

Preventing HIV in the United States: A New Opportunity for Greater Impact

We have an unprecedented opportunity to end the HIV epidemic in the United States.

Increased uptake of powerful HIV prevention tools has led to major drops in new HIV infections over time, but gains remain uneven. By ensuring these tools reach all who need them, we can eliminate further transmission.



CDC's HIV prevention programs have long served as a cornerstone in the national HIV response and are conducted in partnership with state and local health departments, community-based organizations (CBOs), and other partner organizations.

Yet challenges remain. In addition to persistent gaps in access to prevention and care, new threats challenge prevention efforts across the nation, including COVID-19 and the nation's injection drug use crises.

Now is the time for bolder, more collaborative action.

As the nation's lead HIV prevention agency, CDC is working closely with other U.S. Department of Health and Human Services (HHS) agencies, partners, and communities across the country to achieve dramatic declines in new HIV infections through the HHS-led initiative: **Ending the HIV Epidemic in the United States (EHE)**. In part with new resources made available by Congress, CDC is bolstering its most successful HIV prevention programs with new and innovative activities through the EHE initiative.

Urgent Challenges

In 2019, there were about **34,800** new HIV infections.

Following a period of general stability, declines in recent years show hopeful signs of progress.

The groups most disproportionately affected include:

- Black/African American persons
- Hispanic/Latino persons
- Gay and bisexual men, especially men of color
- Transgender persons
- People in the South

8 in 10

new HIV infections come from people who are not in HIV care – underscoring the importance of prompt diagnosis and linkage to HIV care.



Ending the HIV Epidemic

Goal

Reduce new HIV infections by **90%** by **2030**



Approach

Direct additional resources and expertise to 48 counties; 7 states; Washington, D.C.; and San Juan, Puerto Rico, which together account for the majority of the nation's HIV diagnoses

Strategies

Across all its programs, CDC pursues a high-impact HIV prevention approach that aligns with the four focus areas of the initiative: **diagnose, treat, prevent, and respond**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC implements HIV prevention primarily by funding partners to conduct tailored HIV prevention programs in their communities and by providing them with guidance and technical assistance to maximize the impact of these efforts. Programs are supported through CDC's HIV and STI prevention resources and HHS' Minority HIV/AIDS Fund. About 89% of CDC's domestic HIV prevention funding is directed externally to support both longstanding successful programs and new ones funded through the EHE initiative:

HIV surveillance and prevention with health departments

Totalling \$400 million in 2021, CDC's flagship health department program aligns funding with the burden of HIV and provides every state and territory with at least \$1 million per year to implement proven, cost-effective HIV prevention strategies and maintain core HIV surveillance and prevention capacity across the country.

Ending the HIV Epidemic initiative

CDC funded the development of local HIV plans in 57 of the nation's most affected jurisdictions and is supporting their implementation with a new, 5-year funding program which began in 2020.

HIV prevention in STD clinics

Through the EHE initiative, CDC also funds 19 STD clinics to scale up HIV prevention services.

HIV prevention with CBOs

CDC funds 96 CBOs that are uniquely positioned to deliver HIV prevention to people who could benefit most, including people of color, gay and bisexual men, transgender individuals, and people who inject drugs.

HIV prevention workforce

CDC funds 17 organizations with HIV prevention expertise to (a) provide capacity-building assistance to CDC's grantees and other HIV prevention and care providers and (b) build and sharpen the skills of the HIV workforce and increase their impact.

HIV and STI prevention among adolescents

CDC funds 28 local education agencies to implement school health programs designed to reduce HIV, STIs, and unintended pregnancy among adolescents.

11% of CDC's domestic HIV prevention funding supports CDC's vital work at its headquarters including:

- **Leading** outbreak detection and response efforts
- **Conducting** epidemiological, behavioral, and biomedical research
- **Running** a state-of-the-art, globally respected HIV laboratory
- **Developing** public health guidelines on HIV and STI prevention and care
- **Educating** the public, providers, people with HIV, and others about effective prevention strategies



Diagnose

DIAGNOSE all people with HIV as early as possible.

The challenge:

One in 8 people with HIV don't know they have it, and delayed diagnosis contributes to about 40% of new HIV infections.

CDC's approach: Make HIV testing simple, accessible, and routine:

- In healthcare settings, to destigmatize HIV testing and make it part of regular medical care for people ages 13–64
- By providing focused testing programs in non-healthcare settings, particularly venues most likely to reach people with undiagnosed HIV
- By increasing the capacity of STD clinics to test for HIV and viral load
- By expanding the use of self-testing



Treat

TREAT people with HIV rapidly and effectively

The challenge:

People who achieve and maintain an undetectable viral load through treatment have effectively no risk of transmitting HIV through sex—yet 1 in 3 people with HIV are not receiving care.

CDC's approach: Quickly engage people with HIV in care and treatment:

- Provide immediate—ideally same-day—linkage to care after diagnosis
- Re-engage people who are not getting treatment by using HIV care data to develop innovative ways to encourage re-engagement
- Scale up viral load testing and access to same-day treatment at STD clinics
- Link to and provide support services needed to ensure people stay in care



Prevent

PREVENT new HIV transmissions using proven interventions

The challenge:

Only 23% of persons with indications for pre-exposure prophylaxis (PrEP) had been prescribed PrEP in the United States in 2019; many communities affected by the opioid epidemic do not have syringe services programs (SSPs) or comparable services for people who inject drugs (PWID).

CDC's approach to PrEP:

Increase awareness, availability, education, and support for PrEP use, especially among gay and bisexual men of color and transgender women

CDC's approach to SSPs:

Work with the other federal agencies and local communities to implement SSPs, where needed and allowable by law, and address related policy barriers to prevention among PWID



Respond

RESPOND quickly to potential outbreaks

The challenge:

HIV transmission affects every community and areas in different ways. Identifying where rapid HIV transmission is occurring is critical to delivering prevention and care services to people who need them most.

CDC's approach: Use available data to identify potential outbreaks and intervene quickly

- Harness new approaches and use all available tools to quickly detect potential HIV outbreaks and identify gaps in services
- Address gaps in prevention and care services and direct services to the most affected communities