Ward 86, the First U.S. HIV Clinic, Celebrates 40 Years

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January 27, 2023 By Liz Highleyman

Ward 86, the first dedicated HIV inpatient clinic in the United States, marked its 40th anniversary on January 25 with a celebration at Zuckerberg San Francisco General Hospital (SFGH). A key element of the "San Francisco model" of comprehensive community-based HIV care, the clinic has pioneered innovations in HIV treatment and prevention that have been adopted nationally and worldwide.

"Treatment has dramatically changed the lives of our patients," Diane Havlir, MD, SFGH's chief of HIV, infectious diseases and global medicine, said at the celebration. "But two things about Ward 86 have not changed. Number one, it is patient centered. And secondly, we are constantly figuring out better ways to deliver all the scientific advances in HIV to our patients. I tell people that Ward 86 is the Silicon Valley of innovation for AIDS care."

> The Ward 86 HIV clinic @ZSFGCare opened its doors in 1983 to treat not only the disease, but to provide whole person care. Today, we celebrate 40yrs. of research initiatives, comprehensive care and a treatment model that has been adopted around the world. #healthequity @SF_DPH pic.twitter.com/jZ6s1TXhIW
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> — Zuckerberg SF General Hospital & Trauma Center (@ZSFGCare) January 25, 2023

“Ward 86 has a special place in HIV’s history dating back to the early dark days when San Francisco was the epicenter of the HIV epidemic in this country, and previously healthy young individuals were dying despite our best efforts to provide the supportive treatments available to us at that time,” former National Institute of Allergy and Infectious Diseases director Anthony Fauci, MD, who stepped down in December, said in a video address. “There were no established centers to provide the crucial care that was so urgently needed.”

“What has become known as the San Francisco model became renowned as the best approach to HIV patient care in the world,” Fauci continued. “The research over the years at Ward 86 has been stellar, from some of the earliest and most important clinical trials, to implementation research, notably for people experiencing homelessness and other hard to reach individuals.”

In a statement read by her chief of staff, Dan Bernal, House Speaker Emerita Nancy Pelosi said, “No city was hit earlier, harder or faster than San Francisco by HIV/AIDS and the unfathomable assault on our health, our economy, our community and the lives of our friends and family…Yet, out of our profound grief, through bonds of community, neighbors supporting each other, joining together and channeling their anguish into action, San Francisco responded by creating a system of community-based HIV/AIDS prevention, treatment and care that has become the model for the nation.”

Four Decades of Innovation

The Ward 86 outpatient clinic opened its doors in January 1983, followed by the opening of Ward 5A, SFGH’s designated inpatient ward for people with AIDS, in July—two years after the Centers for Disease Control and Prevention published the first medical report about the disease that would later come to be known as AIDS.

Monica Gandhi, MDCourtesy of UCSF

“Between the outpatient and the inpatient units, we launched a number of research initiatives and clinical care programs to improve the care of those living with HIV, not just in San Francisco, but to provide models for HIV care around the country and internationally,” Ward 86 medical director Monica Gandhi, MD, MPH, told POZ.

Over the years, Ward 86 was at the forefront of innovations in care and treatment that turned an inevitably fatal disease into a chronic, manageable condition.

As Fauci noted, Ward 86 investigators helped lead some of the earliest clinical trials of experimental HIV therapies, including the first AZT (Retrovir) trial and studies of combination antiretroviral therapy, which began to turn the epidemic around in the mid-1990s.

In 2010, even before the START trial definitively proved that early treatment initiation leads to better outcomes, Ward 86 and other San Francisco providers were the first to recommend antiretroviral treatment for all people diagnosed with HIV, regardless of their CD4 count—two years before national guidelines did the same. In 2013, Ward 86 created its RAPID ART program, which helps people start antiretroviral therapy as soon as possible after diagnosis to avoid falling through cracks while waiting for test results or follow-up appointments.

Ward 86 also continues to play a role in HIV cure research. Steven Deeks, MD, and colleagues have been studying a cohort of elite controllers, people who are able to naturally control the virus and remain healthy without antiretrovirals, in an effort to learn how to achieve long-term remission.

Deeks started at Ward 86 in 1993, "one of the low points," when it had become clear that available treatments weren't working. In 1995, Deeks and colleagues at the University of California San Francisco (UCSF) and the University of Pittsburgh tried an idea "that sounded completely crazy and still does": giving AIDS activist Jeff Getty a baboon bone marrow transplant, which led to insights about the role of inflammation in HIV disease.

"Everywhere I went, people wanted to figure out what was the 'magic sauce' that made everything so unique at Ward 86," Deeks said via video. "I always thought it was this amazing collaboration between patients and providers and the academic community and all the virologists and immunologists at UCSF and all the resources that were available. It all came together on Ward 86 at that time and since then."

Reaching Those in Need

Over the years, the population affected by HIV has changed. In 2008, Ward 86 opened a women's clinic. It launched the SALUD clinic for Spanish-speaking clients in 2016. The following year saw the debut of the Golden Compass program, which provides comprehensive care for HIV-positive people over age 50. According to the San Francisco Department of Public Health's annual HIV epidemiology report, 73% of city residents living with HIV are 50 or older. And Ward 86 does not limit itself to HIV treatment: It also runs a pre-exposure prophylaxis (PrEP) clinic that provides HIV prevention medications to people at risk.

Donald Abrams, MD, Constance Wofsy, MD, and Paul Volberding, MDCourtesy of UCSF Archives & Special Collections

“The model of HV care at Ward 86 evolved as the epidemic unfolded and has continued to adapt to the many changes seen in more recent years,” Paul Volberding, MD, who founded Ward 86 with Donald Abrams, MD, and the late Dr. Constance Wofsy, MD, told POZ. “From the start, it brought needed services of many forms to a single site in a coordinated, compassionate and effective manner that is truly responsive to patient needs.”

Today, Ward 86 serves some of the city’s most disadvantaged people living with or at risk for HIV. Many are living in poverty, 96% rely on Medi-Cal or Medicare, a third lack stable housing and rates of mental illness and substance use are high.

In 2019, Ward 86 launched the POP-UP program to provide specialized HIV care for homeless and marginally housed people. According to the city’s latest epidemiology report, 24% of people newly diagnosed with HIV in San Francisco in 2021 were homeless, and HIV-positive people experiencing homelessness are least likely to have an undetectable viral load, at just 27%.

The latest Ward 86 initiative is SPLASH (Special Program on Long-Acting Antiretrovirals to Stop HIV), which aims to broaden the use of long-acting injectable treatment. The Food and Drug

Administration approved the first injectable regimen, Cabenuva (cabotegravir plus rilpivirine), in 2021, but it is only indicated for people with an undetectable viral load who wish to switch to a long-acting regimen. However, a recent pilot study showed that it may also be a viable option for people who are unable to achieve and maintain viral suppression due to challenges with treatment adherence.

“We’re seeing phenomenal results,” Ward 86 nurse manager Jon Oskarsson, RN, MN, told UCSF News. “People who had not in a long time or ever been able to suppress their HIV now are suppressed. It can be a tool for people who are living with a ton of complexity in their lives.”

Added Gandhi, “By trying to use these novel agents in patients with concomitant life challenges, we hope to get individuals suppressed on therapy who have never been suppressed before and change the trajectory of the HIV epidemic.”

Click here to learn more about innovations in HIV treatment.
Click here for more news about long-acting injectable HIV treatment.
