

Getting to Zero San Francisco Consortium

Zero new HIV infections

Zero HIV deaths

Zero stigma and discrimination



Agenda

1. Welcome
2. Policy Updates, Q&A
3. SF Epi Annual Report Data, Q&A
4. Panel & Community Discussion: STIs, HIV & PrEP



GTZ Policy Update

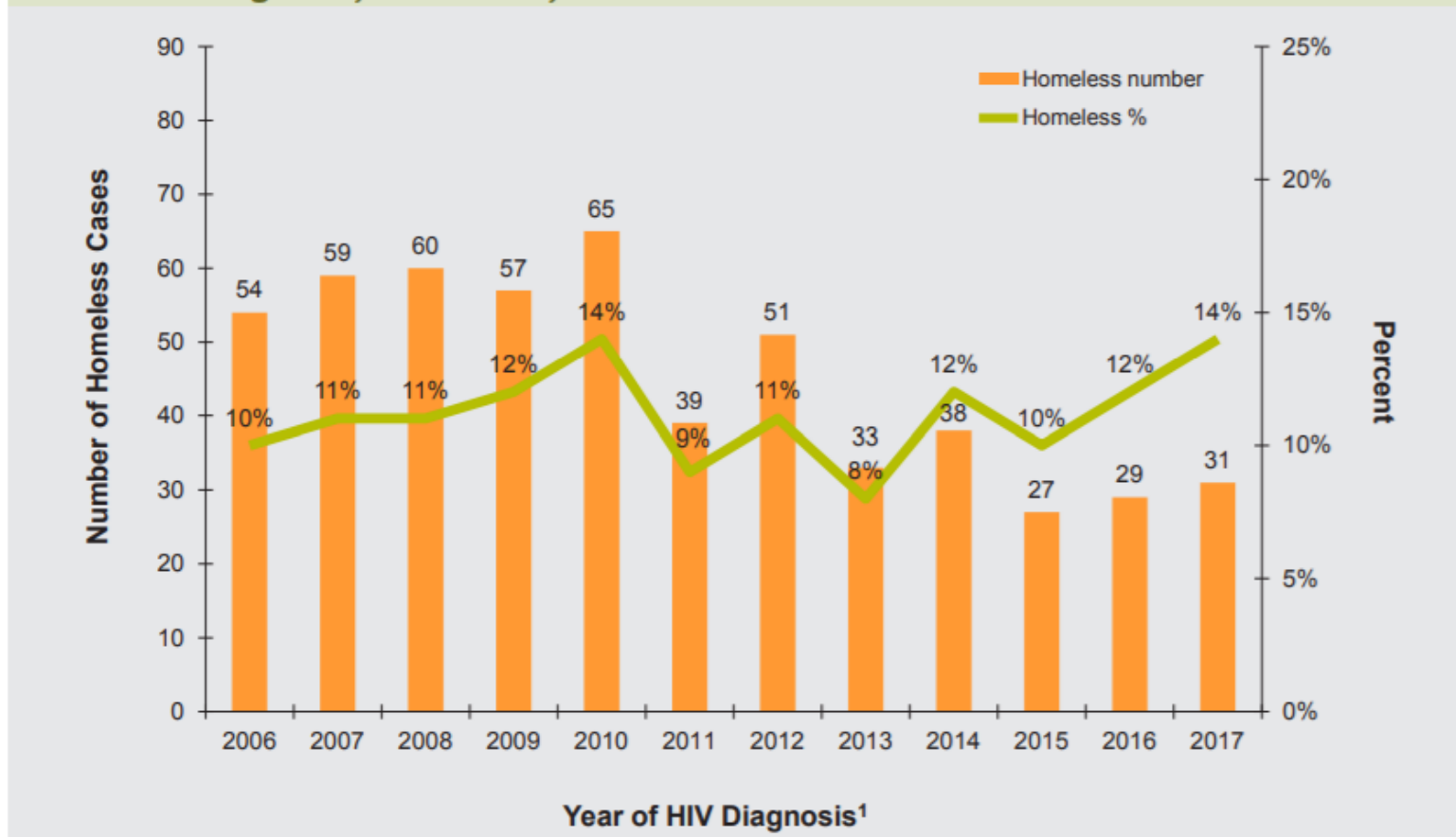
Courtney Mulhern-Pearson
September 27, 2018

1

Local Update – Proposition C

New HIV diagnoses among homeless persons (SF Department of Public Health, 2018)

Figure 14.1 Number and percent of homeless persons newly diagnosed with HIV by year of diagnosis, 2006-2017, San Francisco



¹ Includes persons with HIV by year of their initial HIV diagnosis. See Technical Notes “Date of Initial HIV Diagnosis.”

Total New Diagnoses in 2016 → 223

Viral suppression of people living with HIV (SF Department of Public Health, 2018)

Table 3.4 Care indicators among persons living with HIV in 2016 who were known to reside in San Francisco as of the end of 2016, by demographic and risk characteristics

	Number of living cases ¹	% with >= 1 laboratory test in 2016 ²	% with >=2 laboratory tests in 2016 ²	% Virally suppressed (most recent viral load test in 2016 <200 copies/mL) ²
Total	13,113	81%	62%	74%
Gender³				
Men	12,025	81%	61%	74%
Women	729	82%	64%	68%
Trans Women	356	84%	67%	68%
Race/Ethnicity				
White	7,389	82%	61%	76%
African American	1,638	83%	64%	69%
Latino	2,755	78%	61%	70%
Asian/Pacific Islander	784	79%	61%	74%
Other/Unknown	547	85%	65%	73%
Age in Years (as of 12/31/2016)				
13-24	90	86%	71%	69%
25-29	409	78%	56%	70%
30-39	1,742	78%	54%	66%
40-49	3,125	78%	55%	68%
50-59	4,684	82%	63%	75%
60-69	2,443	86%	71%	82%
70+	620	87%	75%	85%
Transmission Category				
MSM	9,680	82%	62%	76%
PWID	759	83%	64%	67%
MSM-PWID	1,971	81%	62%	67%
Heterosexual	472	82%	62%	70%
Other/Unidentified	231	56%	42%	52%
Housing Status, Most Recent				
Housed	12,793	82%	62%	75%
Homeless	320	54%	36%	32%

1 Includes San Francisco residents living with HIV as of the end of 2016 (≥13 years old) and diagnosed by the end of 2015.

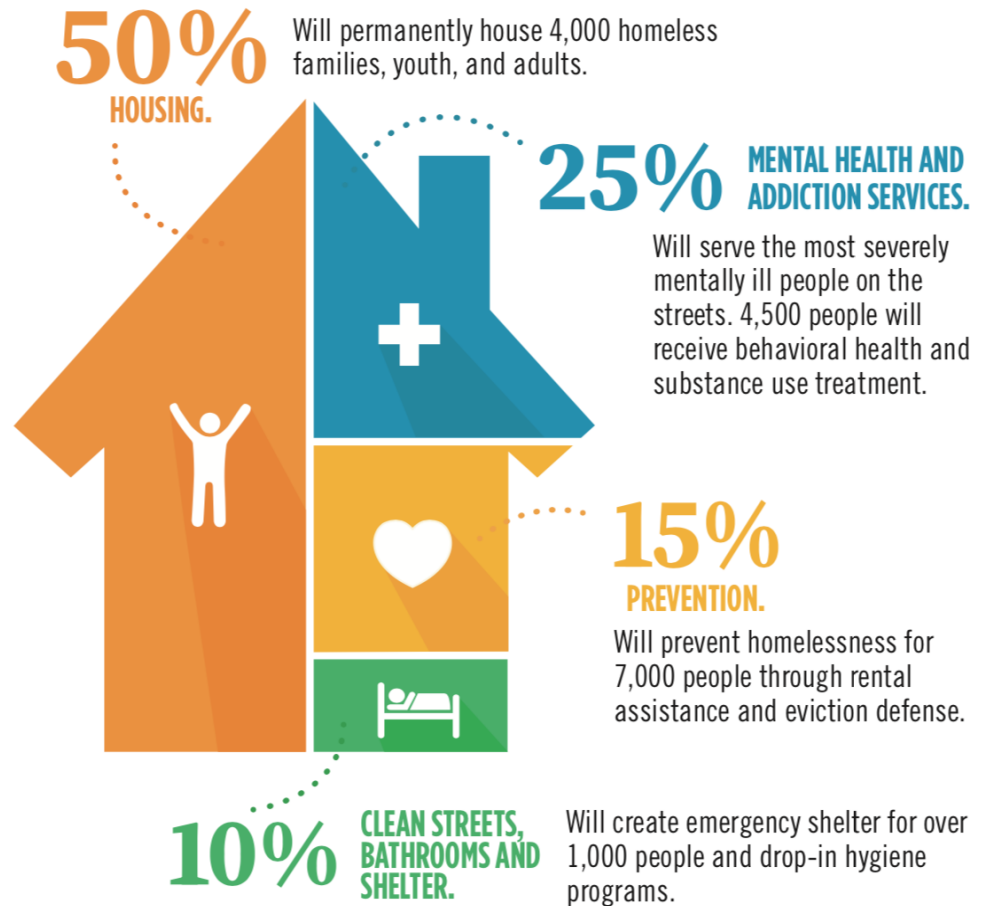
2 Percent of total living cases.

3 Data on trans men are not released separately due to small numbers. See Technical Notes "Gender Status."

Proposition C – Our City Our Home Initiative



How the funding will be spent



How would it be paid for?

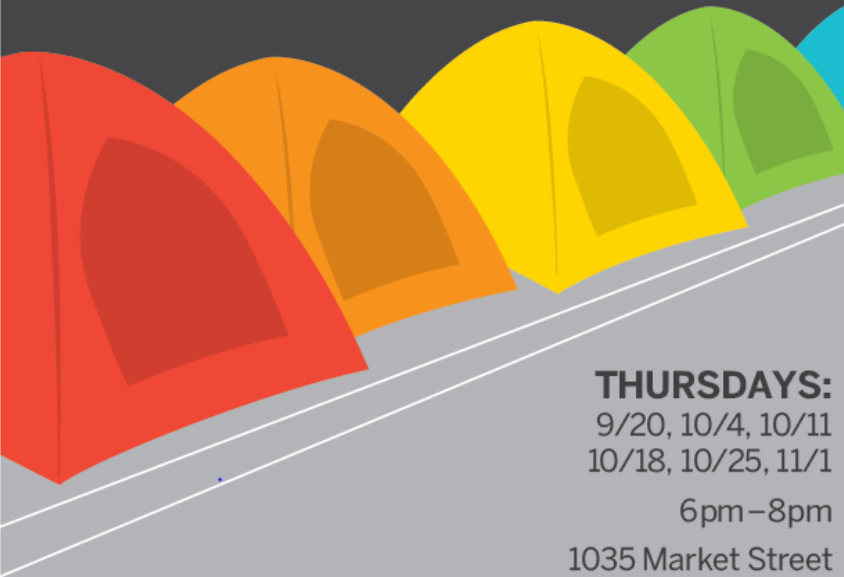


Prop C would tax SF businesses earnings over \$50 million an average of .5% (\$5,000 per million), which would bring in up to \$300 million.

Rates vary by industry and is a marginal rate.

Retail trade, wholesale trade, and certain services	Manufacturing, transportation, warehousing, information, biotechnology, clean technology, and food services	Accommodations, utilities, arts, entertainment and recreation	Private education and health services, administrative and support services, and miscellaneous business activities	Construction	Financial Services, Insurance; Professional, Scientific and Technical Services	Real Estate, Rental and Leasing Services
0.18%	0.50%	0.43%	0.69%	0.48%	0.60%	0.33%

How to get involved



LGBTQ PHONE BANK FOR PROP C



PROP C WILL REDUCE HOMELESSNESS AND SECURE HOUSING
FOR LGBTQ AND HIV COMMUNITIES.

WE'RE CALLING SF VOTERS TO URGE THEM TO VOTE YES ON PROP C.

JOIN US AND HELP END HOMELESSNESS!

THURSDAYS:
9/20, 10/4, 10/11
10/18, 10/25, 11/1
6pm – 8pm
1035 Market Street
Suite 400
San Francisco

SPONSORED BY:



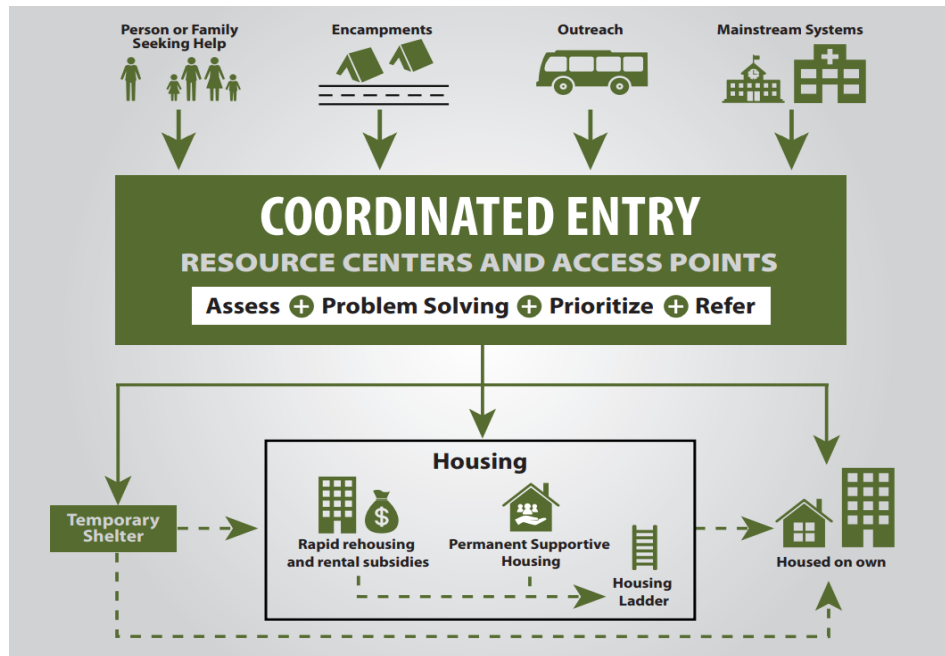
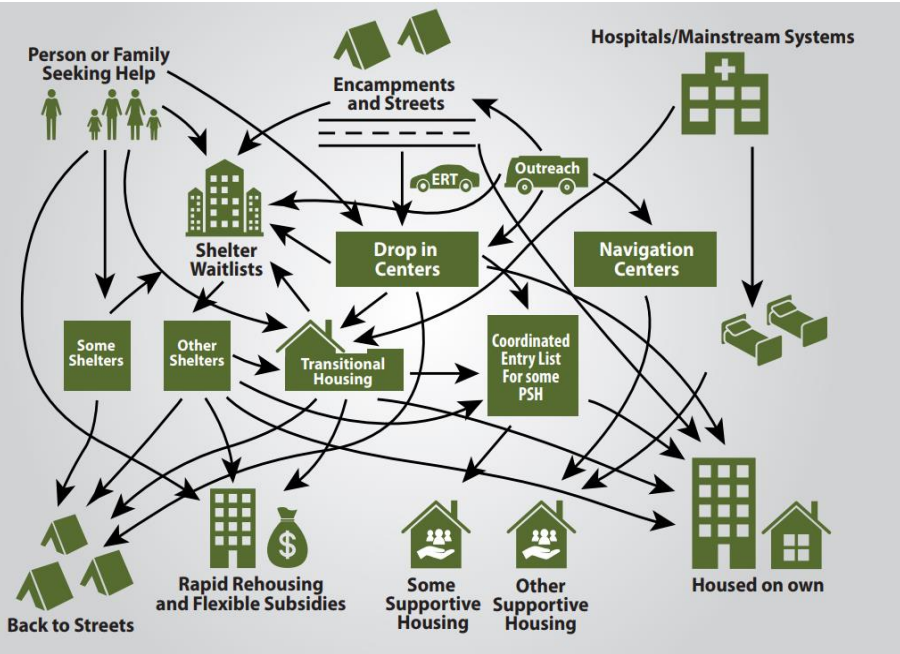
Harvey Milk LGBTQ Democratic Club
Alice B. Toklas LGBT Democratic Club
Q Foundation
Yes on C!—Our City Our Home SF
LYRIC

ourcityourhomesf.org

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Local Update – coordinated entry assessment blitz

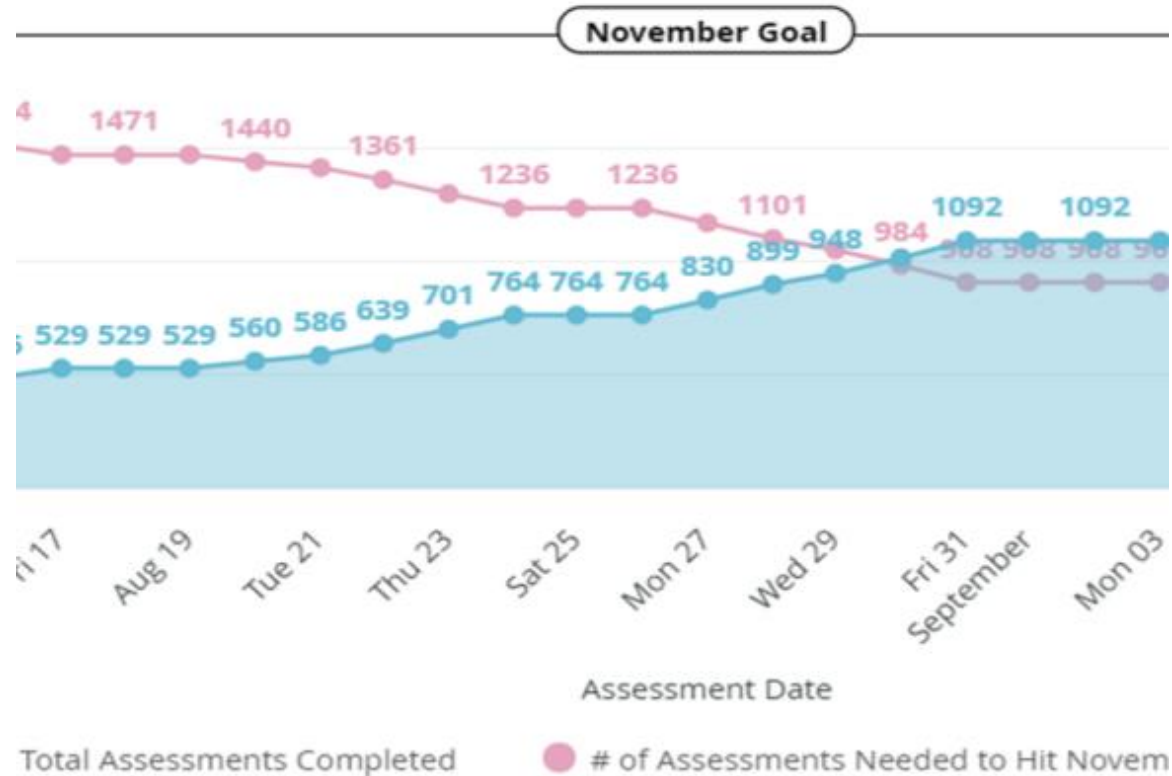
Coordinated Entry officially launches November 1st



Coordinated Entry Assessment Blitz

- August 2018 through October 2018, DSHS hopes to assess 2,000 adults experiencing homelessness using the new system
- Primary Assessment prioritizes adults experiencing homelessness by:
 - Vulnerability, including disabling and medical conditions, services history
 - Barriers to housing
 - Chronicity of homelessness
- Target population for the primary assessment includes:
 - Adults experiencing homelessness at UCSF Emergency Department - Parnassus SF
 - Adults experiencing homelessness on County Adult Assistance Programs (CAAP) and other benefits programs
 - Direct Access to Housing Community Referral Pool
 - Continuum of Care Coordinated Entry Pilot Priority 1 Households

Assessments completed to date



- Approximately 1,643 adults had been assessed as of September 17
- SFAF is planning to have 2-3 assessment clinics at our 1035 location, dates still tbd
- Ward 86 has already hosted 3 assessment clinics and had 62 of their clients entered into the new Coordinated Entry list

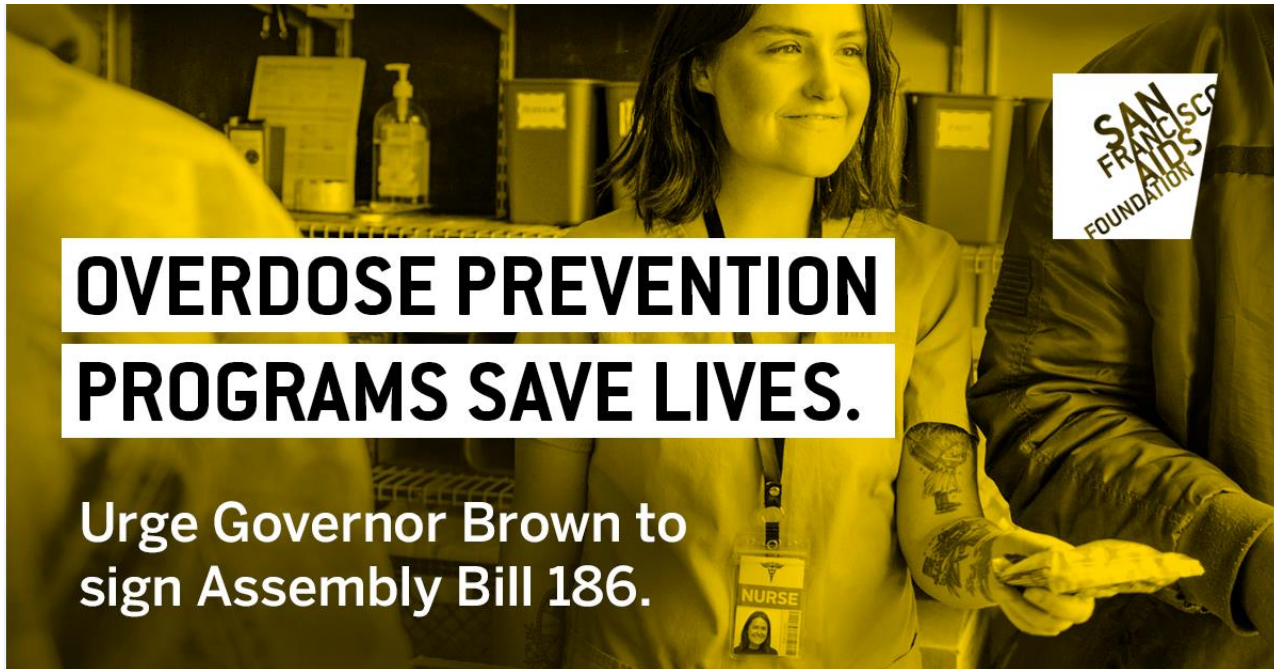
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State update – AB 186

Assembly Bill 186

- AB186 passed out of the Legislature at the end of August and is currently sitting on the Governor's desk
- Sept. 30th is the last day for the Governor to sign or veto bills
- AB 186 would allow San Francisco to pilot overdose prevention programs (also called supervised injection or consumption services) are health services where individuals are able to use pre-obtained illicit drugs in a clinical setting, with expert supervision and sterile supplies
- Overdose prevention programs are proven to reduce drug overdose fatalities, link people to substance use disorder treatment, and reduce new HIV and hepatitis infections.

Take action!



AB 186
Text “Prevent HIV” to the
number 52886



Questions



sfaf.org

1035 Market Street, Suite 400 | 470 Castro Street | 117 6th Street



HIV EPIDEMIOLOGY ANNUAL REPORT 2017

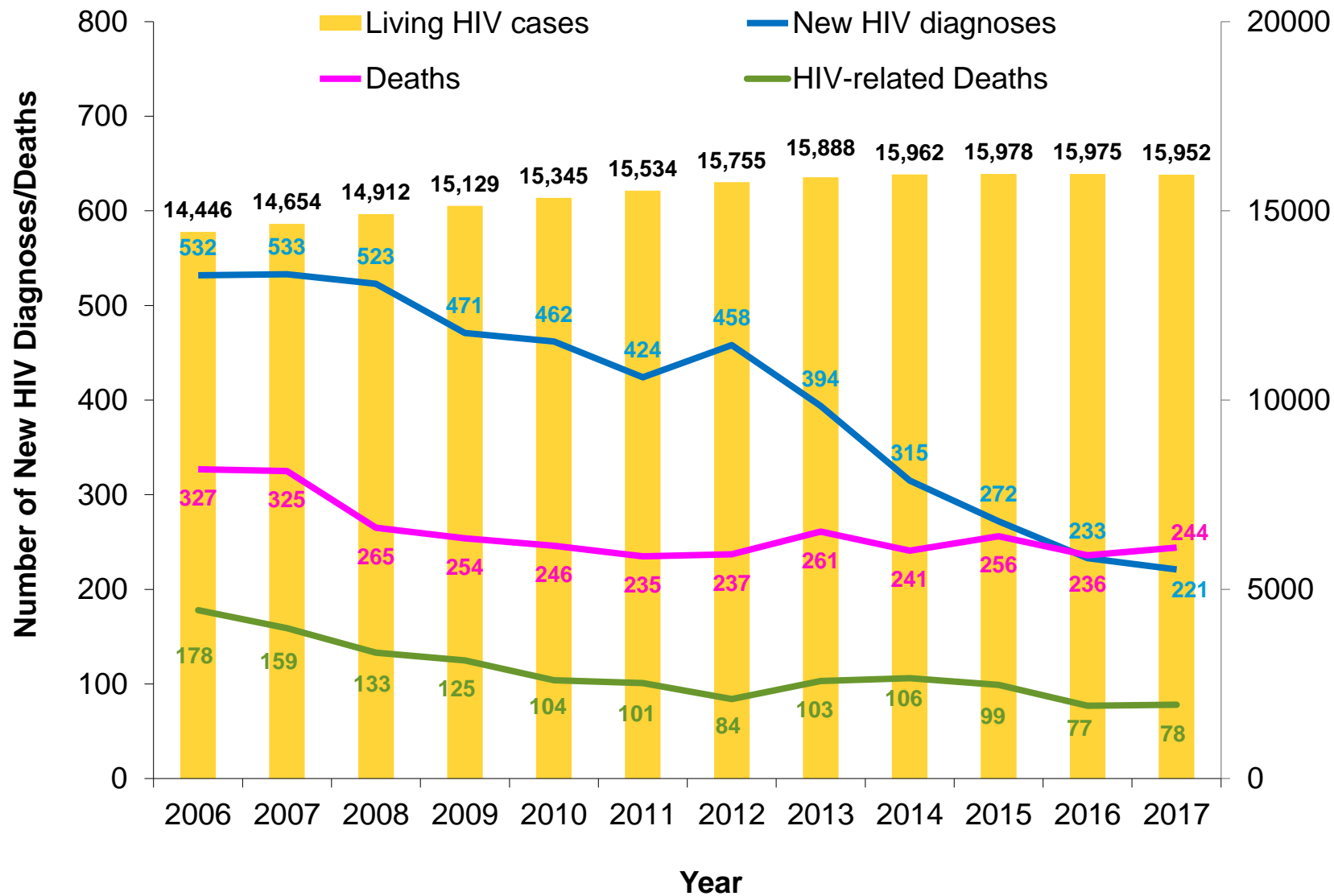


Alison Hughes, PhD, MPH
Getting to Zero Quarterly Meeting
September 27, 2018



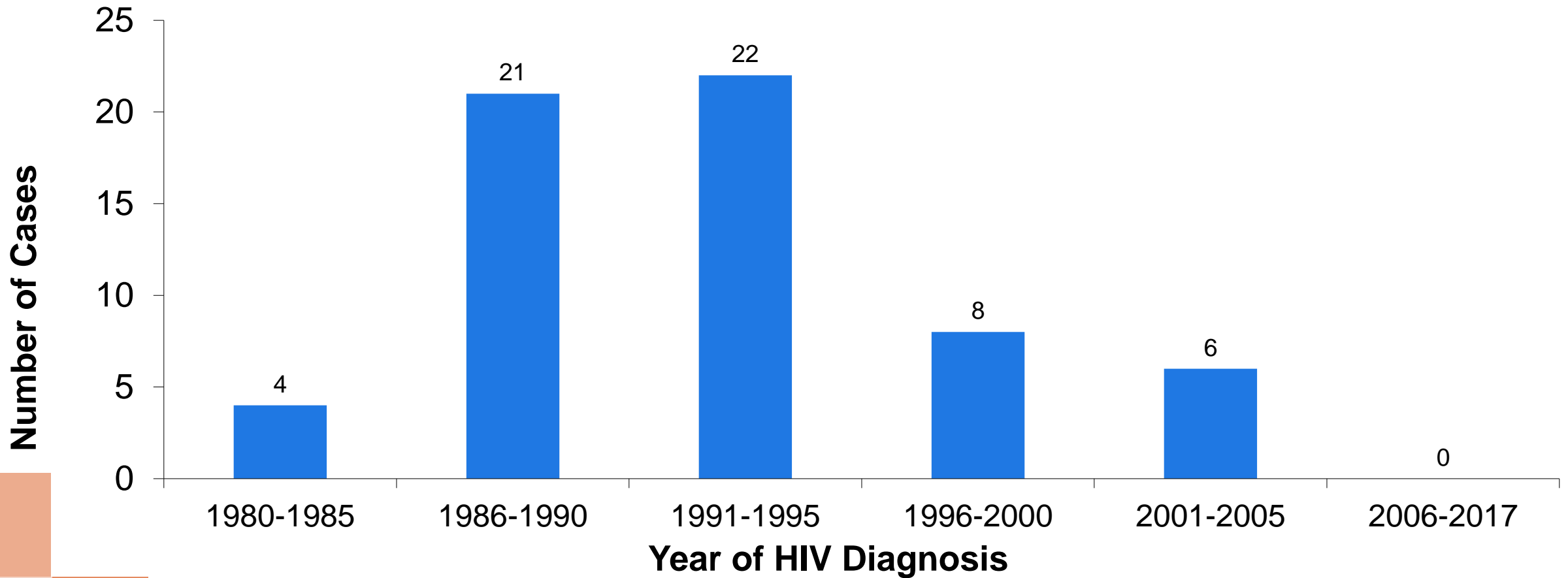
POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

New HIV diagnoses, deaths, and prevalence, 2006-2017, San Francisco

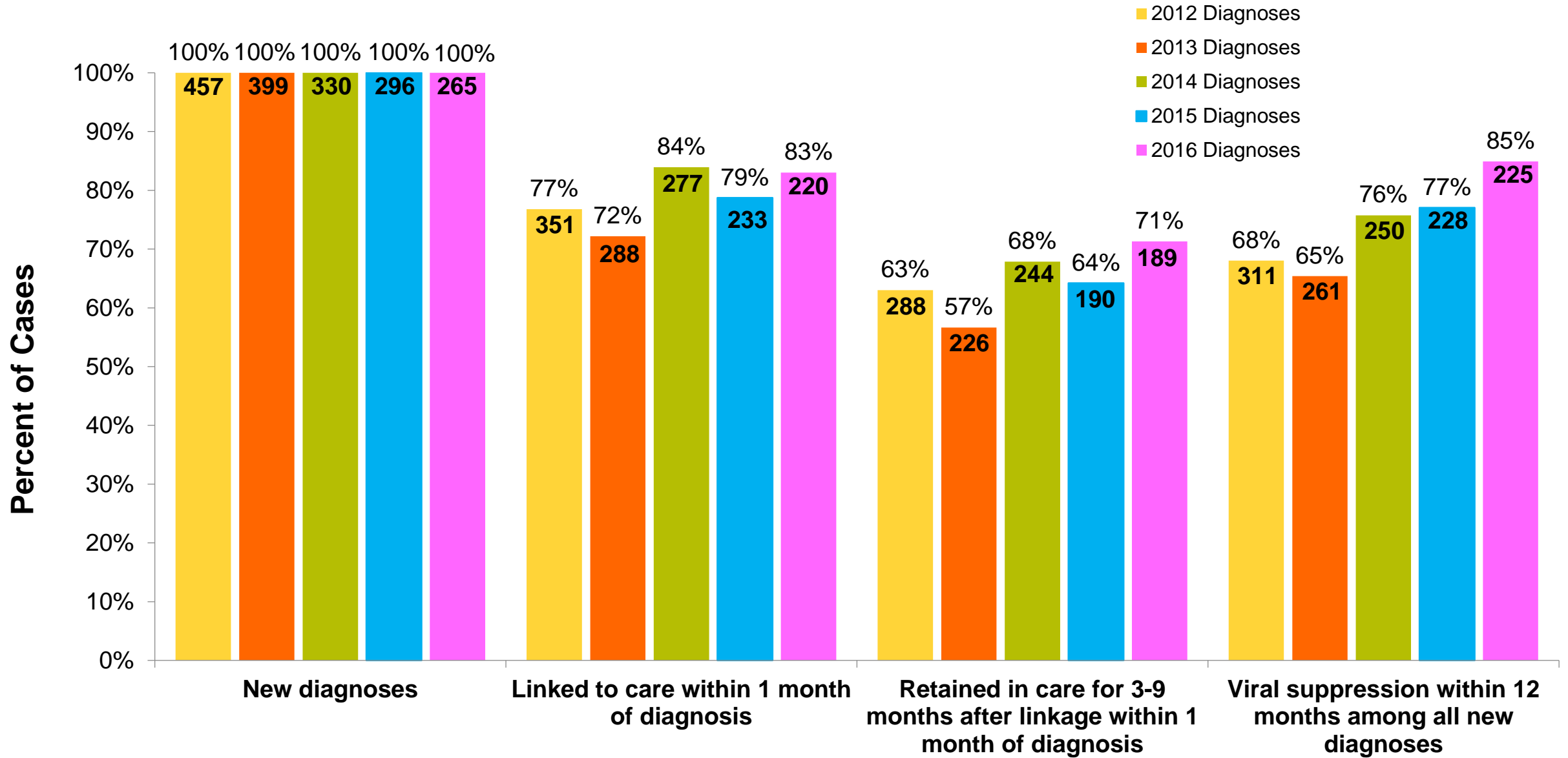


- Overall 94% of PLWH are aware of their HIV status
- New diagnoses **decreased** 5% between 2016-2017
- Number of deaths is level and may be slightly increasing
- Survival is **improving**; 65% of PLWH >50yrs
- Late diagnoses declined from 21% in 2012 to 11% in 2016
- Number of HIV-related deaths has **decreased** by 56% from 178 in 2006 to 78 in 2017

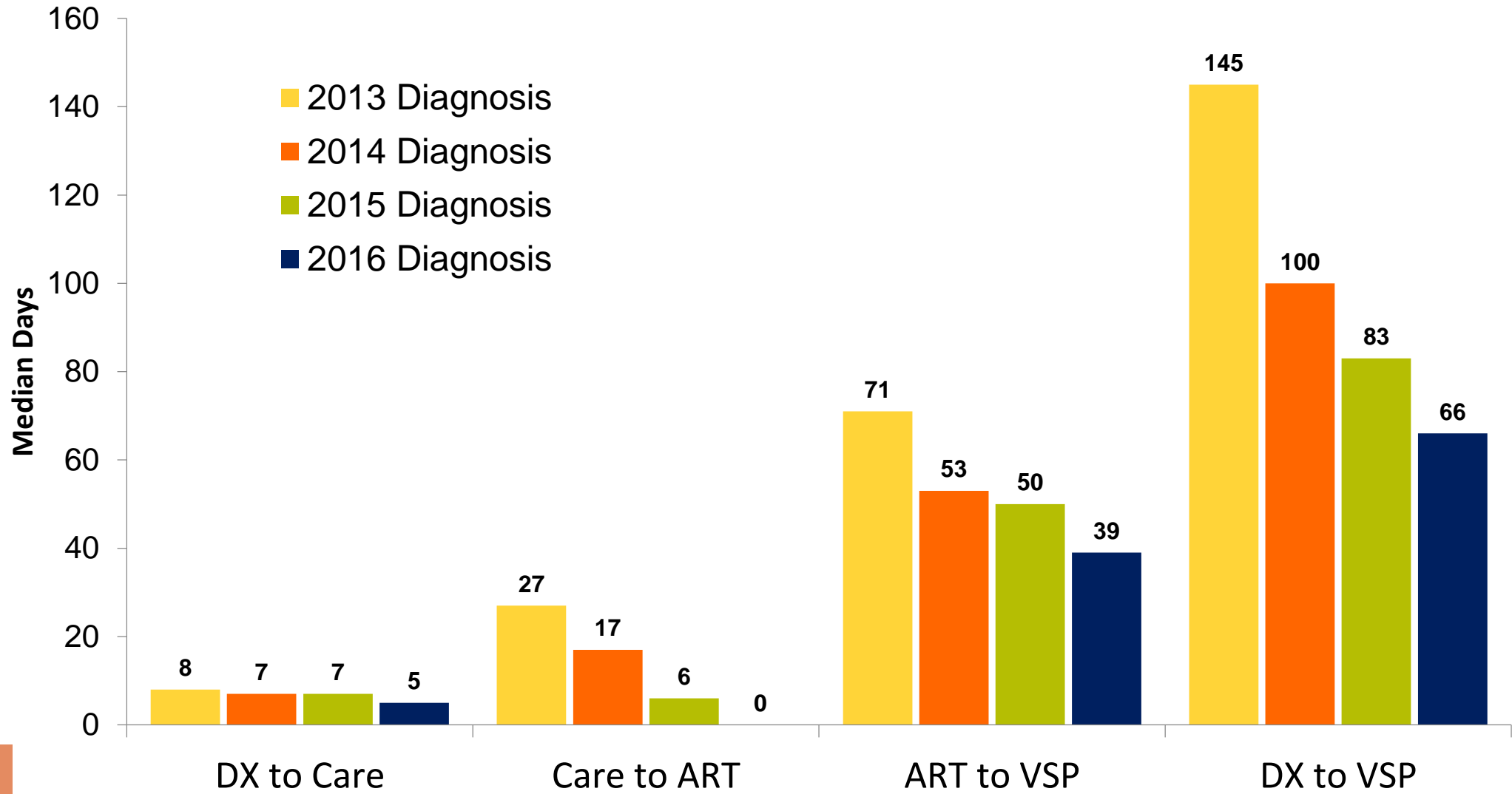
No Perinatal or Pediatric Cases (Age<13) Diagnosed Since 2005



Continuum of HIV care among persons diagnosed with HIV, 2012-2016, San Francisco



Faster Time to Care Indicators



Underlying causes of death among persons with HIV, 2006-2017, San Francisco

Underlying Cause of Death ¹	Year of Death					
	2006-2009 N=1,148		2010-2013 N=952		2014-2017 N=953	
	Number	(%)	Number	(%)	Number	(%)
HIV	595	(51.8)	392	(41.2)	360	(37.8)
Non-AIDS cancer	124	(10.8)	136	(14.3)	139	(14.6)
Lung cancer	47	(4.1)	31	(3.3)	34	(3.6)
Liver cancer	18	(1.6)	22	(2.3)	13	(1.4)
Anal cancer	6	(0.5)	9	(0.9)	12	(1.3)
Colon cancer	9	(0.8)	5	(0.5)	6	(0.6)
Pancreatic cancer	4	(0.3)	8	(0.8)	6	(0.6)
Rectal cancer	4	(0.3)	4	(0.4)	3	(0.3)
Leukemia	0	(0.0)	6	(0.6)	1	(0.1)
Hodgkins lymphoma	2	(0.2)	2	(0.2)	0	(0.0)
Heart disease	87	(7.6)	83	(8.7)	101	(10.6)
Coronary heart disease	45	(3.9)	42	(4.4)	46	(4.8)
Cardiomyopathy	6	(0.5)	4	(0.4)	8	(0.8)
Accident	121	(10.5)	112	(11.8)	91	(9.5)
Drug overdose	93	(8.1)	97	(10.2)	74	(7.8)
Suicide	50	(4.4)	38	(4.0)	32	(3.4)
Liver disease	27	(2.4)	21	(2.2)	25	(2.6)
Alcoholic liver disease	11	(1.0)	6	(0.6)	15	(1.6)
Liver cirrhosis	14	(1.2)	14	(1.5)	7	(0.7)
Chronic obstructive pulmonary disease	25	(2.2)	17	(1.8)	22	(2.3)
Assault	8	(0.7)	9	(0.9)	12	(1.3)
Cerebrovascular disease	8	(0.7)	10	(1.1)	12	(1.3)
Mental disorders due to substance use	22	(1.9)	10	(1.1)	11	(1.2)
Diabetes	1	(0.1)	11	(1.2)	10	(1.0)
Viral hepatitis	10	(0.9)	8	(0.8)	7	(0.7)
Renal disease	9	(0.8)	3	(0.3)	7	(0.7)
Pneumonitis	2	(0.2)	2	(0.2)	5	(0.5)
Septicemia	2	(0.2)	2	(0.2)	5	(0.5)
Hyperlipidemia	2	(0.2)	2	(0.2)	4	(0.4)
Undetermined intent	4	(0.3)	6	(0.6)	0	(0.0)



2nd leading cause of death



HIV-related causes of death declining

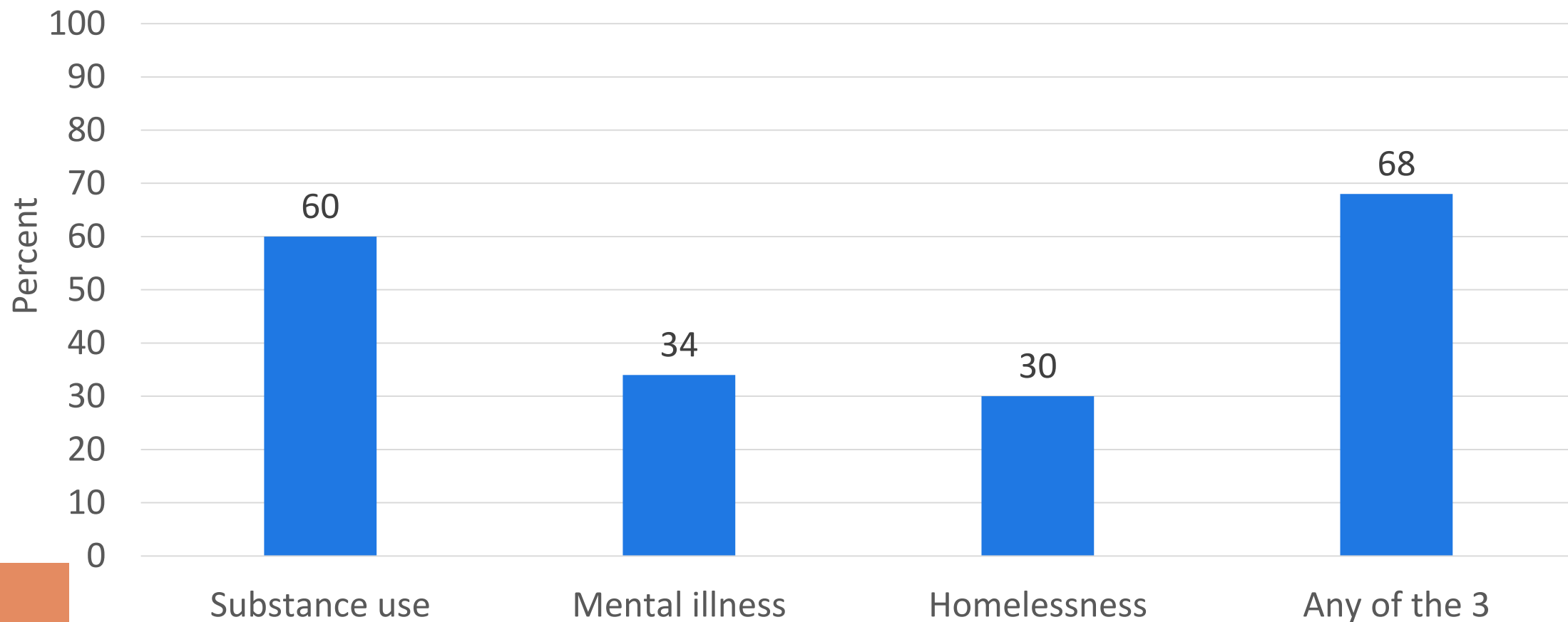


3rd leading cause of death

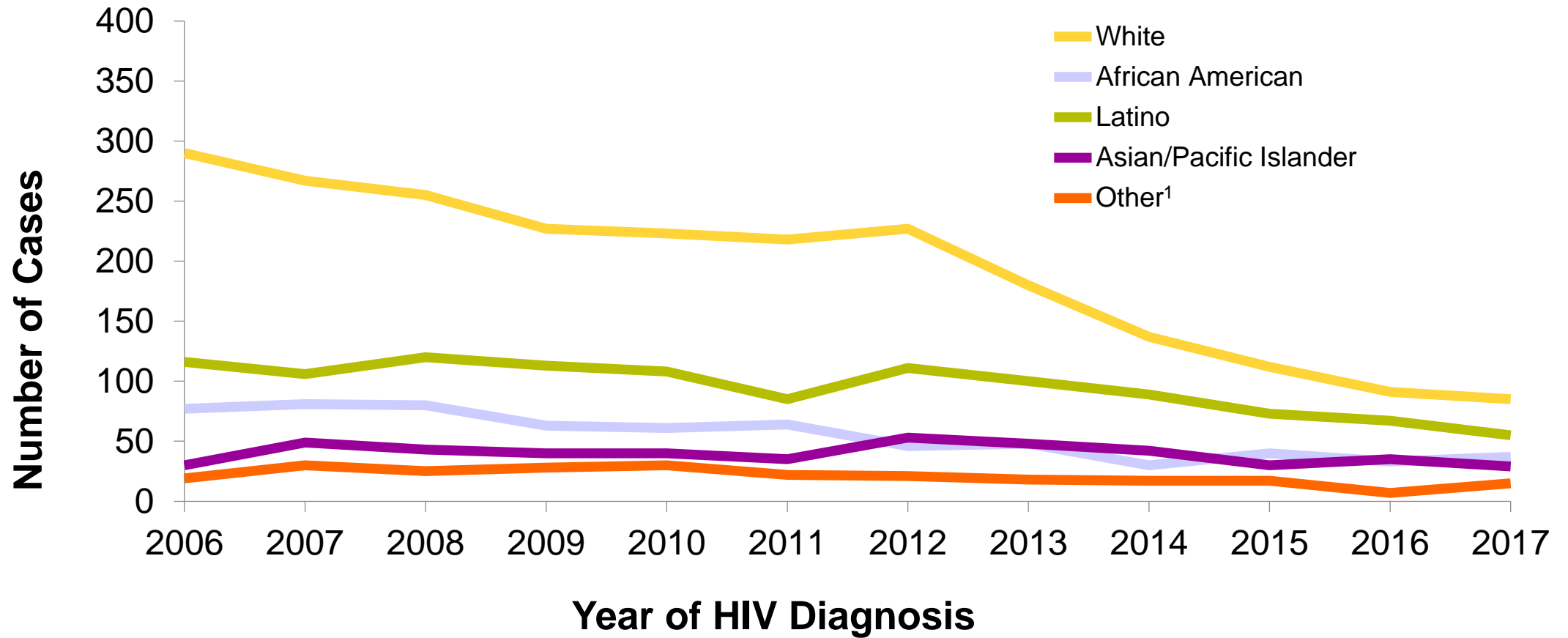
¹ Deceased HIV cases that lack cause of death information are not represented in this table.

Contribution to deaths among people with HIV

% of deaths in which these factors contributed to death



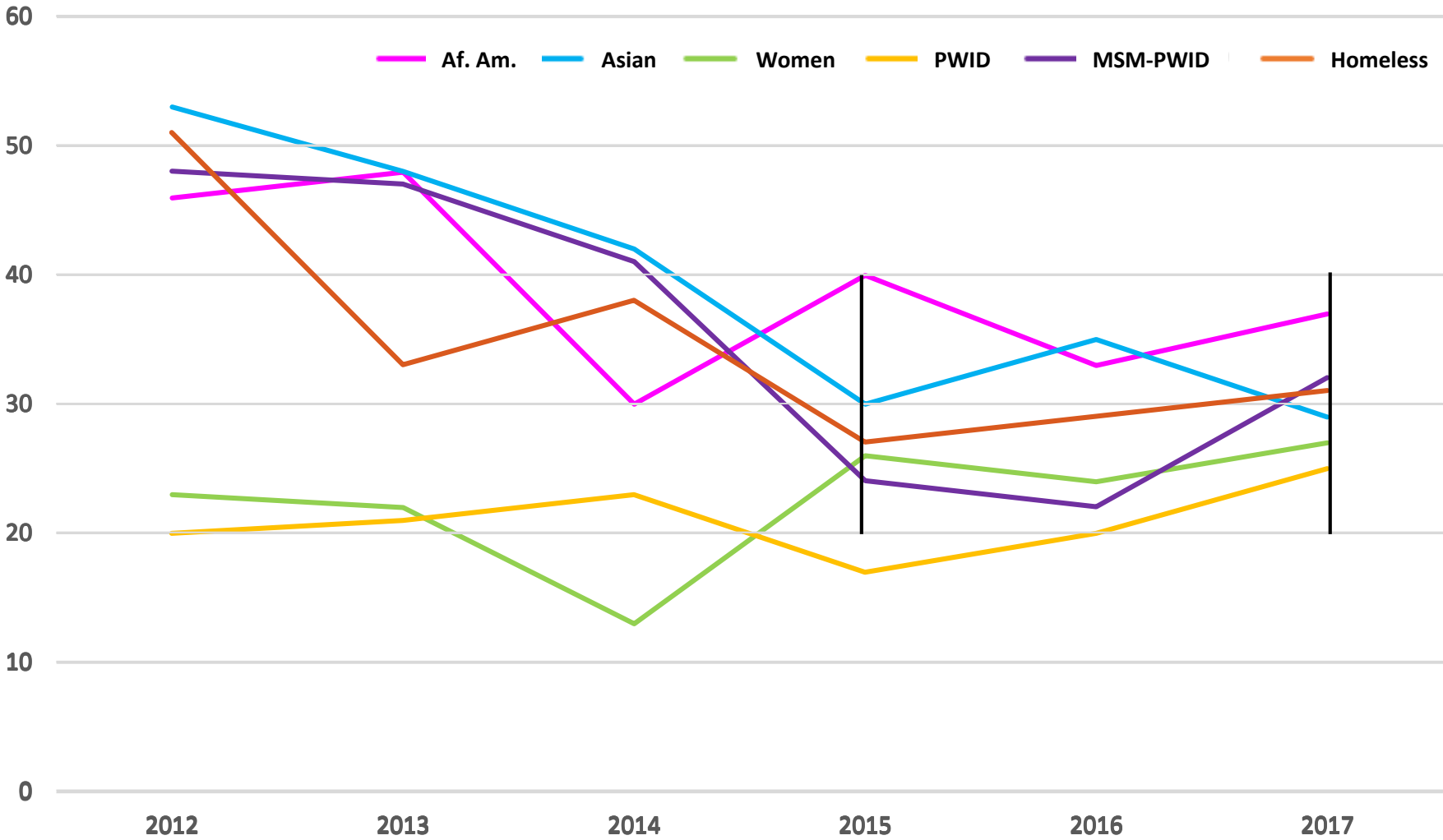
Number of persons diagnosed with HIV by race/ethnicity, 2006-2017, San Francisco



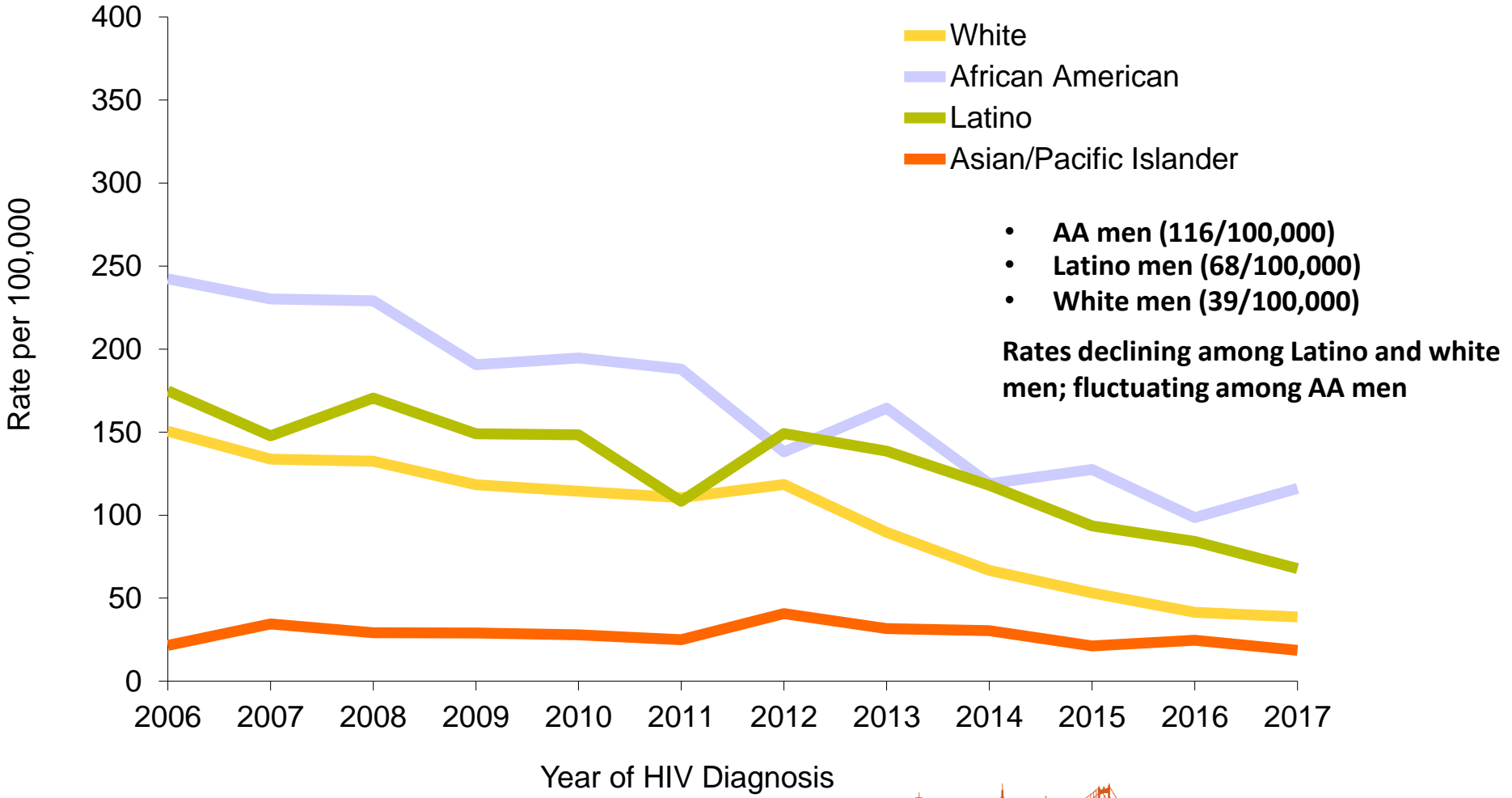
1 Cases in the "Other/Unknown" racial/ethnic category include 7% Native Americans, 90% multi-race, and 3% unknown.



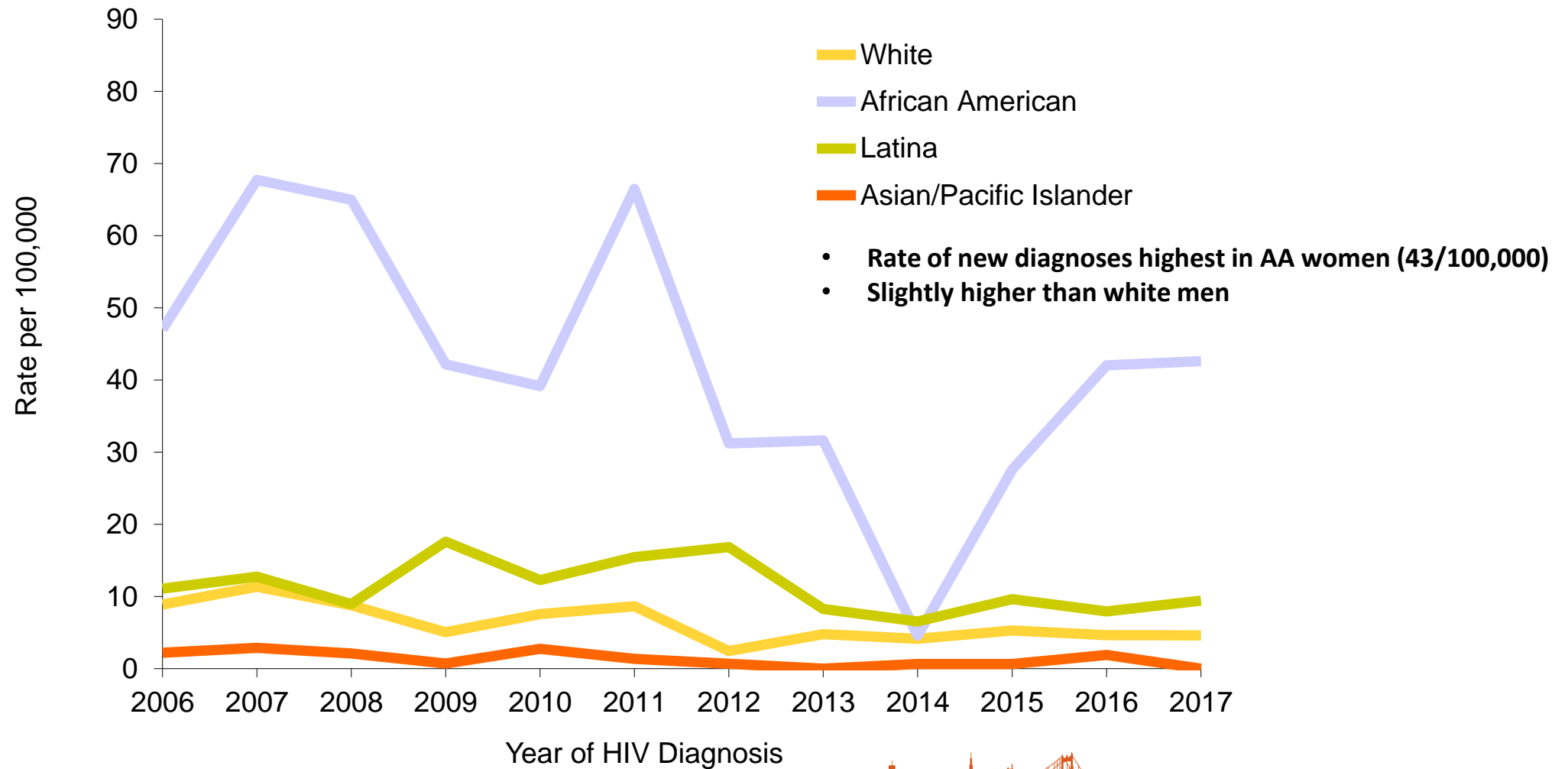
Number of New Diagnoses by Demographic Characteristics



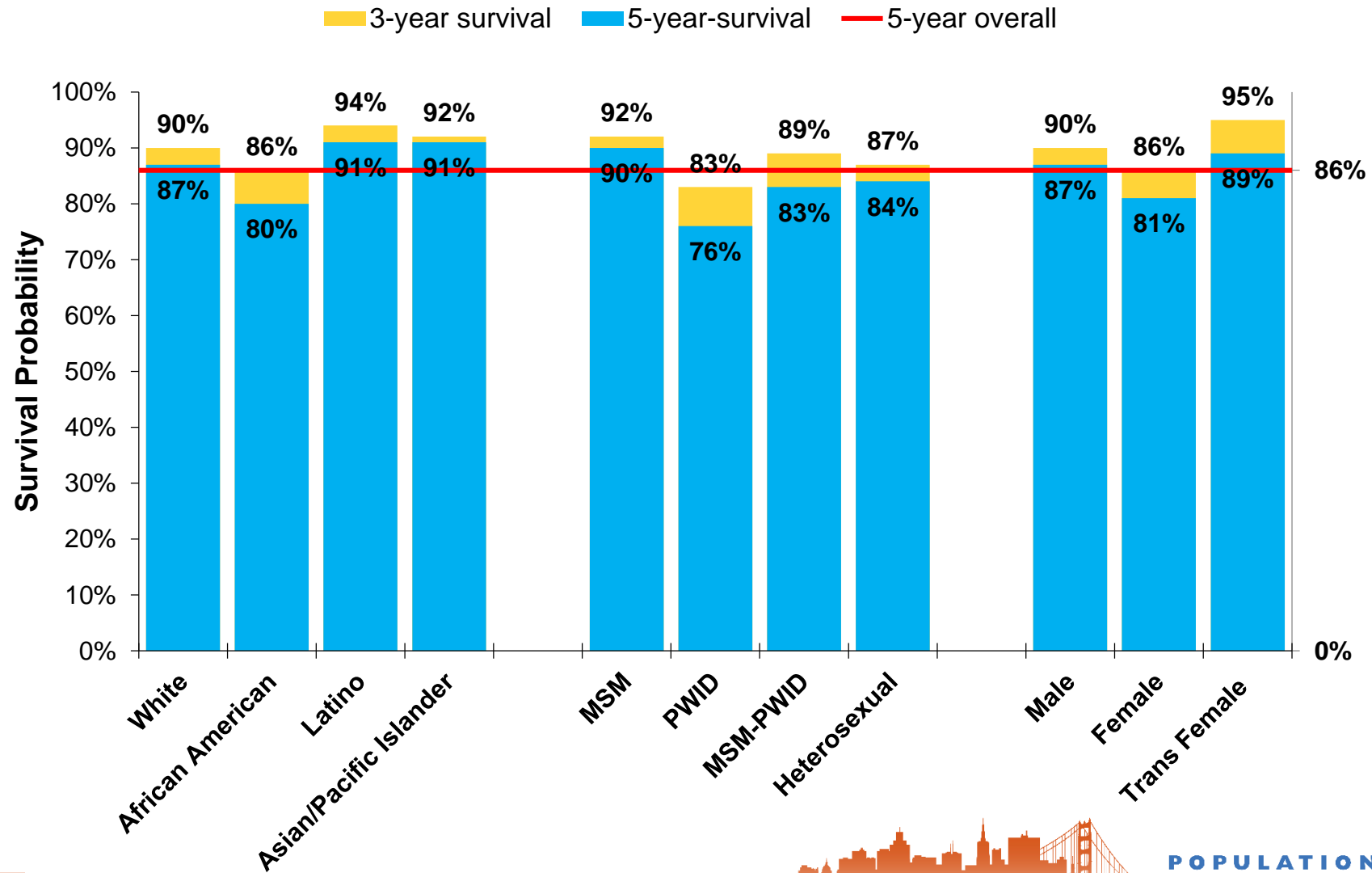
Annual rates of men diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2017, San Francisco



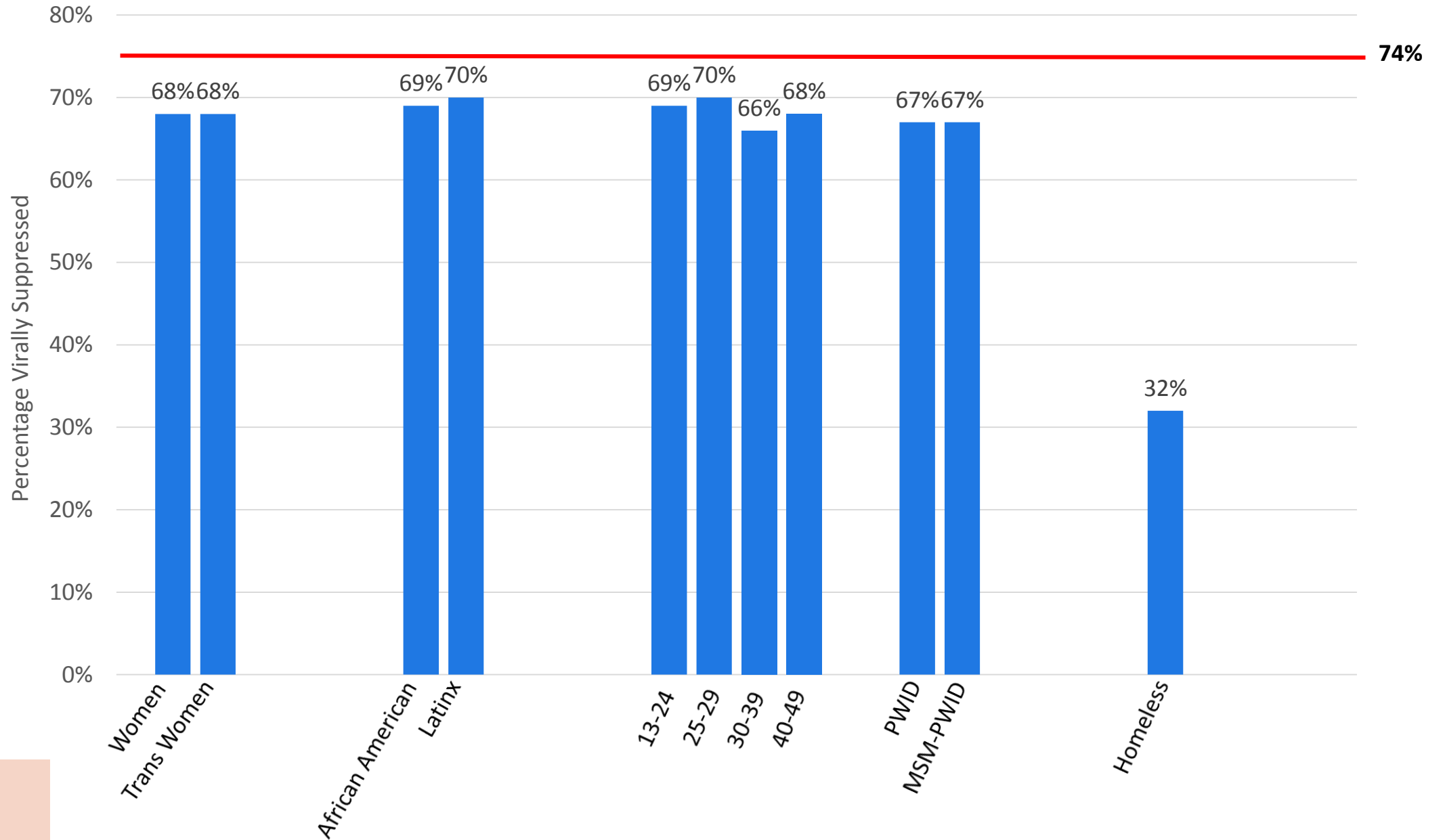
Annual rates of women diagnosed with HIV per 100,000 population by race/ethnicity, 2006-2017, San Francisco



Health Disparities Survival After AIDS



Disparities in Viral Suppression 2016

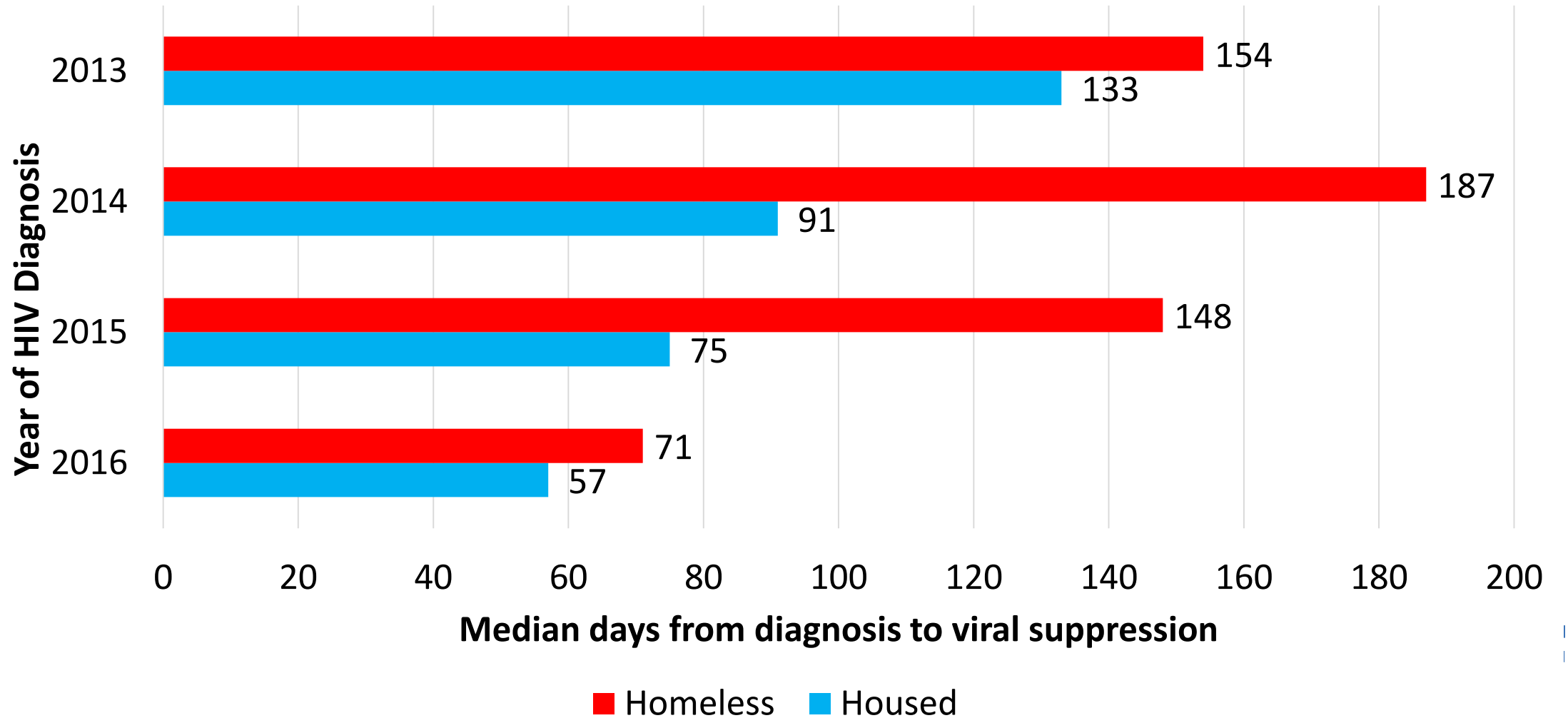


Characteristics of homeless persons compared to all persons diagnosed with HIV in 2006-2017, San Francisco

	Homeless HIV Cases 2006-2017		HIV Cases 2006-2017	
	Number	(%)	Number	(%)
Total	543		4,838	
Gender¹				
Men	412	(76)	4,313	(89)
Women	78	(14)	367	(8)
Trans Women	53	(10)	155	(3)
Race/Ethnicity				
White	232	(43)	2,312	(48)
African American	143	(26)	660	(14)
Latino	109	(20)	1,143	(24)
Asian/Pacific Islander	16	(3)	474	(10)
Other/Unknown	43	(8)	249	(5)
Transmission Category				
MSM	177	(33)	3,403	(70)
PWID	134	(25)	327	(7)
MSM-PWID	179	(33)	675	(14)
Heterosexual	40	(7)	294	(6)
Other/Unidentified	13	(2)	139	(3)
Age at Diagnosis (Years)				
0 - 17	1	(<1)	18	(<1)
18 - 24	85	(16)	580	(12)
25 - 29	100	(18)	812	(17)
30 - 39	141	(26)	1,523	(31)
40 - 49	130	(24)	1,253	(26)
50+	86	(16)	652	(13)

Closing the Gap

Time from HIV Diagnosis to Viral Suppression by Housing Status, 2013-2016, San Francisco



Summary

Trends

- **New diagnosis trend may be slowing**
About 5% reduction in the number of new diagnoses from 2016 to 2017.
Decline was approximately 15% each year from 2012 to 2016.
- **HIV-related deaths declining**
Number of HIV-related deaths has declined by 56% from 2006 to 2017.

Improvement Needed

- **Health disparities persist.**
Not all San Franciscans are being reached or experiencing the same improvements.
- **Women, trans women, African-Americans, PWID and, in particular, the homeless experiencing many health disparities** including:
 - Disproportionately diagnosed
 - Poorer treatment and care outcomes
 - Poorer survival

Gaps are Closing

- **Disparities are improving**
- **Care indicators are improving even in demographic groups with relatively poor outcomes**



STIs, HIV & PrEP: Panel & Discussion

- Data Presentation – *Susan Phillip*
- DoxyPEP proposal – *Annie Luetkemeyer*
- Strut's Magnet Express – *Pierre Crouch*
- Community Perspective - *David Holley*

Moderated by Mike Shriver



STDs AND SEXUAL HEALTH IN SAN FRANCISCO IN THE ERA OF GETTING TO ZERO

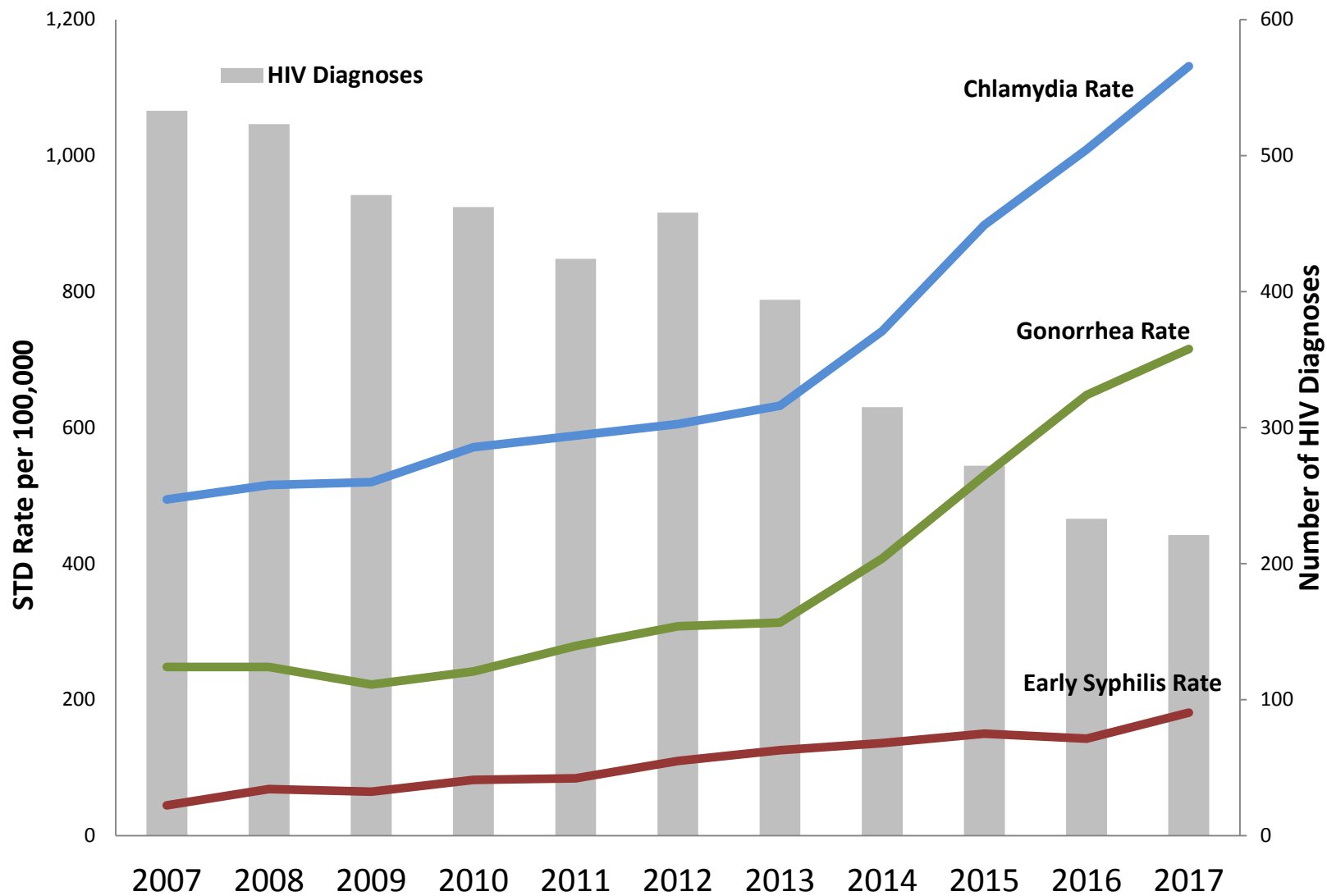


Susan S. Philip MD, MPH
Getting to Zero Consortium Meeting



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

HIV is the only reportable Sexually Transmitted Infection for which New Diagnoses are Declining in San Francisco



5 year increases: 2013-2017

Chlamydia rate: 79% increase

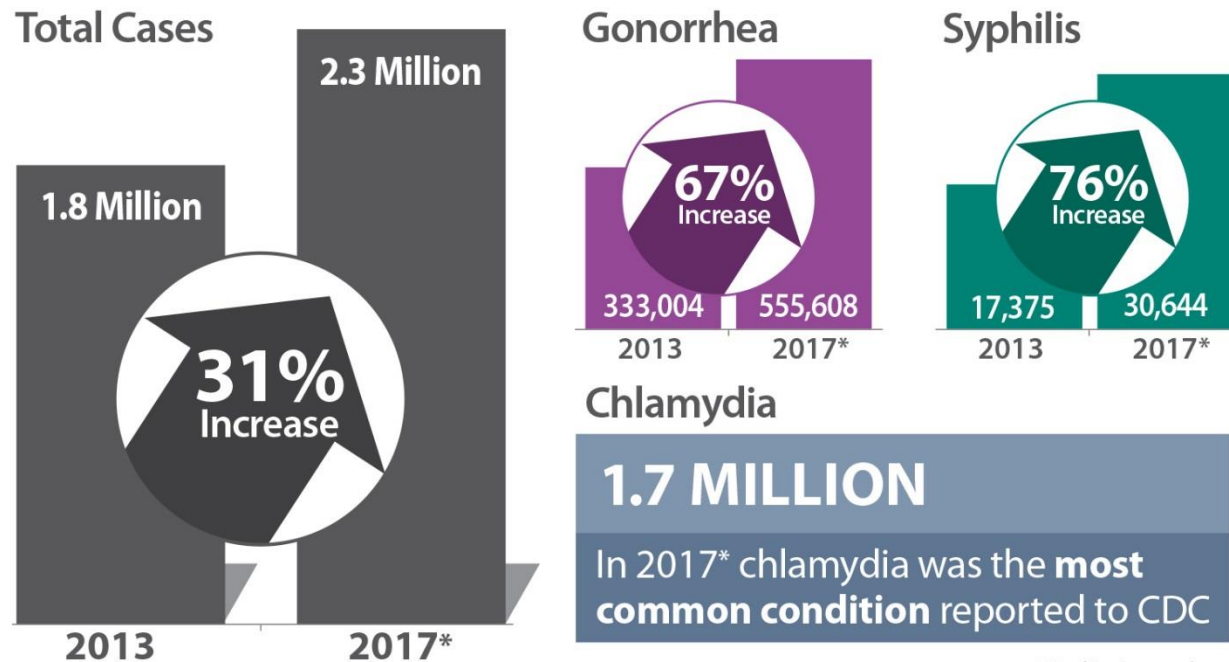
Gonorrhea rate: 128% increase

Syphilis rate: 44% increase

Sexually Transmitted Diseases are Increasing Nationally

THE U.S. IS EXPERIENCING STEEP, SUSTAINED INCREASES IN SEXUALLY TRANSMITTED DISEASES

Combined diagnoses of chlamydia, gonorrhea, and syphilis **increased sharply over the past five years**

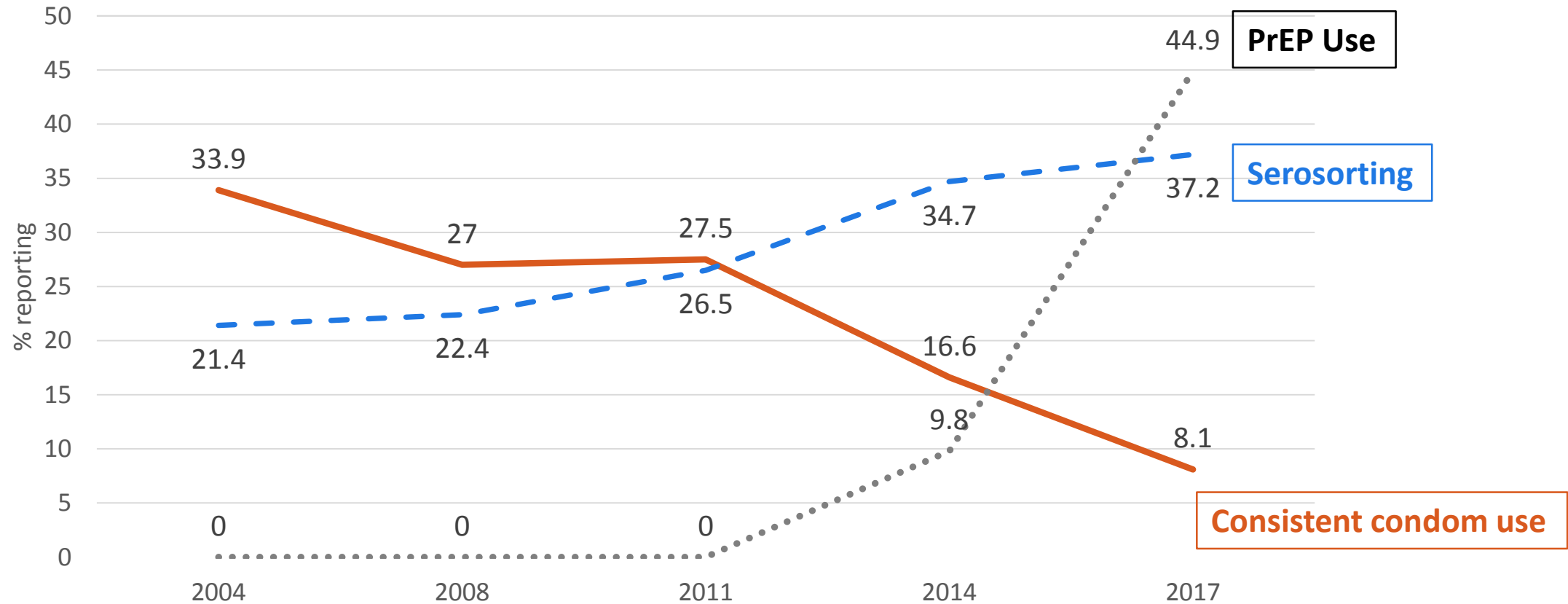


Chlamydia
1.7 MILLION
In 2017* chlamydia was the **most common condition** reported to CDC

*Preliminary data

Condom use is decreasing

National HIV Behavioral Surveillance: HIV negative MSM in San Francisco



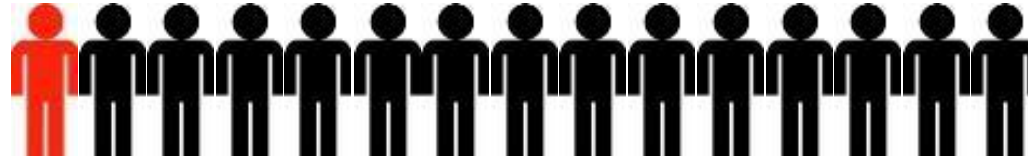
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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Chen Y-H AIDS Care 2016 and 2018 in press.

Hess KL. Trends in Sexual Behavior Among MSM in High-Income Countries, 1990-2013: A systematic review. AIDS Behav 2017.

Persons diagnosed with an STD are highest priority for PrEP and other HIV prevention

Rectal GC or CT



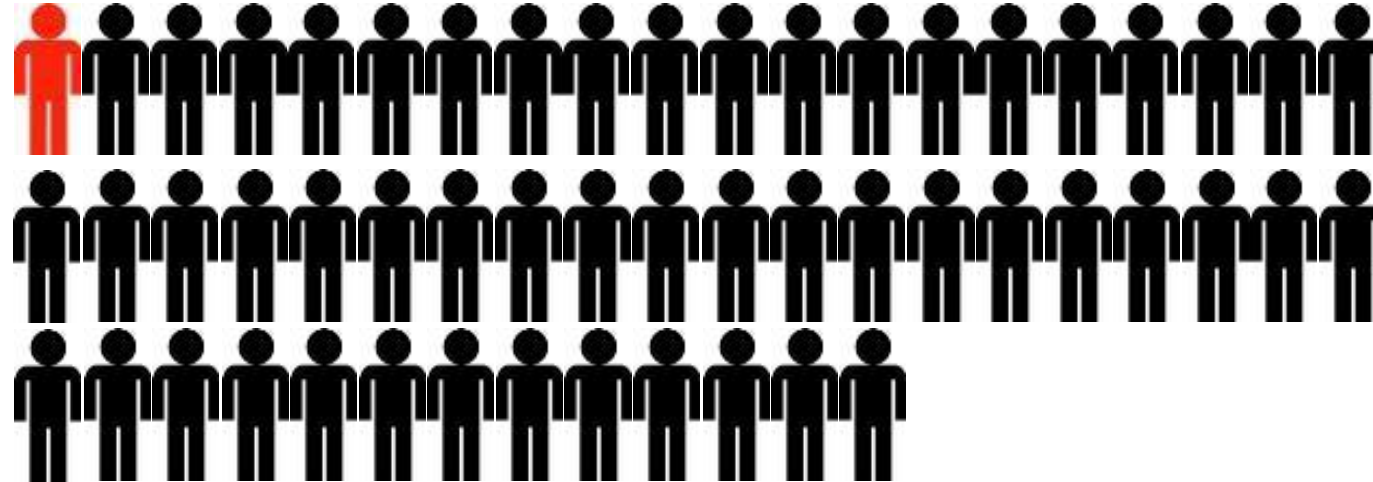
1 in 15 MSM were diagnosed with HIV within 1 year.*

Primary or Secondary Syphilis



1 in 18 MSM were diagnosed with HIV within 1 year.**

No rectal STD or syphilis infection



1 in 53 MSM were diagnosed with HIV within 1 year.*



STD 101

- Many Infections can be spread through sex, including: HIV, syphilis, gonorrhea, chlamydia, LGV, Trichomonas, Herpes, HPV, Hepatitis B, Hepatitis C
- STD Public Health efforts focus on the 3 major STDs that are reported by law in CA and the US: syphilis, gonorrhea and chlamydia
- STDs can have serious health impacts including vision or hearing loss, infertility, chronic pelvic pain, and they increase the risk of HIV transmission
- However, most infections cause no symptoms, so require regular testing (screening) to detect and treat
- Treatment cures syphilis, gonorrhea and chlamydia and prevents spread to sex partners

What are We Worried About?



First case of super-resistant gonorrhea reported

By Meera Senthilingam, CNN

Updated 3:35 PM ET, Wed March 28, 2018



DRUG-RESISTANT NEISSERIA GONORRHOEAE


246,000

DRUG-RESISTANT
GONORRHEA INFECTIONS



188,600 RESISTANCE TO
TETRACYCLINE

11,480 REDUCED SUSCEPTIBILITY
TO CEFIXIME

3,280 REDUCED SUSCEPTIBILITY
TO CEFTRIAXONE

2,460 REDUCED SUSCEPTIBILITY
TO AZITHROMYCIN



820,000

GONOCOCCAL INFECTIONS
PER YEAR

THREAT LEVEL
URGENT



This bacteria is an immediate public health threat
that requires urgent and aggressive action.

Focus on reducing disparities and worst complications of STDs: Priority Populations

- Gay and Bisexual Men and other Men who have sex with Men (MSM)
- Adolescents and Young Adults of Color
- Transgender persons
- Persons in jail
- Pregnant women (preventing congenital syphilis)



A Few Key Ways We Work for Sexual Health

- Comprehensive Sexual Health Services (STD/HIV/Family planning) at City Clinic
- LINCS Partner Services* team for Syphilis and HIV
- Supporting STD screening and treatment with private providers and with key community and DPH partners
- Faster Gonorrhea and Chlamydia test results and faster treatment
- STD Monthly and Annual Reports (www.sfcityclinic.org)
- Active engagement through qualitative interviews or advisory groups (LINCS clients, young B/AA women)
- Clinical Research into new tests, treatments and prevention tools for STDs

*Voluntary, confidential service that notifies sex partners that they have been exposed too syphilis or HIV, and offers STDJOV testing and referral to appropriate services including HIV PrEP and HIV treatment

Ask about PrEP

Ask your doctor about a daily pill that can protect you and your partners.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

SFDPH Public Health Detailing for STD and HIV

LINCS is your link to sexual health

Have you been tested for syphilis?

- If you have syphilis, getting treated today will help keep you healthy, and will prevent the spread to your partners
- We recommend testing for STDs every 3 months

Are you or your partners interested in PrEP?

- PrEP is a daily pill that prevents HIV by more than 90%
- We have a team who can help you get PrEP regardless of insurance status

Living with HIV and haven't seen a doctor in 6 months?

Our team can help you:

- Get into HIV care
- Stay healthy on medications to keep your viral load low so you don't transmit HIV

WHAT IS PARTNER SERVICES?

It can be difficult to tell your partners you have HIV or an STD. Our specialists can contact partners and get them free testing and treatment, while protecting your privacy.

To get LINCed, call us at 415-487-5536 | www.sfcityclinic.org
 LINCS is the city's team ensuring comprehensive sexual health.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Promoting Sexual Health: A Guide for Clinicians

Healthcare providers can play an important role in reducing syphilis, gonorrhea, and chlamydia, and preventing congenital syphilis

STD rates are increasing in men, women, and some newborns in San Francisco and nationwide.

FIGURE 1: STD RATES—SAN FRANCISCO, 2009-2016*

*Per 100,000 population

STD cases are increasing even as HIV diagnoses decline.

FIGURE 2: SAN FRANCISCO EARLY SYPHILIS RATES ARE HIGHER THAN ANY OTHER COUNTY IN CALIFORNIA**

County	2015 County incidence rates, per 100,000 population
SF	140
Fresno	40
LA	37
CA state	24

San Francisco syphilis rates are 3.5x higher than the next-highest county (Fresno) and nearly 6x higher than the state rate

STDs can have severe consequences.

- Untreated syphilis is associated with visual impairment, hearing loss, and neurological problems.
- Untreated chlamydia (CT) and gonorrhea (GC) in women can lead to future pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy, and infertility.
- Pregnant women who are infected with syphilis can pass it to the fetus, causing potential miscarriage, stillbirth, and severe illness in surviving infants.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

PrEP Basics

90%

PrEP is safe and can reduce your risk of HIV by more than 90%.

It takes at least 1 week on PrEP before you'll be protected for anal sex, and 3 weeks for vaginal sex.

Take 1 pill once a day. Finding a routine is essential.

Get tested for HIV and STDs every 3 months.

Tell your provider if you plan to stop (or restart) PrEP.

TAKING THE PILL

One pill per day

PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational drugs.

Getting into a routine

- Try to take a pill at the same time each day.
- Consider taking a pill with you if you'll be out late.
- Set calendar or text message reminders. Check out www.onegonreminders.org.

Missed a dose?

Just take it when you remember. For example: if you usually take in the AM, but realize at 10PM that you forgot, it's okay to take 1 pill then and continue with your usual schedule the next day (don't take 2 pills at once).

Possible side effects

- Some people have gas, nausea, or headache. These symptoms go away within the 1st month.
- PrEP can cause small changes in kidney function and bone mineral density, which return to normal once PrEP is stopped.

STAY HEALTHY

- PrEP is highly effective but doesn't protect against other STDs. Condoms provide additional protection against HIV and prevent STDs.
- Protect yourself from other diseases: Get vaccinated for Hepatitis A and B and meningitis.

YOUR PRESCRIPTION

Filling your prescription

- If you are given a paper prescription, you will need to take it to a pharmacy to get your medication.
- Refills are not always automatic. Contact your pharmacy when you have 5 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy know that you may need an extra refill if you are low on medication.

Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost.
- For help, contact the Citywide PrEP Navigator at 415-634-PrEP (7737).

STAYING PROTECTED

Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

Stopping PrEP

If you want to stop PrEP, talk to a healthcare provider about using other HIV prevention strategies. If you have condomless sex while not taking PrEP, call your provider within 72 hours for post-exposure prophylaxis (PEP).

Restarting PrEP

- If you've stopped PrEP for more than 7 days, it is important to get an HIV test before you restart.
- Report any flu-like symptoms or rashes to your healthcare provider as they could be symptoms of HIV.

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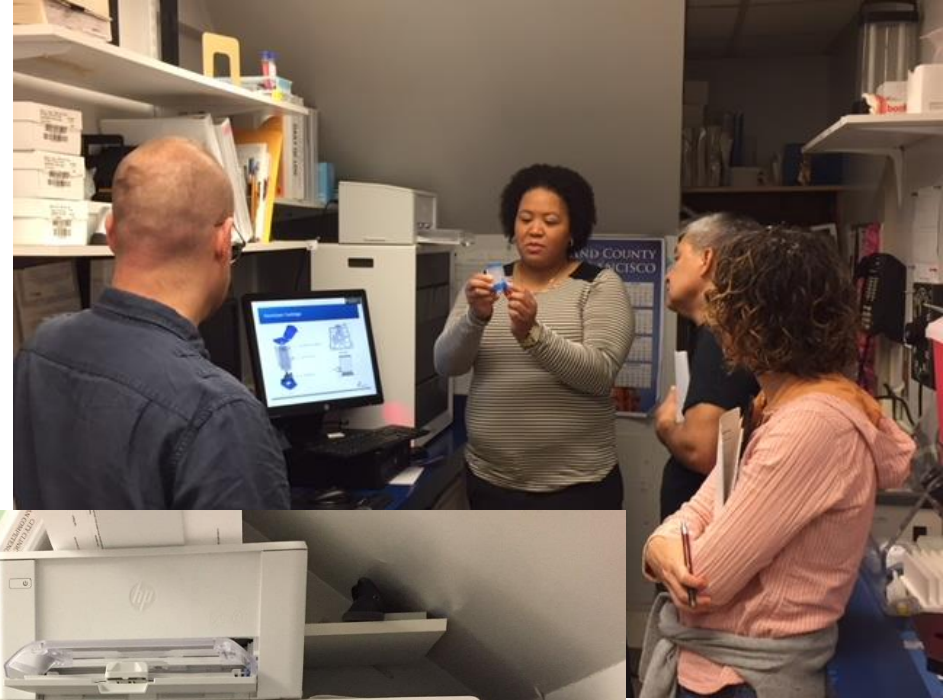
TEST YOURSELF

The Visual Guide for a Self-collected Throat Swab

- Wash your hands with soap and water.
- Remove the transport tube and collection swab from packaging.
- Label the transport tube with your Patient label.
- Label it as the throat tube with the Throat label.
- Clean the package containing the collection swab.
- Hold the collection tube for enough from the tip.
- Say "Ah!" and reach the collection swab into your mouth to gently touch your throat.
- Gently rub the swab to an your throat side to side, up and down at least 5 times.
- Unscrew the cap from the transport tube.
- Place the collection swab into the test tube following the instructions on the cap.
- Put the cap back on the transport tube and twist it down to prevent it from leaking.
- Place the transport tube into the test kit bag.
- Wash your hands with soap and water.

H DIVISION OF PUBLIC HEALTH

New Workflows and New Technology at SFDPH Public Health Lab and at City Clinic means faster diagnosis and treatment for patients



How do we address STDs in San Francisco with Collective Impact?





ACKNOWLEDGEMENTS

SFDPH

Disease Prevention and Control Branch
Community Health Equity and Promotion Branch
Applied Research Community Health Epidemiology and
Surveillance Branch
Bridge HIV
San Francisco Health Network

Many, Many Community Partners

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www.sfcityclinic.org



Design by Mehroz Baig v. 2017-4-14



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Extending reach and building capacity

Pierre-Cédric Crouch, PhD, ANP-BC, ACRN

Director of Nursing Magnet @Strut

Pronouns: He & Him

Disclosures

No relevant disclosures

Why Magnet Express?

- Difficult to get in to Magnet for routine testing
 - Number pull system
- PrEP program was at capacity
 - Faced with closing to enrollments
- High no show rate
 - ~20% no show and need rescheduling



Standard Model vs Magnet Express

20 Minute Clinic Schedule

- Symptomatic
- Syphilis
- nPEP
- Extended Counseling



Routine STI
Screen with
no counseling

What is Magnet Express?

- Rapid in and out STI testing
- No Appointment needed
- Drop in during operating hours
- May be tested for
 - HIV
 - Gonorrhea/Chlamydia, Syphilis
 - Hepatitis C



Magnet Express

- Focus is on routine testing
 - No extensive counseling
 - No medical evaluation
 - No treatments or vaccines
- Clients with symptoms, contact to an STI, or need counseling should access standard Magnet services

Registration



Blood Draw



Self-Swabbing



Self-Swabbing

Magnet presents...



Leave



Outcomes

Since July 2017- (Full launch Dec 2017)

- 2,895 Magnet Express visits
- 71% decrease in turn-aways
- 46% White, 54% other ethnicities/race

STIs

- 8 new HIV infections
- Estimated 16% STI positivity

Outcomes

PrEP Program

- Allows for doubling of PrEP Program
- Clients alternate between a routine PrEP FU and a PrEP FU Express
 - Makes it easier to stay on PrEP

Lessons learned

Self-triaging is difficult

- Clients will initially report no symptoms or contacts to an STI but then have symptoms
- If standard visits are full, clients will use Express

Demand for services increases with expansion

Some clients need more support for self-swabbing

Thank you to our Staff and Community!



Special Thank You To:

- Magnet staff & 100+ volunteers
- San Francisco Community

Questions?

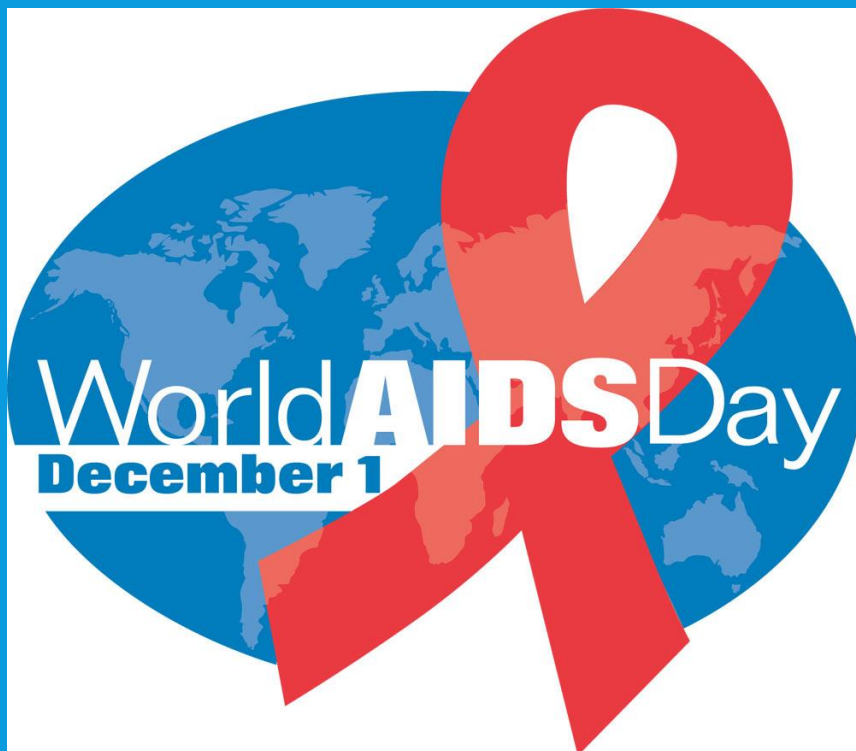
Pierre-Cédric Crouch
pcrouch@sfaf.org
415.581.1606

STIs, HIV & PrEP: Questions to Consider

- What are the key messages for the community and for providers?
- How do we address health disparities in STIs in San Francisco?
- What are specific contributions or new approaches that providers can implement?
- What are specific contributions or new approaches community organizations can implement?
- What are some of the specific needs and strength based approaches that specific populations are using: Youth, older MSM who are not tech-savvy and no longer have the traditional venues to meet people? Women and young adolescent girls? Transgender persons?

Thank You

- Join the consortium: www.GettingToZeroSF.org
- Quarterly consortium meetings, committee meetings, as well as other GTZ events are listed on the calendar:
<http://www.gettingtozerosf.org/getting-to-zero-events/>



Getting to Zero Consortium Meeting
Thursday, November 29

25 Van Ness Ave., 6th Floor

6:00pm – 8:00pm, Dinner from 5:30pm