

# CDC's New Approach to Surveillance Funding Activities: *Advancing the National HIV/AIDS Strategy*

January 2013

## Introduction

The Centers for Disease Control and Prevention (CDC) has awarded a 5-year HIV surveillance cooperative agreement to health departments in states, territories, and select cities. PS 13-1302 National HIV Surveillance System strengthens traditional case surveillance and supports laboratory reporting. Approximately \$60 million will be awarded annually. The full funding opportunity announcement and related resources are available at <http://www.cdc.gov/hiv/topics/funding/PS13-1302/index.htm>.

Effective surveillance is essential for high-impact prevention—including using surveillance data to strategically direct resources to populations and geographic areas. The new surveillance award will help us better align resources with the geographic burden of HIV and address the ambitious goals of the **National HIV/AIDS Strategy (NHAS)**, <http://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>.

The new funding cycle for states, territories, and directly funded cities began January 1, 2013. First-year (FY2013) HIV surveillance awards under this announcement approximate \$60 million. This represents a slight increase from current funding for HIV surveillance programs.

CDC received input from its surveillance partners in the development of the new FOA. In October 2011, CDC held a conference call with health department HIV surveillance coordinators, the Council of State and Territorial Epidemiologists (CSTE), the National Alliance of State and Territorial AIDS Directors, and other HIV prevention partners to solicit input on the announcement's direction. Partners also submitted written input via an e-mailbox set up for this purpose. The input received informed several key aspects of the FOA including use of the number of people living with HIV diagnoses as the metric for resource allocation, a phase-in period for funding decreases, and a cap on the magnitude of any funding reductions.

## Better Matching Resources to the Geographic Burden of HIV

This cooperative agreement employs a new method for allocating surveillance resources to better match funding to the geographic burden of HIV. Case surveillance funding is allocated using a base amount plus proportional allocation of the remaining funds available according to the number of people reported to be living with an HIV diagnosis at the end of 2009 for each jurisdiction. This approach results in shifts in case surveillance funding allocations. While several jurisdictions with heavy HIV burdens receive much-needed funding increases, no jurisdiction receives a funding decrease of more than 10 percent. This approach, driven by the latest HIV diagnoses data, improves on prior HIV case surveillance funding allocations, which were partly based on historical precedent.

CDC is taking steps to minimize disruptions due to shifts in funding. The new method for allocating resources incorporates a minimum funding level, to ensure that all jurisdictions, regardless of HIV burden, can continue to perform core surveillance activities. Funding shifts for jurisdictions—both increases and decreases—will be phased in over a two-year period to allow health departments time to adjust strategies and infrastructure as necessary. In addition, CDC will provide technical support to assist health departments in navigating this transition (see Technical Assistance for Health Departments below).

## Supported Activities: Component A

### 1. Case Surveillance (Approximately \$53M in FY2013)

All jurisdictions are required to conduct HIV case surveillance under Component A. There will be greater emphasis on the completeness of laboratory reporting of HIV related test results, including all HIV confirmatory test results and all levels of CD4 and viral load test results.

Case surveillance data provide the basis for our understanding of the burden of disease and are used to guide public health action at the federal, state, and local levels.

Knowing how many people are diagnosed with HIV infection each year—and their stage of disease at diagnosis—is important for planning and resource allocation and for monitoring trends and disparities between groups.

## 2. **Optional Activities**

Under Component A, all jurisdictions were eligible to apply for funding to support optional surveillance activities. Given that CDC is currently under continuing resolution, optional activities are approved but not funded at this time.

### a. **HIV molecular surveillance**

HIV molecular surveillance provides data to monitor the prevalence of drug resistant strains of HIV, mutations associated with resistance to ART, and the distribution of HIV 1 sub-types among persons diagnosed with HIV in the United States.

### b. **Geocoding and census data linkage**

Geocoding allows spatial analyses of the burden of HIV and linkage of case reports to U.S. Census and other data allows assessment of social determinants of health and communities disproportionately affected by HIV.

### c. **Perinatal HIV exposure reporting**

Surveillance on infant perinatal exposure to HIV, collected in jurisdictions in which laws and regulations allow for collection of these data, supports activities for the prevention of mother-to-child transmission.

## **Supported Activities: Component B**

Component B supports HIV incidence surveillance in the 25 jurisdictions already engaged in this activity. Funding for incidence surveillance in FY2013 will be \$7M. The funding for incidence surveillance has been distributed on a tiered approach based on the number of persons newly diagnosed with HIV infection in 2009. Annual estimates of the number of new infections in the United States are used to monitor prevention efforts for the country and HIV incidence is a major indicator for the NHAS.

## **Technical Assistance for Health Departments**

CDC is committed to providing technical assistance and direct assistance to optimize HIV surveillance and minimize disruptions due to funding shifts. All funded health departments will have access to technical support through multiple channels, including a series of technical briefings; ongoing counsel from CDC project officers regarding financial management and implementation; and peer-to-peer support facilitated by CSTE and other CDC partners. CDC is providing on-site support in the form of direct assistance (i.e., federal staff) to help grantees in certain jurisdictions achieve the greatest impact from available funds.

### **Additional Resources:**

**CDC-INFO**  
1-800-CDC-INFO (232-4636)  
cdcinfo@cdc.gov  
*Get answers to questions and locate an HIV testing site.*

**CDC HIV Web Site**  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

**CDC National HIV testing Resources**  
<http://hivtest.cdc.gov>  
Text your ZIP code to KNOW IT or 566948. *Locate an HIV testing site near you.*

**CDC National Prevention Information Network (NPIN)**  
1-800-458-5231  
[www.cdcpin.org](http://www.cdcpin.org)  
*Technical assistance and resources.*

**AIDSInfo**  
1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
*Treatment and clinical trials.*

**AIDS.gov**  
[www.aids.gov](http://www.aids.gov)  
*Comprehensive government HIV resources.*