**HIV/HCV testing, linkages, PrEP and rapid ART**

Alameda County Health Care for the Homeless  
May 25, 2022  
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Medical Director, HIV ACCESS | Strategic Advisor, East Bay Getting to Zero  
Associate Clinical Professor of Medicine, UCSF

**PLAN FOR THIS TRAINING**

**Intentions:**
2. Share experiences on how HIV/HCV testing and linkages can be integrated into street/shelter settings.  
3. Discuss questions and strategies for implementation.

- Healing practice, HIV histories, HIV/HCV updates  
- Field experience with HIV/HCV testing/linkages  
- Large group discussion and Q&A

Please introduce yourself in chat! (name, org, role)
HIV disproportionately impacts people experiencing homelessness: ~12.5x higher rate of HIV than the general population in Alameda County.

- 0.4% people in Alameda County are HIV+
- 2-5+% people experiencing homelessness (AC)
- ~500 people living with HIV are unhoused (AC)
- ~9% people unhoused for 10+ years (SF)

- Alameda County Everyone Counts! Point-in-time Count, 2022 and 2019
- SFDPH FY16-17 CCMS Homeless Client Data from Dr. Deb Borne and Miguel Ibarra, 2018
Hep C (HCV) disproportionately impacts people experiencing homelessness: \(~2-4x\) higher rate of HCV than the general population in Alameda County.

- 7% AC community health center patients HCV RNA+
- 14% of people experiencing homelessness in SF
- DeLIVER mobile HCV testing project HCV RNA+
- \(~1,400+\) people w/chronic HCV are unhoused (AC)
Photo of David Kirby and family
Photo by Therese Faro, *Time* magazine, 1990

Voice of America, 2009
Patient with advanced HIV/AIDS at a hospital in Kenya
Medicins Sans Frontieres, 2017

**CLINICAL FINDINGS IN HIV**

- Acute HIV rash
- Thrush: oral candida
- Molluscum
- Zoster
Estimated HIV Incidence among Persons Aged ≥13 Years
United States

2010-2019

Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Bars indicate the range of the lower and upper bounds of the 95% confidence intervals for the point estimate.

* Difference from the 2010 estimate was deemed statistically significant (P < .05).
34,800 new HIV diagnoses each year in the US

2019 new HIV diagnoses in the US; CDC HIV Surveillance Report, May 2021

Of the 37,968 new HIV diagnoses in the United States (US) and dependent areas in 2018:

60% were among gay, bisexual, and other men who have sex with men
24% were among heterosexuals
7% were among people who inject drugs

- Black/African American, Male-to-Male Sexual Contact: 9,444
- Hispanic/Latino, Male-to-Male Sexual Contact: 7,653
- White, Male-to-Male Sexual Contact: 6,372
- Black/African American Women, Heterosexual Contact: 3,758
- Black/African American Men, Heterosexual Contact: 1,739
- Hispanic Women/Latinas, Heterosexual Contact: 1,109
- White Women, Heterosexual Contact: 956
The demographic groups facing the most significant HIV disparities:

**Black/African American and Latinx people**
new diagnoses, PrEP uptake, viral suppression

**Young adults (ages 20-39)**
new diagnoses, linkage, retention, viral suppression

**People diagnosed at the Highland ED**: SUD, linkage
**People experiencing homelessness**: diagnosis, viral suppression

In Alameda County, ~30% people living with HIV are *not* virally suppressed (80% PLWH unhoused in SF)

The Continuum of HIV Care in Alameda County, 2017-2019

<table>
<thead>
<tr>
<th></th>
<th>Linked</th>
<th>Retained</th>
<th>Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Including Labs at Diagnosis</td>
<td>84.4%</td>
<td>78.9%</td>
<td>70.5%</td>
</tr>
<tr>
<td>Excluding Labs at Diagnosis</td>
<td>74.7%</td>
<td>57.2%</td>
<td></td>
</tr>
</tbody>
</table>

*HIV in Alameda County 2018-2020; December 2021*
*SFFDP HIV Epidemiology Report 2020; September 2021*
Our goal is ambitious and the pathway is clear – employ strategic practices in the places focused on the right people to:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- **Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
- **HIV HealthForce** will establish local teams committed to the success of the Initiative in each jurisdiction.

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**EAST BAY GETTING TO ZERO**

**HIV STIGMA HEALTH DISPARITIES HIV TRANSMISSIONS**

ADVANCING HEALTH EQUITY & HEALING
EAST BAY HIV STRATEGIC ACTIVITIES FOR 2022

COMMUNITY MESSAGING:
- EAST BAE LOVE AND SEXY LOTTERIA CAMPAIGNS
- MURALS
- TRANSIT ADS

IMPROVING COLLABORATIONS:
- HIV SERVICES IN ED, STREET/SHELTER, HOUSING AND SUBSTANCE USE SETTINGS

INNOVATIVE MODELS:
- HOME HIV/STD TESTING
- MOBILE CLINIC WITH HIV PREVENTION & CARE

YOUTH ENGAGEMENT:
- LOW-BARRIER ACCESS TO CARE
- SEX POSITIVE EDUCATION IN OAKLAND SCHOOLS

HOUSING INITIATIVES:
- HOUSING IOI USER’S GUIDE
- SHARE HOUSING INFO ACROSS AGENCIES

SUBSTANCE USE OVERDOSE PREVENTION AND SAFETY PLANS

BIOMEDICAL INTERVENTIONS SUCH AS TESTING, RAPID ART, SAME-DAY PREP, AND INJECTABLE ART AND PREP ARE INTEGRATED INTO THE ACTIVITIES ABOVE.

HIV harm reduction

Testing
Pre-Exposure Prophylaxis (PrEP)
Condoms & lube
Treatment
Syringe exchange

Syringe and test tube icons by GoodWare and FreePik
**HIV Can Be Transmitted By**
- Sexual Contact
- Sharing Needles to Inject Drugs
- Mother to Baby during pregnancy, birth, or breastfeeding

**HIV Is NOT Transmitted By**
- Air or Water
- Saliva, Sweat, Tears, or Closed-Mouth Kissing
- Insects or Pets
- Sharing Toilets, Food, or Drinks

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**Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act***

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Risk per 10,000 Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parenteral</strong></td>
<td></td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>9,250</td>
</tr>
<tr>
<td>Needle-Sharing During Injection Drug Use</td>
<td>63</td>
</tr>
<tr>
<td>Percutaneous (Needle-Stick)</td>
<td>23</td>
</tr>
<tr>
<td><strong>Sexual</strong></td>
<td></td>
</tr>
<tr>
<td>Receptive Anal Intercourse</td>
<td>138</td>
</tr>
<tr>
<td>Insertive Anal Intercourse</td>
<td>11</td>
</tr>
<tr>
<td>Receptive Penile-Vaginal Intercourse</td>
<td>8</td>
</tr>
<tr>
<td>Insertive Penile-Vaginal Intercourse</td>
<td>4</td>
</tr>
<tr>
<td>Receptive Oral Intercourse</td>
<td>Low</td>
</tr>
<tr>
<td>Insertive Oral Intercourse</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Biting</td>
<td>Negligible</td>
</tr>
<tr>
<td>Spitting</td>
<td>Negligible</td>
</tr>
<tr>
<td>Throwing Body Fluids (Including Semen or Saliva)</td>
<td>Negligible</td>
</tr>
<tr>
<td>Sharing Sex Toys</td>
<td>Negligible</td>
</tr>
</tbody>
</table>

- 0.6% per needle-sharing exposure
- 1.4% per anal receptive condomless intercourse exposure
HIV testing guidelines & laws

Test everyone 15+!
It’s covered!

USPSTF Grade A, 2013: ages 15-65

CA HIV testing laws, 2013
- No written consent needed
- Mandatory testing in primary care

We can control HIV in 4-8 weeks!
WE NOW HAVE 13 SINGLE-TABLET HIV REGIMENS AND 1 LONG-ACTING INJECTABLE.

DHHS first-line regimens:  
★ Recommended initial regimens for most people with HIV  
Recommended regimens are those with demonstrated durable virologic efficacy, favorable tolerability and toxicity profiles, and ease of use.

**INSTI + 2 NRTIs**

- **Biktarvy**  
  BIC / FTC / TAF  
  A1

- **Triumeq**  
  DTG / ABC / 3TC  
  (if HLA-B*5701-negative)  
  A1

**INSTI + 1 NRTI**

- **Dovato**  
  DTG / 3TC  
  A1

**INSTI + 2 NRTIs**

- **Tivicay**  
  DTG

- **Descovy**  
  FTC / TAF  
  A1

- **Truvada**  
  FTC / TDF

Other regimens you may see:

- **Syntus**  
  DRV / CCR5 / FTC / TAF  
  B1

DHHS HIV medication chart from *Positively Aware*, 3/2022.

East Bay HIV ART protocols:  
www.EBGTZ.org/rapid

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Treatment reduces transmission by 96%

HPTN 052 study: Cohen MS et al, NEJM 2011: 365
CDC Officially Admits People With HIV Who Are Undetectable Can’t Transmit HIV

In a historic letter, the Centers for Disease Control and Prevention support the science behind “Undetectable Equals Untransmittable.”

Rapid ART: Why offer same-day HIV treatment?

↑ treatment
↑ retention
↑ viral suppression
↑ survival

Koenig, AIDS 2016; Lifson 2017; Rosen 2016; Bacon 2018; Pilcher, JAIDS 2017
Rapid ART regimens: Truvada with or Biktarvy

SIMPLE RAPID ART ONLINE: WWW.EBGTZ.ORG/RAPID

RAPID ART
(SAME-DAY HIV ANTIRETROVIRAL THERAPY)
STREAMLINED WORK FLOW FOR NON-HIV PROVIDERS

Updated 5.3.2022

Purpose: To provide HIV treatment as soon as possible after diagnosis; ideally on the same day as disclosure and at least within the same week. Studies have shown that rapid antiretroviral treatment (ART) increases viral load suppression rates and reduces mortality/morbidity.

Diagnosing HIV:
- confirmed positive HIV antigen/antibody test,
- or rapid test positive with high probability of confirmed positive based on clinical impression and/or S/CO ratios.

Disclose and evaluate for Rapid ART
- Disclose:
  - “Your test shows that you have/probably have” HIV.” (pause)
  - “We’d like to offer you safe and effective treatment today. How do you feel about taking medications?” (pause and listen)
- Labs - add on, draw or order these labs if not already done:
  - HIV-1 RNA Quantitative with Reflex to Genotype with RT/PI (Quest 3467 or LabCorp 550532)  
  - Or Genotype RT/PI alone if RNA quant already done (Quest 54689 or LabCorp 553897)
  - CD4 absolute count and % (Quest 7924 or LabCorp 505271)
  - CMP
  - CBC
Exposed to HIV in the last 72 hours? Offer PEP!

PEP regimens: Truvada with Tivicay or Biktarvy

On-going HIV exposures? Offer PrEP!

PrEP is 99% effective when taken daily
WE NOW HAVE 2 PREP PILL OPTIONS AND 1 LONG-ACTING INJECTABLE.

DHHS first-line regimen: F/TDF

- Generic of Truvada® tablets
  - TV
  - 395

Generic F/TDF
$360/year

Truvada FTC / TDF
$19,200/year

Alternatives:

- Descovy FTC / TAF
  - 225

$25,800/year

East Bay same-day PrEP protocols:
www.EBGTZ.org/prep

HIV PrEP guidelines & laws

Offer to people HIV-negative!
It’s covered!

USPSTF Grade A, 2019: Offer PrEP to people at high risk of HIV

CA HIV PrEP laws, 2020
- No more prior authorizations for PrEP/PEP
- Trained pharmacists can dispense PrEP and PEP without a medical provider for 30-60 days
SAME-DAY PREP ONLINE: WWW.EBGTZ.ORG/PREP

SAME-DAY ORAL PREP QUICK GUIDE
Updated 5.12.2022

Purpose: To provide PrEP on the same day a patient expresses interest in starting PrEP. Studies have shown that same-day prescriptions are safe and associated with significantly higher levels of PrEP uptake compared to postponing prescriptions to subsequent visits.

Ask 3 screening questions to assess safety for PrEP:

1. Symptoms of acute HIV: “Have you had any of the following symptoms today or in the past 30 days: a fever with sore throat, rash, swollen lymph nodes, or headache?”
   ○ If YES: order HIV RNA Viral Load + 4th gen HIV Ag/Ab and await results before prescribing PrEP.
2. History of kidney disease: “To your knowledge, do you have any history of kidney problems or kidney disease?”
   ○ If YES: order serum Cr (eGFR) and await results before prescribing oral PrEP.
3. Known hepatitis B virus infection: “Do you have, or have you ever been told that you have hepatitis B infection?”
   ○ If YES: order hep B surface antigen (HBV sAg) and await results before prescribing oral PrEP. If the HBV sAg is positive, it’s OK to start PrEP with plan for safe discontinuation of PrEP in the future; abrupt discontinuation can cause flare of hepatitis B infection.

Perform same-day rapid HIV testing to document negative status on day of PrEP initiation.

- Ensure negative result on a blood-based point-of-care rapid HIV Ab test (rapid HIV Ag/Ab preferred). Oral fluid HIV tests should be avoided, as they are less sensitive for the detection of acute/recent HIV infection.

END HEP C SF

END THE EPIDEMICS
It’s time to end the HIV, HCV & STD epidemics in California.
Hepatitis C history: 1989 on

1989
Discovery of Hepatitis C virus

1991
First Hepatitis C treatment approved

1992
Testing virtually eliminates Hepatitis C virus from U.S. blood supply

1996
Hepatitis C infections continue to dramatically decline

1998
CDC issues recommendations on Hepatitis C prevention and control

2007
Deaths from Hepatitis C surpass HIV in U.S.

2010
Institute of Medicine report issued on viral hepatitis

2011
Action Plan released and July 28th declared World Hepatitis Day

2012
First National Testing Day and CDC recommends testing all people born 1945-1965 for Hepatitis C

2014
Realizing the potential of an all-oral cure

Elimination of Hepatitis C

www.cdc.gov/hepatitis

Annual number of hepatitis C-related deaths vs. other nationally notifiable infectious conditions in the US, 2003-2013

Source: Centers for Disease Control and Prevention
Number of reported acute hepatitis C virus infection cases and estimated infections* — United States, 2012-2019

Source: CDC, National Notifiable Diseases Surveillance System.

IN THE SHADOW OF THE OPIOID CRISIS, NEW HEPATITIS C INFECTIONS HAVE MORE THAN TRIPPLED

Visit www.cdc.gov/hepatitis for more information
Hepatitis C transmission

- Intravenous drug use – odds ratio 49.6
- Blood transfusion (unscreened) – odds ratio 10.9
- Sex with a PWID – odds ratio 6.3
- In jail more than three days – odds ratio 2.9
- Religious scarification – odds ratio 2.8
- Struck/cut with a bloody object – odds ratio 2.1
- Pierced ears or body parts – odds ratio 2.0
- Immunoglobulin injection – odds ratio 1.6

“Risk factors for hepatitis C virus infection in United States blood donors.” Murphy, Hepatology, 2000

Hepatitis C harm reduction

PREVENT HEPATITIS:
Don’t share:
- Spoons
- Straws
- Bank notes
- Pipes
- Needles
- Syringes

1.2 million injecting drug users have hepatitis B.

Demand vaccination.

The World Health Organization estimates that harm reduction interventions reduce hepatitis C virus transmissions among people who inject drugs by 75-80%.

TAKE ACTION:
PREVENTION – GET VACCINATED
SCREENING – GET TESTED
TREATMENT – GET BETTER

www.worldhepatitisalliance.org
**Progression of Hep C Liver Disease**

**Acute infection**

- Spontaneous clearing of HCV RNA 25-45%.
- This is why RNA confirmation is important!

**Chronic infection** 55% - 75%

**Compensated Cirrhosis** (within the first 20 years) 10% - 30%

**Decompensated cirrhosis**

- HCC per year 2% - 5%

**Potential symptoms beyond the liver.**

RNA, ribonucleic acid.

Adapted from Chen SL, Morgan TR. Int J Med Sci 2006;3(2):47-52
Slide from Dr. Jan Diamond

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**Clinical findings in advanced Hep C**

- **Jaundice**
- **Ascites**
- **Leucocytoclastic Vasculitis**
- **Spider angiomata**
Hep C testing guidelines
Everyone 18+!
It’s covered!

USPSTF Grade B, 2020:
EVERYONE ages 18-79

CDC, 2020: EVERYONE ages 18+

51% of people with hepatitis C in the US don’t know they have it.
WE CAN CURE HEP C IN 8-12 WEEKS!

- **Mavyret (Gle-Pib):**
  - 8 weeks for most patients
  - 3 pills once/day with food
  - 96-99% cure rates
  - Avoid in decompensated cirrhosis

- **Sof–Vel (generic Epclusa):**
  - 12 weeks for all patients
  - 1 pill/day with or w/o food
  - 97-99% cure rates

HCV treatment protocol: [www.tinyurl.com/EBhepcprotocol](http://www.tinyurl.com/EBhepcprotocol)

WE CAN CURE HEP C! [WWW.TINYURL.COM/EBHEPCPROTOCOL](http://WWW.TINYURL.COM/EBHEPCPROTOCOL)
32,698 tested
2,226 RNA+
7% seropositivity
655→1,589 treated

US Hepatitis C 2025 Goal:
Reduce hepatitis C-related deaths by ≥20%

Source: CDC, National Vital Statistics System (1)

* Rates are per 100,000 and age adjusted to the 2000 U.S. standard population.
2021 National Viral Hepatitis Progress Report

The National Viral Hepatitis Progress Report provides information on ten data indicators, providing an objective way to assess progress toward achieving key viral hepatitis goals.

<table>
<thead>
<tr>
<th>Hepatitis C</th>
<th>Baseline 2017 data year</th>
<th>2019 Observed (Annual Target*)</th>
<th>2025 Goal 2023 data year</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce estimated† new hepatitis C virus infections by ≥20%</td>
<td>44,700</td>
<td>57,500 (41,467)</td>
<td>35,000</td>
<td>✗</td>
</tr>
<tr>
<td>Reduce reported rate‡ of new hepatitis C virus infections among persons who inject drugs† by ≥25%</td>
<td>2.3</td>
<td>2.8 (2.1)</td>
<td>1.7</td>
<td>✗</td>
</tr>
<tr>
<td>Reduce reported rate‡ of hepatitis C-related deaths by ≥20%</td>
<td>4.13</td>
<td>3.33 (8.75)</td>
<td>3.00</td>
<td>✓</td>
</tr>
<tr>
<td>Reduce reported rate‡ of hepatitis C-related deaths among American Indian and Alaska Native persons by ≥30%</td>
<td>10.24</td>
<td>8.63 (9.22)</td>
<td>7.17</td>
<td>✓</td>
</tr>
<tr>
<td>Reduce reported rate‡ of hepatitis C-related deaths among non-Hispanic Black persons by ≥30%</td>
<td>7.03</td>
<td>5.44 (6.33)</td>
<td>4.92</td>
<td>✓</td>
</tr>
</tbody>
</table>

How??

**Testing**

**Treatment**

**Pre-Exposure Prophylaxis (PrEP)**
ICD-10 CODES FOR HIV AND HEPATITIS C

- HIV testing: Z11.4
- Hepatitis C testing: Z11.59
- Hepatitis C care: B19.2
- HIV PrEP: Z20.6
- HIV care: B20

EXAMPLE HIV/HCV TESTING WORK FLOW

1. Normalize screening:
   - “We ask everyone about HIV and hepatitis C because we have very safe and effective treatments available.
   - Have you been tested for HIV in the past 6 months?
   - Have you been tested for hep C in the past 6 months?”

2. Follow-up for common responses:
   - No or don’t remember → refer to RN for testing
   - Yes, tested and negative → discuss prevention (needles, condoms, PrEP/PEP)
   - Yes, positive and in care → confirm they’re in care
   - Yes, positive and not in care → link to care or refer to RN
     - HIV linkage contacts (same-day available): EBGTZ.org/services
     - Hep C linkage contacts: download the latest hep C contact list here
Mr. Smith is a 55 year old man who was recently diagnosed with a psychotic disorder.

You see that in addition to chronic pain, hypertension and psychosis, Mr. Smith has low platelets, thrush and recently had shingles.

He has a new girlfriend he’s sexually active with.
Mr. Smith is a 55 year old man who was recently diagnosed with a psychotic disorder.

He doesn’t have an HIV or hepatitis test your records. He is reluctant to test at first. After a few visits and encouragement, he agrees to test.

Rapid HIV test (fingerstick > oral)
-or-
draw blood for:
+HIV Ag/Ab test: Quest 91431x
+Hep C Ab w/reflexes: Quest 94345
+/- HIV RNA if exposure in the last month
Rapid HIV and HCV tests: 20 mins for results
Alere Determine HIV Ag/Ab
Oraquick HCV Ab fingerstick
Oraquick HIV Ab oral swab

Rapid tests:

Add Sample
Add sample of whole blood, wait 1 minute and add chase buffer.
Also compatible with serum and plasma. Read full instructions prior to running test.
HIV and HCV rapid test results:

You disclose to Mr. Smith that his HIV and HCV tests are positive.

I don’t have AIDS! That’s something the government made up. Why do I have to take medications for something I don’t really have?
We can control HIV in 4-8 weeks!

Rapid ART regimens:
- Descovy or Truvada with Tivicay
- Or: Biktarvy
- Or: Symtuza
- Or: Truvada with Isentress BID

Clinical Essentials:
HIV testing, Rapid ART, PEP, PrEP

**Rapid ART: immediate HIV treatment**
Rapid ART increases retention in care and viral load suppression. Disclosure and an ART Rx the same day as confirmed diagnosis is ideal, otherwise aim for within 5 working days. Use ICD-10 code B29 or Z21.

1. New diagnosis with confirmed labs: contact HIV linkage coordinator ASAP to schedule disclosure and someday warm hand-off to HIV intake, readiness counseling, med visit.
2. Obtain baseline labs as soon as possible: If not done before first HIV visit, can be done the same day the ART Rx is written.
3. Perform brief, targeted medical history and exam: check for previous ART, PEP use, sexual and drug exposures, comorbidities, meds, allergies, TB & opportunistic illness symptoms.
4. Offer an ART prescription: choose one of preferred regimens:

WE CAN CURE HEP C IN 8-12 WEEKS!

- **Mavyret (Gle-Pib):**
  - 8 weeks for most patients
  - 3 pills once/day with food
  - 96-99% cure rates
  - Avoid in decompensated cirrhosis

- **Sof –Vel (generic Epclusa):**
  - 12 weeks for all patients
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  - 97-99% cure rates

HCV treatment protocol: www.tinyurl.com/EBhepcprotocol
Wait a minute... you can get rid of the hepatitis thing in 8 weeks? My cousin just died of that. Can you give me the medications here? I can’t leave my tent.

Wow! It’s gone! Can we do the same with the HIV thing?
DHHS first-line regimens: ★ Recommended initial regimens for most people with HIV

Recommended regimens are those with demonstrated durable virologic efficacy, favorable tolerability and toxicity profiles, and ease of use.

**INSTI + 2 NRTIs**

- Biktarvy
  - BIC / FTC / TAF
  - A1

- Triumeq
  - DTG / ABC / 3TC (if HLA-B*5701-negative)
  - A1

- Dovato
  - DTG / 3TC
  - A1

**INSTI + 1 NRTI**

- Syntuza
  - DRV / Cobicistat / FTC / TAF / BIK

Except for individuals with pre-treatment HIV viral load greater than 500,000 copies/mL, who are known to have active hepatitis B virus (HBV) co-infection, or who will start ART before results of HIV genotype testing for reverse transcriptase or HBV testing are available.

**INSTI + 2 NRTIs**

- Tivicay
  - DTG
  - WITH

- Descovy
  - FTC / TAF
  - A1

- Truvada
  - FTC / TDF

DHHS HIV medication chart from *Positively Aware*, 3/2022.

East Bay HIV ART protocols: www.EBGTZ.org/rapid

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Just ??

That is easier than my blood pressure meds!
1. Lead with connection, community, and care.
2. HIV and HCV disproportionately impacts people experiencing homelessness.
3. Testing is a door to prevention, care and treatment. Normalize screening:
   - “We ask everyone about HIV and hepatitis C because we have very safe and effective treatments available. Have you been tested for HIV/HCV in the past 6 months?”
4. Rapid linkage to care leads to the best chance of treatment. If you don’t offer HIV/HCV treatment or PrEP/PEP within your team:
   - HIV linkage contacts (same-day available): EBGTZ.org/services
   - Hep C linkage contacts: download the latest hep C contact list here

**RESOURCES AND SUPPORT**

- HIV navigators: [www.ebgtz.org/services](http://www.ebgtz.org/services)
- HCV navigators: [www.tinyurl.com/EBhepclinkage](http://www.tinyurl.com/EBhepclinkage)
- UCSF HIV/HCV warmline: [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)
- HIV guides: [www.ebgtz.org/rapid](http://www.ebgtz.org/rapid) and [www.ebgtz.org/prep](http://www.ebgtz.org/prep)
- HCV protocol: [www.tinyurl.com/Ebhepcprotocol](http://www.tinyurl.com/Ebhepcprotocol)
- **HCV treatment training** with Dr. Diamond: Sat, June 25, 9:30-12:30.
- **HIV treatment trainings** (on-demand)