



# HIV Prevention to End the HIV Epidemic in the United States

## MISSISSIPPI

CDC awarded **\$9.58M** to health departments and community-based organizations in Mississippi for HIV prevention and care activities, including **\$2.08M** in *Ending the HIV Epidemic (EHE)* funding.

CDC collects and disseminates data on **6 key EHE indicators**. Current data are available online at [AtlasPlus](#) and on [HHS AHEAD](#) for each jurisdiction.

**Mississippians** with HIV will face an average lifetime cost of **\$510,000** to treat their infection (2020 dollars).



**DIAGNOSE:** Diagnose all people with HIV as early as possible

# 20%

of Mississippians with HIV are **unaware of their status**, which means they aren't getting the HIV care they need.

# 550

**new HIV infections** occurred in Mississippi.

# 50,312

**HIV tests were provided** in Mississippi with CDC funding. HIV testing enables people to know their HIV status.

### How CDC Dollars Can Improve DIAGNOSES:

- **Expand** routine screening of people in health care settings
- **Increase** testing in non-traditional settings (e.g., jails, emergency departments, street-based services)
- **Increase** access to and use of HIV self-tests
- **Integrate** STI and viral hepatitis screening into HIV testing services



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



## TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression

There are **12,100** people with HIV in **Mississippi**. **Linking people with HIV to care within one month** is a critical step to providing rapid access to HIV medicines.

**54%** of **Mississippians** with diagnosed HIV are **virally suppressed**.

When a person with HIV takes their medicine regularly, they become virally suppressed, allowing them to live a long and healthy life and have effectively no risk of sexually transmitting HIV.

### How CDC Dollars Can Improve TREATMENT:

- **Expand** access to telemedicine
- **Develop** networks to rapidly link persons with recently diagnosed HIV to care services
- **Integrate** HIV, STI, and hepatitis treatment to holistically address the syndemic



## PREVENT: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

**PrEP** is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use.



**4,530 Mississippians** at high risk for HIV could potentially benefit from PrEP but only **927** were prescribed PrEP.

### How CDC Dollars Can Improve PREVENTION:

- **Increase** access to and awareness of PrEP through innovations such as TelePrEP, a critical prevention tool in the context of COVID-19
- **Expand** access to SSPs and their capacity to provide integrated prevention services including PrEP
- **Implement** a status neutral approach to HIV prevention



## RESPOND: Respond early to potential HIV clusters or outbreaks to get prevention and treatment services to people who need them

**86** Rapidly growing clusters nationally



Cutting-edge public health approaches turn HIV data into action by identifying areas with rapid transmission and expanding resources to maximize prevention and treatment efforts.

### How CDC Dollars Can Improve RESPONSE:

- **Direct** prevention and treatment resources to priority populations
- **Promote** equity in health services
- **Build** a competent workforce to address response activities



### How CDC Dollars Can Build Workforce Capacity

**CDC is providing funds to build a competent HIV prevention workforce that is representative of the communities they serve.**

CDC offers technical assistance and HIV prevention trainings to build workforce capacity.

**Nationally, learners from 216 unique organizations completed 565 HIV prevention courses with the most requested content area being increasing awareness of, access to, and adherence to PrEP.**