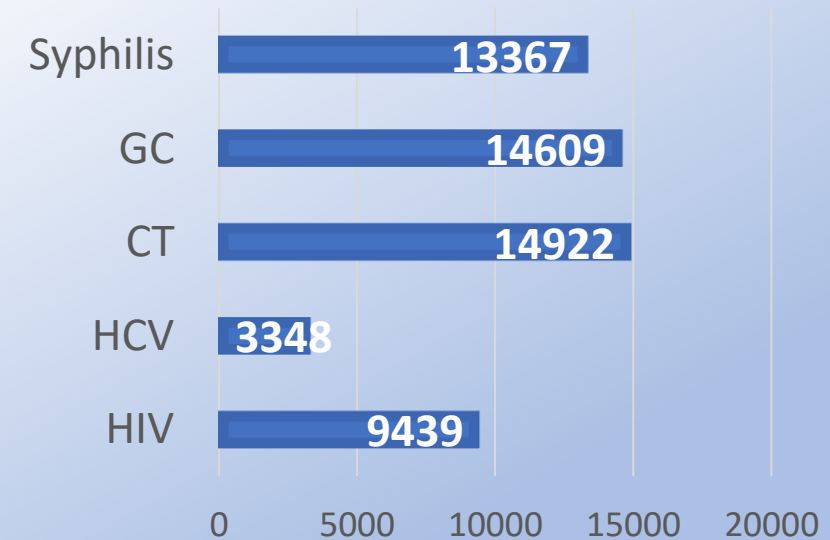
### CURRENT GENDER



### RACE/ETHNICITY



### TESTS CONDUCTED



# Equity Focused Services for People Who Use Drugs (PWUD) and People Experiencing Homelessness (PEH)

- The Lobby, first-floor clinic space in building 80 at ZSFGH
  - Crucial services such as wound care, medications for opioid use disorder, and primary care
  - Client transport to reduce barriers
  - On-site, integrated behavioral health services
  - Shared clinic space allows for continuity of care amongst people recently released from jail
- WISHES Team
  - Supports services for PWUD and PEH across all the HAPs
    - Training and capacity building
    - Overdose prevention plans
    - Naloxone distribution



# Health Access Point (HAP) Upcoming Events



Mark Your Calendars!

SEPTEMBER 11, 2024	SEPTEMBER 22, 2024	SEPTEMBER 25, 2024	OCTOBER 3, 2024
<b>82nd Day of Community Service</b> Bill Graham Civic Auditorium 89 Grove St. 10:00-3:00pm	<b>Sunday Streets Community Block Party</b> Buchanan Street Mall Buchanan & Golden Gate Ave. 12:00-5:00pm	<b>HAP/SFDPH/Wise Health Street Fair</b> Mother Brown 2111 Jennings St. 9:00-12:00pm	<b>HAP Community Health Fair</b> Mendell Plaza (on 3rd St between Palou and Oakdale) 12:00-5:00pm



For more information, please email Kura C. at [KCohen@rafikicoalition.org](mailto:KCohen@rafikicoalition.org)

**safe sex summer**

**JULY 10TH  
1 - 3PM**

**SOUTHEAST COMMUNITY CENTER  
HUNTERS POINT ROOM  
1500 EVANS AVENUE  
SAN FRANCISCO, CA 94124**

**FREE Food! FREE Prizes!  
FREE Condoms!**

**Learn about healthy relationships & situationships, preventing STIs, consent, exploring kinks safely, & more!**

Health & Youth Development  
3rd Street Youth Center & Clinic  
[www.3rdstyouth.org](http://www.3rdstyouth.org)  
3rdstyouth\_

## Focused Efforts with Black/AA Community

### Umoja HAP

- Pop-up health fairs
- New building space in the Bayview
- Hired staff and Clinical Director

### 3rd Street Youth Center

- Fund Health Educator position
- Safe sex summer series



## Focused Efforts with the Latino/a/x Community

### **Latinx HAP (LHAP)**

- Implemented Syphilis point-of-care testing
- Identified new venues for testing in community
- Health Fairs at the Mexican Consulate
- Collaboration with the Gubbio Project

### **Latinx Advisory Group**

- Advises CHEP on health priorities within the Latinx community

### **SF/Alameda County Collaboration**

- Hosted one day forum for frontline workers who speak Spanish and/or work with Latine/x communities

# Sexual Health Campaigns and Home-based Testing



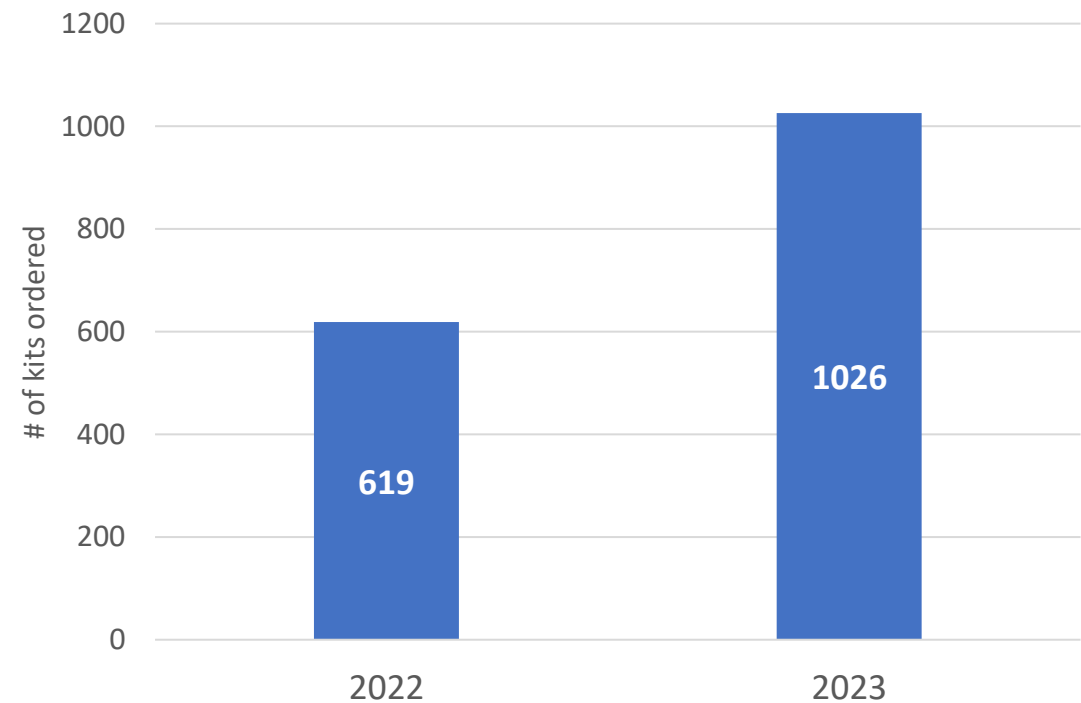
Where My Gworls at!?

The Good and Sexy Edit



## Take Me Home

**66% Increase in # of kits ordered from 2022 to 2023**



# Community Workforce Development Efforts

- Community Health Leadership Institute (CHLI)
- Academy
- California HIV/HCV/STI and Overdose Counselor Training
- SFAF Clinical Assistance Program
- Phlebotomy training
- SFAF Testing Coordination
- SFCHC Trans capacity building
- ETE Steering Spring/Summer (conference)
- SF HIV Frontline Organizing Group (FOG Mentorship Program)



# Getting to Zero San Francisco Priorities

Centering Racial Equity To Attain Improved Outcomes For All San Franciscans

## Committees

1. **PrEP and PEP** (Bay Area equitable roll-out of long-acting injectable PrEP in people experiencing homelessness, people who use drugs, Latinx/African Americans, women)
2. **RAPID, Restart & Retention** (low barrier care models, resources for providers)
3. **People Experiencing Homelessness** (long-acting prevention/treatment, advocate for housing, coordinate with low-barrier programs)
4. **HIV & Aging** (mental health needs, intensive case management, housing)

## Initiatives Addressing Immediate Challenges

- **Addressing Disparities for Latine**
- **Drug Overdose Prevention**
- **Tracking New Product Use** - 1) Injectable CAB-LA for HIV prevention; 2) Injectable CAB/RPV for HIV treatment; and 3) Doxy-PEP for STI prevention
- **Adolescent & Young Adult**

*Operates under principles of Collective impact*

*Full consortium meetings 3 times per year with high level multi-sector participation*



# Getting to Zero SF Accomplishments with SFDPH 2014-2024



- 1) HIV TREATMENT UPON DIAGNOSIS:** SF GTZ created first protocol for rapid ART start; adapted & used nationally and internationally. Median days from HIV diagnosis to ART in SF is ZERO.
- 2) HIV PREVENTION (PrEP) SCALE UP:** SF GTZ helped promote PrEP for community and train providers: Estimated PrEP use increased from 22% of eligible MSM in 2015 to 78% in 2023 in SF.
- 3) STI PREVENTION SCALE UP:** SF GTZ promoted citywide doxy-PEP guidelines and monitoring of doxy-PEP use by race/ethnicity and age at sentinel clinics.
- 4) ADDRESSING GAPS:** SF GTZ's committees focus on disparities in prevention and care (African Americans, Latinx, people experiencing homelessness (PEH), aging with HIV).
- 5) TRACKING ACCESS of NEW PRODUCTS:** SF GTZ is identifying and sharing within SF community how to increase access of new products (doxy-PEP, long acting injectables for prevention and treatment) that can reduce new infections and improve health of persons living with HIV

# Summary

- SFDPH's STI/HIV clinical and community-based programs are:
  - Evidenced-based
  - Equity-focused, stigma-free, low barrier
  - Informed by and implemented in collaboration with community
  - Integrated, wrap-around services to address social determinants
- New tools in HIV and STI diagnosis, prevention and treatment are promising, intensive efforts are needed to ensure equitable access
- Partnerships with health systems, community-based organizations and our newly launched HAPs are core elements of our response





**Stay Good  
Stay Tested**  
...at Home...

- Sharon Pipkin – Lead HIV Epidemiologist  
ARCHES
- Trang Nguyen – Manager, STI Epidemiology,  
Surveillance and Program Evaluation  
ARCHES
- Stephanie Cohen – Director, HIV/STI Prevention  
Disease Prevention and Control
- Nyisha Underwood – Director  
Community Health Equity and Promotion

**Thank You!**



## CHEP CORE Deployment (Coordinated Overdose Response & Engagement)

**STRATEGY #1: Increase Availability, Accessibility, and Effectiveness of the Continuum of Substance Use Services**

- Contingency Management

**STRATEGY 2: Strengthen Community Engagement and Social Support for People at High Risk for Overdose**

- Indigenous & Latine Community
- Black/African American Equity
- San Francisco Faith-Based Coalition
- Training and Capacity Building
- Community Engagement Messaging Policy
- Project Management

