

DIVISION OF HIV/AIDS PREVENTION

Annual Report 2014

CLOSING THE GAPS IN
HIV PREVENTION & CARE





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From the Director

In recent years, major scientific advances have led to powerful new ways to reduce HIV transmission, including pre-exposure prophylaxis (PrEP), early treatment with antiretroviral medicines, and improved HIV screening techniques.

To ensure that these and other prevention tools reach the people who need them most, the Division of HIV/AIDS Prevention (DHAP) pursues an approach we call High-Impact Prevention (HIP). HIP involves using combinations of scientifically proven, cost-effective, and scalable interventions, targeted to the most heavily affected populations and geographic areas. By doing so, we can increase the impact of HIV prevention efforts and help more Americans live healthy, productive lives.

Together with partners around the country, DHAP continued to make significant strides toward realizing the potential of HIP in 2014.

For example, we worked to accelerate the delivery of PrEP, a powerful addition to prevention programs, through new public health guidelines and the launch of new funding opportunities for community-based organizations. We made additional advancements in HIV testing by increasing the use of new technologies that can provide earlier diagnosis of infection and, when paired with linkage to long-term care and initiation of treatment, can reduce the likelihood of HIV transmission. We significantly expanded our work to close the gaps in the HIV care continuum, an important strategy for reducing HIV transmission in the United States. Most notably, DHAP made changes to funding guidance for community partners, ensuring that additional resources go toward linking people to care and helping them stay in care over the long term.

These efforts – and many others described in this year’s Annual Report – are laying a foundation for substantial new progress toward meeting national prevention goals in the years ahead.

But major gaps remain.

Just 40 percent of people with HIV are regularly receiving care and just 30 percent are virally suppressed, according to the latest CDC data from 2011. One recent CDC analysis found that approximately 90 percent of the estimated transmissions in 2009 were accounted for by individuals who had been diagnosed with HIV but had not been appropriately linked to care. Significantly reducing new infections will require closing these gaps.

And severe disparities persist: while rates of new HIV infections are stable or declining in most populations, they remain unacceptably high in others, especially gay and bisexual men of color, and they are on the rise in the youngest generation of men who have sex with men (MSM).

DHAP is focused on closing the gaps in HIV prevention, diagnosis, care and awareness in the United States.

Our mission is clear: to eliminate – not just narrow – the gaps at every stage of the HIV prevention and care continuum to reduce HIV incidence and afford Americans living with HIV the opportunity to live longer, healthier lives.

To achieve this, we must address several mission-critical challenges. The first is to strengthen HIV prevention approaches for MSM, especially young MSM of color, through more targeted funding opportunities, new research on the drivers of transmission, and new behavioral interventions or other strategies tailored to their needs. Another challenge is to be more responsive and timely in harnessing surveillance data – the backbone of HIV prevention – to not only track the epidemic, but to improve prevention programs and reduce infections. And even as we scale up efforts on the HIV care continuum, it is critical to sustain our core mission of protecting people from becoming infected in the first place. That requires expanding the use of pre- and post-exposure prophylaxis and a continued focus on access to condoms and the most effective behavioral interventions.

Finally, we must sustain education and awareness campaigns, through the use of social media, mobile, and other technologies so that all Americans are equipped with the knowledge they need to avoid HIV infection, especially young people.

I am confident that we can meet these challenges.

As the new DHAP director, I will be focusing on these needs, in particular, in the months and years to come.

It is an honor to take on the role of Director at this pivotal moment in the history of HIV prevention. Your partnership and your work are critical to our ongoing mission of preventing HIV in the United States. I look forward to working closely with you to realize our collective vision of an end to this epidemic.

Sincerely,



Eugene McCray, MD
Director



**DIRECTOR, DIVISION OF
HIV/AIDS PREVENTION**

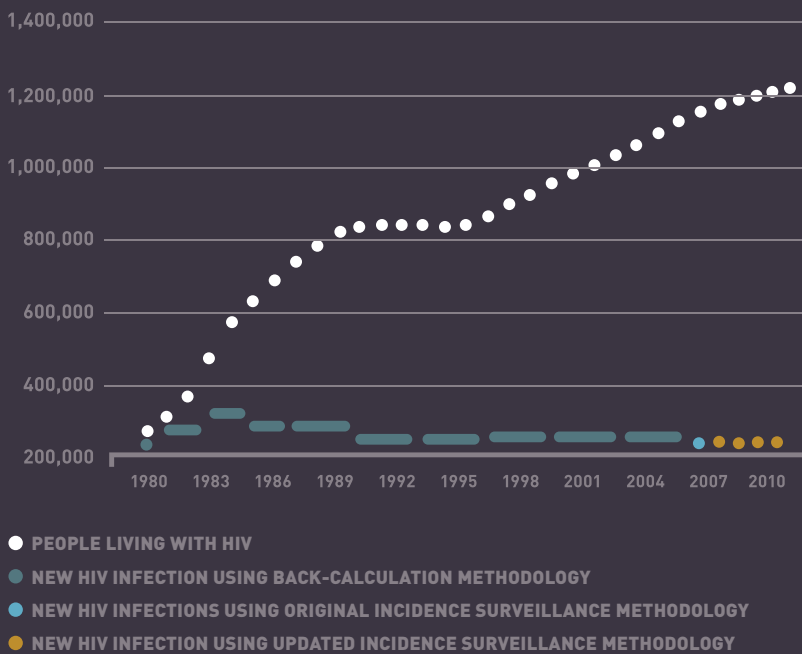
NATIONAL CENTER
FOR HIV/AIDS, VIRAL
HEPATITIS, STD, AND
TB PREVENTION

A Snapshot of the U.S. HIV Epidemic

CDC estimates that 1.2 million people in the United States are living with HIV – and nearly one in seven of those are not aware that they are infected. Approximately 50,000 people become newly infected each year.

Prevention efforts have helped keep the number of new infections stable in recent years, and substantial progress has been achieved in some key populations, including black heterosexual women and injection drug users. However, infections have increased among MSM, the population most affected by HIV, signaling the importance of intensifying and focusing prevention efforts where the impact of HIV is greatest.

Fig 1: HIV Prevalence and New Infections, 1980-2011



As a result of treatment advances since the late 1990s, the number of people living with HIV has increased dramatically. Despite increasing HIV prevalence and more opportunities for HIV transmission, however, the number of new infections has been relatively stable since the mid-1990s. This means that the transmission rate has been steadily declining – an important prevention success.

By transmission category, MSM are most heavily affected by HIV in the United States, but the burden also remains significant among heterosexuals and injection drug users (IDUs).

Fig 2: Estimated New HIV Infections by Route of Transmission, 2010

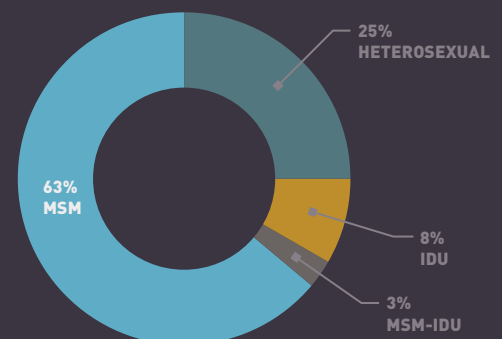


Fig 3: Estimated New Infections Among MSM, 2008-2010

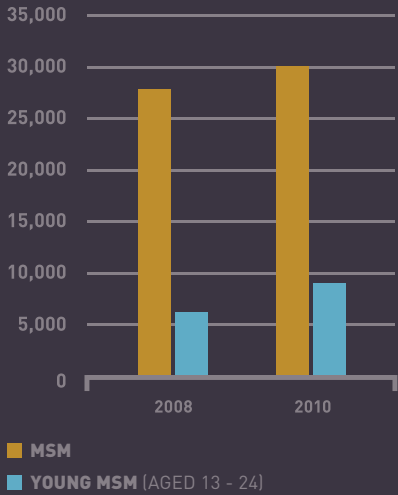


Fig 4: Estimated New Infections Among Black Women, 2008-2010

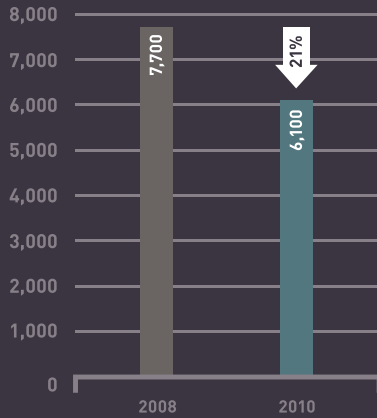
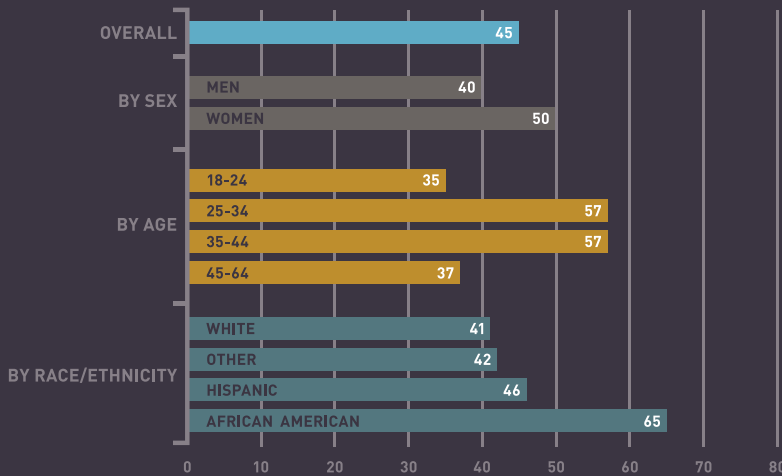


Fig 5: Percentage of People Who Have Ever Been Tested, Overall and by Populations, 2010



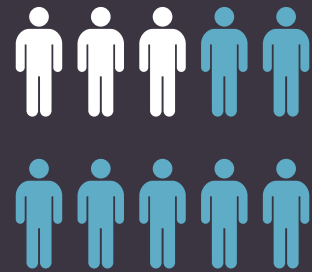
CDC’s most recent data show that between 2008 and 2010, the number of new infections among MSM increased 12 percent, with an even steeper increase among the youngest MSM (aged 13 – 24).

Meanwhile, the number of new HIV infections among heterosexual women decreased between 2008 and 2010, largely because of a drop in infections among black heterosexual women.

Today we know more about HIV infection and how to prevent infection than ever before – but significant challenges remain. One of these challenges is that too few people with HIV are aware of their infection and many people with HIV do not receive ongoing treatment.

More than half of American adults have not yet been tested for HIV.

Just **30%** of people with HIV are successfully keeping their virus under control through treatment; **70%** are not



Closing these and other gaps requires using the best mix of proven, cost-effective and scalable interventions, and making sure they reach people most in need. This approach forms the basis of CDC’s High-Impact Prevention strategy and promises to accelerate the pace of progress against our nation’s HIV epidemic.

2014 YEAR IN REVIEW

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CLOSING THE GAPS IN HIV PREVENTION

Since the earliest years of the HIV epidemic, CDC has focused on helping people remain free of infection. More than three decades later, DHAP is still working hard to strengthen prevention programs for HIV-negative people who are at high risk. The Division is focused on advancing powerful biomedical prevention options, including PrEP, while continually refining strategies to help people reduce behaviors that place them at risk.

Advancing PrEP Adoption

Pre-exposure prophylaxis, or PrEP, is the use of anti-HIV drugs by people who do not have HIV to reduce their risk of infection. Clinical studies have shown daily PrEP with Truvada (a pill containing the drugs tenofovir and emtricitabine) to be one of the most powerful prevention strategies available, reducing a person's risk of becoming infected by up to 92 percent when it is taken as directed. While no single prevention strategy is appropriate for everyone, PrEP could benefit thousands of men and women who are at high risk. When combined with condoms and other prevention methods, PrEP provides even greater protection than when used alone.

DHAP took critical steps in 2014 to educate physicians and other health care providers about PrEP, and to increase awareness and uptake among high-risk populations.

DHAP Leads Development of National PrEP Guidelines

CDC and the U.S. Public Health Service issued comprehensive clinical practice guidelines on PrEP for health care providers. The guidelines provide a foundation for making PrEP available in communities nationwide. They recommend that health care providers consider PrEP for anyone who is HIV-negative and at substantial risk for infection. They also offer specific advice on how providers can give people the support they need to take their pills regularly, since adherence is essential for PrEP to be highly effective at preventing infection.

DHAP developed the new guidelines in partnership with other federal health agencies, public health experts, and community leaders. The Division is now working closely with state and local partners to educate providers so they are prepared to offer PrEP. CDC is also working with local health departments to carry out large-scale pilot studies that will help deliver

PrEP to many people who can benefit, while providing important new information on the most effective ways to deliver the intervention in diverse communities and health care settings.

CDC Launches First PrEP Support Hotline for Providers

Together with the Health Resources and Services Administration (HRSA) and the University of California San Francisco (UCSF), CDC launched PrEPLine – a first-of-its-kind toll-free consultation service for clinicians who are considering prescribing PrEP. PrEPLine offers expert guidance from a staff of experienced providers, along with written and online checklists, clinical guidelines and educational tools to help clinicians get up to speed.

To date, PrEPLine has fielded calls from physicians, nurse practitioners and physician assistants across the country, signaling a strong interest in PrEP from the nation's health care providers.

PARTNER PROFILE

US HELPING US, PEOPLE INTO LIVING, INC.

For three decades, Us Helping Us, People Into Living (UHU) has provided vital HIV prevention services and other support to African American men and women living with or at risk for HIV in Washington, DC. Recently, with CDC's support, UHU added a groundbreaking PrEP education and referral initiative to its portfolio of services for HIV-negative clients.

UHU's prevention staff now routinely deliver PrEP information to clients at highest risk, along with HIV testing, condoms, evidence-based behavioral strategies and other support. Clients are advised on how to request PrEP from local medical providers, and on which local pharmacies can best fill their prescriptions. They also receive support in obtaining coverage through their health insurers or, if they are uninsured, gaining access through other avenues. UHU's work is conducted in collaboration with the Washington, DC Department of Health, another of CDC's essential partners in HIV prevention.

PREPLINE

855 HIV PREP
(855-448-7737)
11 AM – 6 PM EST

FREE CONSULTATION SERVICE
FOR CLINICIANS WHO ARE
CONSIDERING PRESCRIBING PREP



CDC Funding Supports PrEP Efforts by Local Community Organizations

DHAP announced a new five-year, \$215 million funding opportunity to support HIV prevention efforts by community-based organizations (CBOs) around the country. The funding is part of CDC's ongoing commitment to partnering with CBOs, who have the knowledge and credibility to reach people at greatest risk within their communities – including many who can benefit from PrEP.

As part of the Division's high-impact prevention approach, the new program supports efforts to increase awareness of PrEP among

HIV-negative individuals at highest risk and link them to qualified providers. (CDC funding is not used for the purchase of PrEP medications.) As in all of CDC's efforts, PrEP is supported as part of a comprehensive approach to reducing HIV risk, along with education, condoms, proven behavioral strategies, and diagnosis and treatment of sexually transmitted infections.

Through the new funding opportunity and many other efforts, DHAP aims to help ensure that anyone who is eligible for PrEP will be offered the intervention – and that those who choose to consider it can find a qualified provider in their community.

Supporting Behavioral Strategies

In an era of expanded HIV prevention options, the Division and its partners remain committed to helping people reduce their risk through changes in sexual and drug-using behaviors.

Community Partners Focus on Highest-Impact Interventions

DHAP's support for behavioral programs is currently guided by an in-depth analysis, conducted by the Division's researchers in 2013, which identified nine priority interventions for people at high risk that are evidence-based, scalable and highly cost-effective.

In 2014, the Division took steps to ensure that state and local prevention partners are focused on delivering approaches with the potential to

have the greatest impact. Most significantly, through the \$215 million CBO funding announcement in August, DHAP required that CBOs' behavioral prevention programs utilize the priority interventions identified through the Division's 2013 analysis. CDC also provided extensive information and technical assistance to help both health department and CBO partners deliver these interventions effectively, while transitioning away from any other strategies that are no longer supported.



Generating New Insights on HIV Risk

In a rapidly evolving HIV prevention landscape, CDC continually assesses the latest evidence on HIV risks and prevention strategies, both to inform prevention programs and to provide reliable information to people at risk.

Studies Offer New Insights on Personal HIV Risks

DHAP researchers published two studies in the journal *AIDS* that provided new insight on individual HIV risks, and ways to minimize them. One study updated prior CDC estimates of the risk of HIV transmission during a single exposure event. The researchers estimated that the risk of a person becoming infected – through a single sex act with a person who has HIV – ranges from 1 in 72 for receptive anal intercourse to 1 in 2,500 for oral sex. This figure assumes the HIV-positive partner is not on antiretroviral treatment and the couple is not using a condom, PrEP or any other prevention method.

The second study built on the first, using the same “per-act” estimates to assess cumulative risk of HIV transmission, over 1 and 10 years, for heterosexual couples in which one person is HIV-positive and the other HIV-negative. It also modeled a range of scenarios in which couples use different prevention strategies (condoms, PrEP, treatment, etc.) to reduce their risk. The study’s most important finding is that a combination of prevention strategies may

provide the greatest protection. For example, a couple having vaginal sex without any prevention methods would have a 44 percent risk of transmission over the course of 10 years. Using condoms consistently would lower that risk to 11 percent. If they use condoms consistently and the HIV-positive partner receives antiretroviral treatment, the risk over 10 years falls to less than one percent.

Evolving Terminology Reflects New Realities

CDC regularly updates its strategies and terminology to reflect changes in HIV prevention science. In part through discussions with community partners in 2014, CDC began to use the more precise term “sex without condoms” in place of “unprotected sex,” in acknowledgement that HIV risk reduction now includes a wide range of prevention methods. This important update will help ensure that HIV prevention messages reflect the full range of options available to people at risk today, including condoms, PrEP, reducing the number of sexual partners, and choosing less risky sexual behaviors.

CLOSING THE GAPS IN HIV DIAGNOSIS

HIV testing is essential for improving the health of people living with HIV, and plays a critical role in reducing new HIV infections. Today in the United States, an estimated 168,000 people are unaware they have HIV. While they represent 14 percent of all Americans living with the virus, recent CDC research indicates this population accounts for nearly a third of new HIV infections each year. For this reason, HIV testing is a core component of HIV.

New Recommendations Support Earlier HIV Diagnosis

Thirty years after HIV tests were first introduced in the United States, testing technology is still evolving and creating new opportunities for timely prevention and care. In June, CDC recommended an approach for HIV testing in laboratories that capitalizes on the latest technology to improve diagnosis of acute HIV infection, the early stage of infection when people are most likely to transmit the virus. With this new testing algorithm, laboratories can detect HIV infection as much as three to four weeks sooner than with the previous testing approach.

The new approach involves using the latest generation of tests with increased sensitivity to HIV-1, the most common strain of HIV in the United States, and to HIV-2, which is common only in West Africa but accounts for a small number of U.S. infections. The tests also detect the HIV-1 p24 antigen, a viral protein that appears in the bloodstream before HIV antibodies develop. The previously recommended HIV testing algorithm lacked this precision, making it possible to miss HIV-1 infections in their acute stage, and to miss some HIV-2 infections altogether.

By helping people learn of their infection in its early stages, the new recommendations aim to facilitate access to early treatment and reduce behaviors that could result in HIV transmission.

CDC Data Show Testing Progress among Gay and Bisexual Men

At the annual Conference on Retroviruses and Opportunistic Infections (CROI) in February, CDC presented encouraging findings from its

National HIV Behavioral Surveillance (NHBS) system, which monitors HIV testing, prevalence, risk behaviors and access to prevention services among at-risk populations in 20 U.S. cities. Researchers measured changes between 2008 and 2011 in the proportion of MSM who reported recently being tested for HIV (within the past 12 months). They found a significant increase in testing among MSM – from 63 percent in 2008 to 67 percent in 2011. Among black MSM, testing increased from 63 percent to 71 percent.

These increases in testing coincided with implementation of CDC's Expanded Testing Initiative, which provided funding in many of the NHBS cities to facilitate HIV screening, increase diagnosis, and support linkage to care among populations disproportionately affected by HIV. The initiative began working to increase testing among African Americans in 2007, and expanded to reach MSM of all races in 2010.

CLOSING THE GAPS IN HIV CARE

As we now know, treatment for HIV infection is also one of the most powerful forms of prevention. Studies have shown that early antiretroviral therapy can not only help many people with HIV live long and healthy lives, but can also substantially reduce their risk of transmitting HIV to partners. More recent CDC research estimates that nine in 10 infections could be prevented through early diagnosis and prompt, ongoing care and treatment. In all cases, the goal is to achieve viral suppression of HIV.

DHAP has realigned many of its programs to improve outcomes across the HIV care continuum – the series of steps from the time a person is diagnosed with HIV through the successful treatment of their infection with HIV medications. This shift is consistent with the National HIV/AIDS Strategy and is central to CDC's HIP approach.

Advancing High-Impact Strategies

Community Funding Makes HIV Care a Core Priority

CDC's August 2014 announcement of \$215 million in prevention funding to community-based organizations (CBOs) includes, for the first time, a major focus on improving outcomes across the care continuum. CBOs receiving the new funding (to be awarded in 2015) will devote a large share of those resources to linking people diagnosed with HIV to medical care; to helping them receive and stay on treatment; and to providing them with prevention counseling and links to other services such as housing and substance abuse treatment. CBOs are also required to have formal relationships with local HIV care providers in order to maximize the impact of their work.

CDC's CBO partners are among the most critical players in the nation's efforts to improve HIV care and outcomes. They have experience and expertise working with the populations most affected by HIV and least likely to be engaged in the health care system. To help CBOs make this shift, CDC will provide extensive training and technical assistance.

Better Surveillance Means Better Outcomes through 'Data to Care'

In 2014, DHAP launched Data to Care, a new public health strategy that capitalizes on routinely collected HIV data to help address one of the biggest gaps in the HIV care continuum – the fact that many people who have been diagnosed with HIV are not receiving regular care. CDC research suggests this may account for more

than 60 percent of new HIV infections, since many people living with HIV are not receiving the treatment needed to suppress their infection.

Through Data to Care, CDC's health department partners use routinely collected HIV laboratory data to identify people who have been diagnosed, but appear not to be receiving regular care through a lack of reported CD4 or viral load data. Trained health department personnel then determine how best to conduct outreach to those individuals and provide them with the linkages and support they need to get into care and stay in care. Detailed information about Data to Care is available online at www.effectiveinterventions.org, and includes a toolkit to help state and local health departments develop effective programs that meet the needs of people with HIV, preserve their privacy, and improve the health of their communities.

CDC Offers All-in-One Guidance on Prevention with Positives

Along with timely HIV treatment, people living with HIV can benefit from a range of behavioral strategies and other support to help them protect their partners and maintain their health. In December of 2014, DHAP released updated, comprehensive recommendations for prevention programs serving people with HIV. Developed in collaboration with HRSA, the National Institutes of Health (NIH) and other CDC partners, the new recommendations offer an all-in-one repository of interventions that health care providers, health departments, and community organizations can use to serve people living with HIV and their partners.

New Technologies Mean New Opportunities to Help People Receive Care

In recent years, anecdotal evidence suggested that people may be more motivated to seek HIV care if they receive their positive HIV test result together with their CD4 count – a key measure of how far a person’s HIV infection has progressed. (HIV targets and kills CD4 cells, a key component of the immune system.) Yet coupling HIV test and CD4 test results was impossible in day-to-day practice, since CD4 testing had to be done in a lab by highly trained staff. Recently, however, new “point-of-care” CD4 measurement devices have been developed that can be used by non-laboratory staff.

To find out if this new technology could help improve linkage to care, CDC researchers completed a randomized study in Kisumu, Kenya, where rates of linkage to care are low. Specifically, they examined whether receipt of CD4 information using a point-of-care device increased linkage rates among 700 people receiving HIV testing during a home-based counselling and testing campaign. The findings were striking. In contrast to the 34-percent linkage rate among people who did not receive point-of-care CD4 information, 58 percent of those who did receive their CD4 counts at the time of testing were linked to HIV care within six months. While further research is needed, the study suggests that this strategy might be a valuable addition to HIV prevention and care efforts in the United States.

Tracking Progress and Promoting Accountability

To help gauge progress toward meeting the goals of National HIV/AIDS Strategy (NHAS) and DHAP’s strategic plan, the division regularly produces a range of important data and reports on the HIV care continuum.

Series of Analyses Offers Clearer Picture of Gaps in the Continuum

CDC issued a series of new analyses throughout the year that provide insight on the unmet HIV diagnosis and care needs of different populations. CDC’s December 2014 Vital Signs, for example, provided an up-to-date picture of the care continuum for the United States as a whole (see Figure 6), finding that just 30 percent of Americans with HIV had the virus under control in 2011.

PARTNER PROFILE

NEW JERSEY DEPARTMENT OF HEALTH

With CDC’s support, the New Jersey Department of Health is working to quickly link people newly diagnosed with HIV to care, maintain the continuity of their care, and help them adhere to their HIV medications.

To accomplish this, health department staff use fourth-generation HIV testing technology that can detect acute HIV infection, and then quickly connect people who test positive to HIV prevention “patient navigators.” These professionals are embedded in infectious disease practices and other clinics statewide, and can help people obtain a second confirmatory test and get linked to HIV care within 24 hours of diagnosis or on the next business day. Once people are receiving care, patient navigators can also help them access the prevention services and other support they need to adhere to their medications and protect others from infection.

UNDERSTANDING THE HIV CARE CONTINUUM

CDC tracks the HIV care continuum to help gauge progress towards national HIV prevention goals and effectively direct HIV resources. Specifically, CDC tracks the proportion of people with HIV who are:

- Diagnosed with HIV infection
- Linked to care, meaning they visited a health care provider within three months of learning they were HIV positive
- Engaged or retained in care, meaning they received medical care for HIV infection
- Prescribed ART to control their HIV infection
- Virally suppressed, meaning that their HIV viral load – the amount of HIV in the blood – is at a very low level

CDC uses two different approaches to monitor the HIV care continuum. Both are essential to track the nation’s progress and identify key HIV prevention and care needs. The difference between the two approaches is that they have different denominators. That is, they measure progress among different groups of people living with HIV:

- The **prevalence-based HIV care continuum** shows each step of the continuum as a percentage of the total number of people living with HIV (HIV prevalence). Prevalence includes estimates of people whose infection has been diagnosed, as well as people who are infected but do not know it. The new national continuum that DHAP issued in 2014 used this approach (see Figure 6).
- The **diagnosis-based HIV care continuum** shows each step of the continuum as a percentage of the number of people living with HIV who have already been diagnosed. This approach can provide a way to look at the continuum within specific subgroups affected by HIV. It was used to calculate DHAP’s new continuum estimates for African Americans, Latinos and MSM (see Figure 7).

Fig 6: National Prevalence-Based HIV Care Continuum, 2011

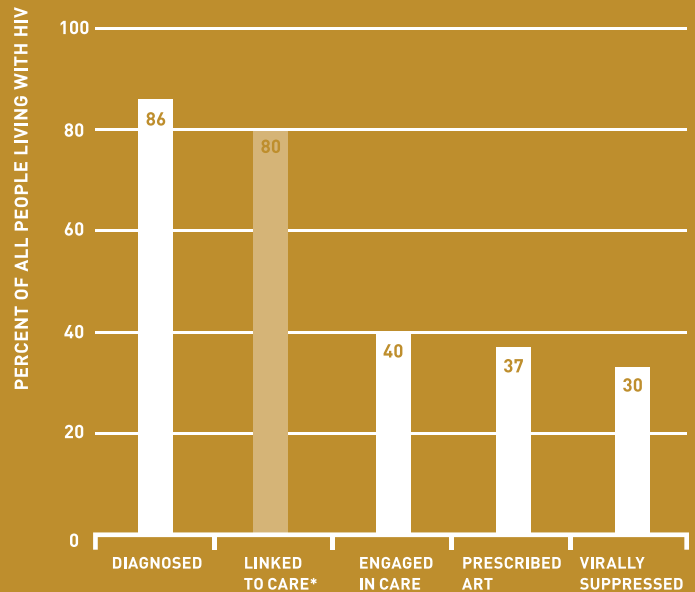
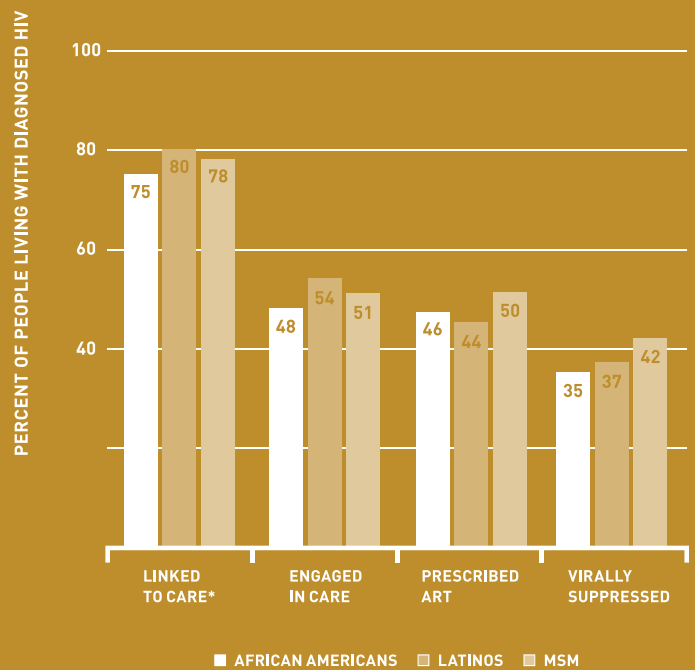


Fig 7: Diagnosis-Based HIV Care Continuum - By Population, 2010



* Linkage to care measures the percentage of people diagnosed with HIV in a given calendar year who had one or more documented viral load or CD4+ test within three months of diagnosis. Because it is calculated differently from other steps in the continuum, it cannot be directly compared to other steps and is therefore shown in a different color.



The study also found that approximately two-thirds of those whose virus was not suppressed had been diagnosed but were no longer in care, highlighting the critical need for programs, such as Data to Care, that can help people stay in care after learning they are HIV-positive.

DHAP also issued a series of analyses looking at the continuum among key populations most affected by HIV, including African Americans, Latinos, and MSM of all races and ethnicities. While the specific findings varied between groups, in all cases only a minority of those with HIV had their virus effectively suppressed through treatment. To help increase awareness of the benefits of early HIV treatment and the need for improved diagnosis and care, DHAP timed the release of these analyses to coincide with national HIV awareness days focused on African Americans, Latinos, and MSM.

First State Progress Report Will Guide State and Federal Efforts for Greater Impact

To better track the impact of prevention efforts around the country, CDC released the first State HIV Prevention Progress Report in September. Using data from CDC's HIV surveillance systems, the report offers baseline information on the most urgent HIV prevention priorities at the state level. The report focuses on six key indicators, all related to the HIV care continuum, that reflect the goals of NHAS and DHAP's strategic plan.

Of the states that collect and report complete lab data, the report found that a significant number already met goals in some areas, including the percentage of people ever tested for HIV (15 of 50 states and the District of Columbia); linkage to HIV care (7 of 18 states and DC); and reducing death rates among people diagnosed with HIV (21 of 50 states and DC). Fewer states met goals for reducing late-stage HIV diagnosis; retention in care; and viral suppression among people in care.

The report, to be issued annually, will help CDC and other federal agencies determine how to best support states and cities in their HIV prevention and care efforts. It will also give states another important tool to track their own progress across the HIV care continuum and identify specific areas where they may need to intensify their efforts.

CDC "Monitoring Report" Provides Latest Estimates of HIV's Overall Impact

CDC released a new HIV Surveillance Supplemental Report, "Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data." According to the report, an estimated 1,201,100 people were living with HIV in the United States at the end of 2011, including 168,300 (14.0%) whose infections had not been diagnosed. Between 2007 and 2011, the estimated number of people living with HIV nationwide increased by more than 7 percent. Data from the Monitoring Report are used to track the overall impact of the epidemic, and also served as a key source for the 2014 Vital Signs publication on the HIV care continuum (see page 18).

CLOSING THE GAPS IN HIV AWARENESS

Public awareness efforts remain critical to curbing the HIV epidemic. Well-designed awareness campaigns can help people better understand their level of risk for HIV and encourage them to take steps to protect themselves, get tested and, if they are living with HIV, seek out care and treatment. DHAP works to strengthen HIV awareness through *Act Against AIDS*, a national communications initiative to combat complacency about HIV in the United States. In 2014, the Division launched a series of new multimedia educational campaigns under the *Act Against AIDS* umbrella and developed a new funding program to support partner organizations in extending the reach of campaign messages.

Advancing Awareness through Communication Campaigns

HIV Treatment Works for People Living with HIV

CDC launched the first *Act Against AIDS* campaign for people living with HIV, HIV Treatment Works, in September of 2014. The campaign aims to get more Americans with HIV to stay in care and receive the treatment they need. Developed with the input of more than 100 HIV-positive men and women, HIV Treatment Works reflects the diversity of people living with the disease and shows how treatment can empower people to lead fuller and healthier lives while stopping the spread of HIV. The campaign features the personal stories of men and women who



overcame barriers to care and treatment. By sharing their stories, they hope to convince others to seek out and stay on HIV treatment.

ACT AGAINST AIDS CAMPAIGNS WERE SEEN BY MILLIONS OF PEOPLE IN 2014, AND GENERATED **1,269,298** VISITS TO CAMPAIGN WEBSITES.



Gay and Bisexual Men Encouraged to Start Talking. Stop HIV.

Start Talking. Stop HIV., launched in May 2014, encourages gay and bisexual men to talk openly with their sexual partners about HIV risk and prevention strategies. Although open communication leads to behaviors that can help reduce risk, such as HIV testing and disclosure of HIV status, studies have found that discussions about HIV do not occur in many relationships. For example, recent CDC data showed that nearly 40 percent of MSM did not know the HIV status of their most recent male sex partner.

Given the range of effective prevention options now available, having candid discussions about HIV with partners has never been more important. Start Talking. Stop HIV. was created in consultation

with more than 500 gay and bisexual men of all races and ethnicities, and in multiple types of relationships. The campaign encourages gay and bisexual men to talk to their sexual partners about HIV testing and HIV status; safer sex, including using condoms and engaging in lower risk sexual behaviors; medicines that can prevent and treat HIV; and healthy relationships.



For Latino Communities, We Can Stop HIV One Conversation at a Time

In August 2014, DHAP launched We Can Stop HIV One Conversation at a Time / Podemos Detener el VIH Una Conversación a la Vez, a bilingual educational initiative that encourages Latinos to talk about HIV with family and friends. Although more than 220,000 U.S. Latinos are currently living with HIV, data show that many people in Latino communities find it difficult to discuss HIV risk, prevention and testing openly. One recent study found that only about half of Latinos have talked with friends and family about HIV in the past year, and another found that even when Latinos are ready to talk about HIV, many do not have the information they need to have these life-saving conversations with loved ones.

Developed with input from 300 Latinos across the country and from leading Latino organizations, this campaign features a culturally diverse group of men and women speaking out on a range of HIV-related topics. From the impact of

the epidemic within the Latino community to risk factors and the importance of HIV testing, the campaign aims to empower Latinos to speak up about an epidemic that affects men and women throughout the community.

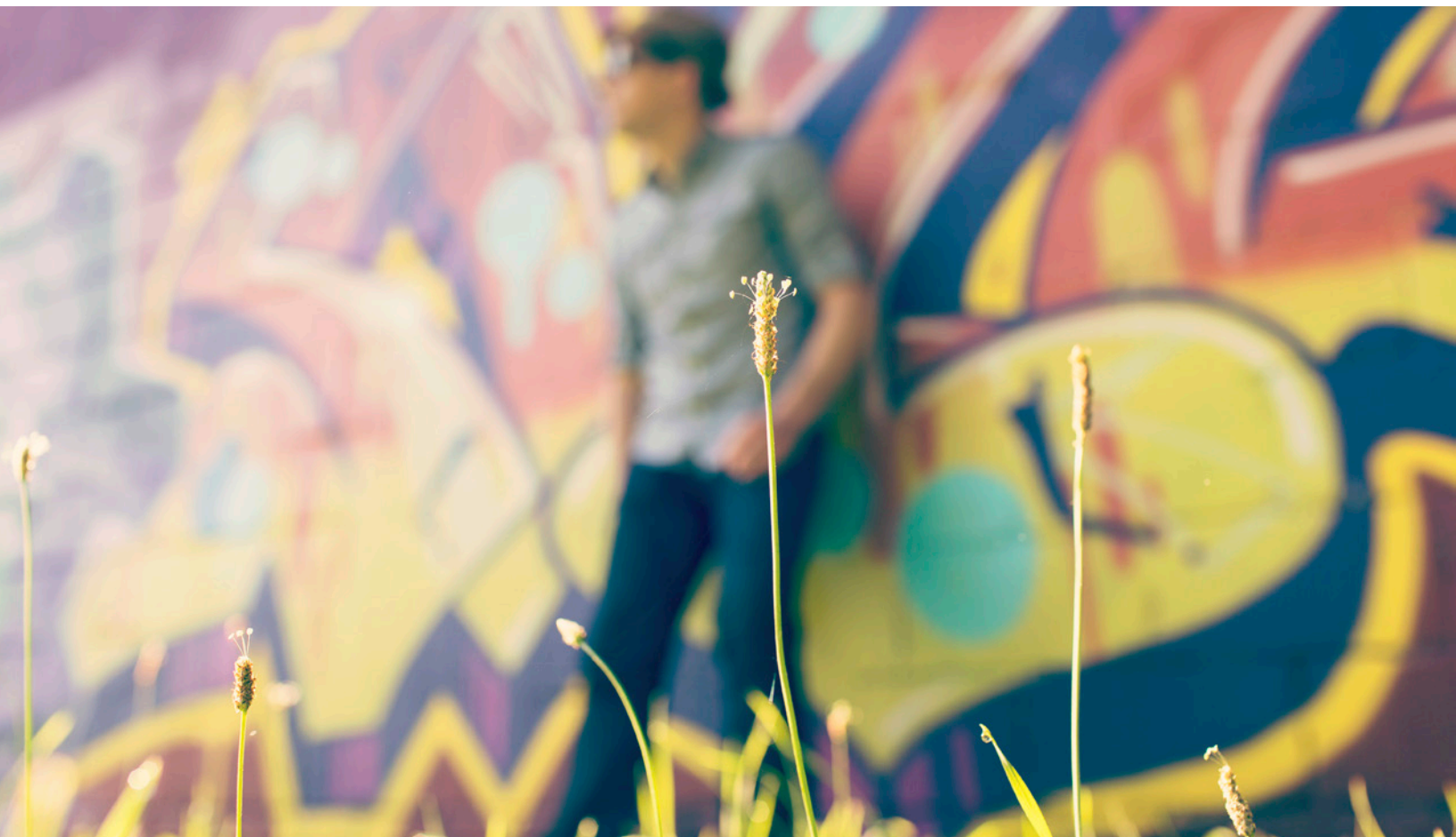


Partnering to Build Awareness

To support the dissemination of *Act Against AIDS* campaign messages and implement large-scale HIV awareness efforts, DHAP developed a new funding initiative for national organizations that reaches communities most at risk, including African Americans, Latinos, MSM and transgender people.

Through this program, organizations will incorporate HIV awareness, testing and education into their missions and day-to-day activities. The new funding opportunity, called HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships, was opened to applications in early 2015, and awards will be announced by the end of the 2015 fiscal year.

This program builds on DHAP's long-standing commitment to partnering with organizations – in every sector of society and every region of the country – that reach and serve the communities most affected by HIV. Together, we are working to ensure that everyone at risk for HIV or living with the disease has the information they need to stay healthy.



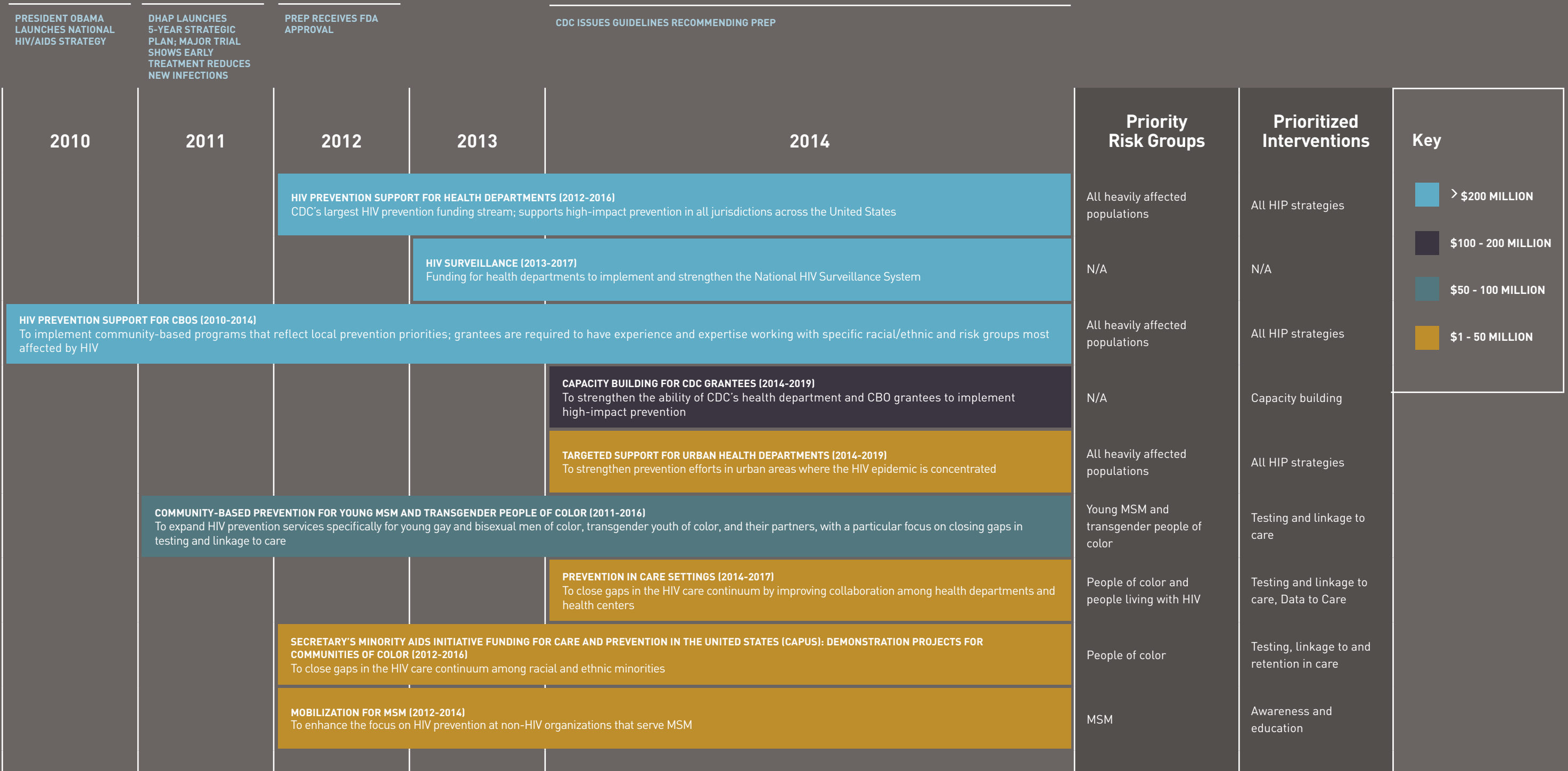
CDC FUNDING: AN OVERVIEW

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Community HIV Prevention Funding Streams

The majority of CDC's HIV prevention budget is directed to the health departments and community organizations that serve people at risk for or living with HIV. Each year, CDC provides more than half a billion dollars to these partners to support HIV testing, prevention, care and surveillance efforts. The graphic below summarizes the most significant of CDC's funding streams. Each is directed to a specific set of partners and some support specific populations. Together they represent a comprehensive, high-impact response to the needs of communities most affected by HIV in the United States.



CDC Funding: A Deeper Dive

In FY 2014, CDC received \$789 million for HIV prevention, including \$28 million for school health. Eighty-seven percent of this funding was used for directly or indirectly supported programs focused on HIV prevention programs. The remaining thirteen percent was used to satisfy agency mandatory costs such as Public Health Service evaluation and to fund projects focused on cross-cutting topics and other related infections—for example, sexually transmitted diseases, tuberculosis, and viral hepatitis.

Fig 8: DHAP FY 2014 Expenditures: \$665.9 Million*

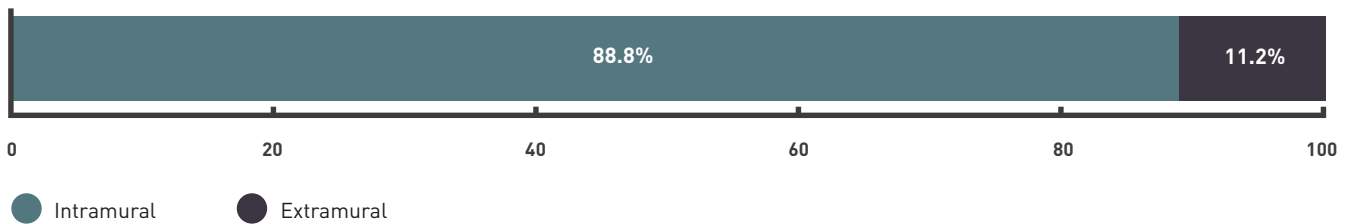


Fig 9: Extramural Projects by Mission Category: \$591 Million

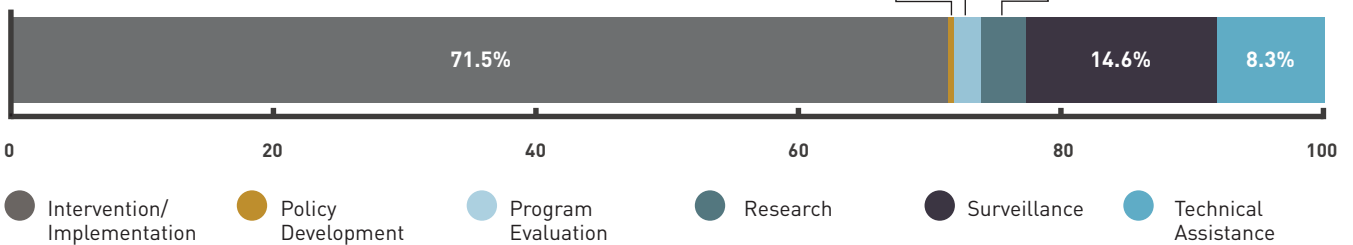


Fig 10: Extramural Budget by Race/Ethnicity

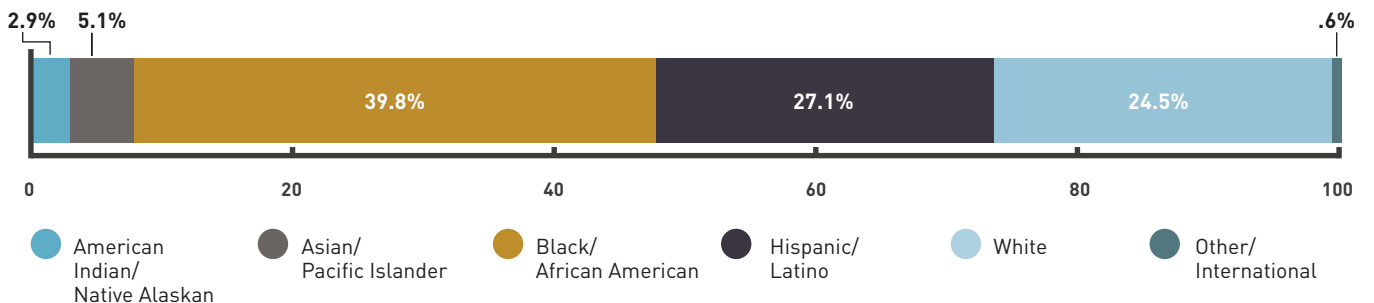
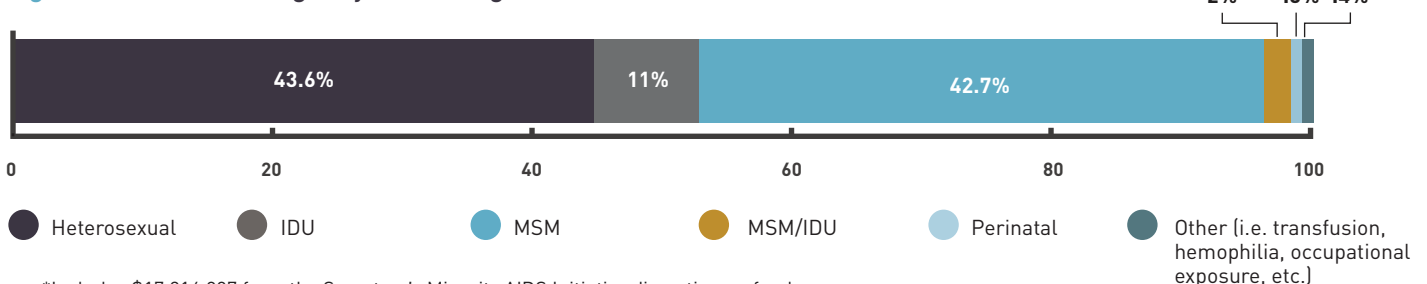


Fig 11: Extramural Budget by Risk Categories**



*Includes \$17,216,007 from the Secretary's Minority AIDS Initiative discretionary funds

**Funds not targeted to a specific risk category or not reported to CDC were excluded from this table

DHAP LEADERSHIP

—



Eugene McCray

Director

Office of the Director

Chris Cagle

Associate Director for Policy, Planning
and Communication

Theresa Larkin

Deputy Director for Public Health Operations

Wendy Lyon

Special Advisor for Prevention through Health Care

Donna McCree

Associate Director for Health Equity

Sherry Owen

Acting Senior Advisor for Laboratory Diagnostics

Gail Scogin

Acting Associate Director for Data Management

Amy Stuckey

Associate Deputy Director for Public Health
Operations

Linda Valleroy

Associate Director for Science

Rich Wolitski

Senior Advisor for Strategic Indicators

Behavioral and Social Science

David Purcell

Deputy Director for Behavioral and Social Science

Cynthia Lyles

Associate Deputy Director for Behavioral and
Social Sciences

Nick Deluca

Chief, Prevention Communication Branch

Timothy Green

Chief, Quantitative Sciences and
Data Management Branch

Linda Koenig

Chief, Prevention Research Branch

Dale Stratford

Chief, Program Evaluation Branch

Prevention Programs

Janet Cleveland

Deputy Director for Prevention Programs
and Acting Chief, Prevention Program Branch

Angel Ortiz-Ricard

Associate Deputy Director for Prevention
Programs and Acting Chief, Capacity Building
Assistance Branch

Surveillance, Epidemiology, and Laboratory Science

Amy Lansky

Deputy Director for Surveillance,
Epidemiology, and Laboratory Science

Norma Harris

Associate Deputy Director for Surveillance,
Epidemiology, and Laboratory Science

Irene Hall

Chief, HIV Incidence and Case
Surveillance Branch

Walid Heneine

Chief, Laboratory Branch

Joseph Prejean

Chief, Behavioral and Clinical
Surveillance Branch

Taraz Samandari

Chief, Epidemiology Branch

CDC HIV RESOURCES

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CDC Division of HIV/AIDS Prevention

→ www.cdc.gov/hiv

Comprehensive information on the U.S. HIV epidemic and on DHAP-supported prevention activities.

Act Against AIDS

→ www.cdc.gov/actagainstaids

CDC's communications campaign to refocus national attention on the HIV crisis in America. The website includes information on the many targeted campaigns that are part of *Act Against AIDS*, such as Reasons/Razones to encourage HIV testing and Let's Stop HIV Together to combat stigma and complacency.

Effective HIV Prevention Interventions

→ <https://effectiveinterventions.cdc.gov>

CDC information on accessible, evidence-based programs to promote healthy behaviors among those at risk for transmitting or acquiring HIV, including best practices and online courses.

Gay and Bisexual Men's Health

→ www.cdc.gov/msmhealth

A CDC resource for men who have sex with men, with information on how gay and bisexual men can protect their health through all stages of life.

National Prevention Information Network

→ <https://npin.cdc.gov>

The U.S. reference and referral service for information on HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis. NPIN collects and disseminates data and materials to support the work of HIV/AIDS, viral hepatitis, STD, and TB prevention organizations and workers in international, national, state, and local settings.





WWW.CDC.GOV/HIV

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