

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) maximizes public health safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, viral hepatitis, other sexually transmitted diseases (STDs), and tuberculosis (TB). The Center supports work in all 50 states, the District of Columbia, and all U.S. territories to address these diseases. The Center also houses the Global AIDS Program, an implementing partner of the President's Emergency Plan for AIDS Relief (PEPFAR). NCHHSTP's three key priorities support its overall mission and guide its center-wide initiatives and work groups. These include the following:

- ▶ Reducing health disparities;
- ▶ Encouraging program collaboration and service integration; and
- ▶ Maximizing global synergies.

Surveillance. HIV/AIDS, viral hepatitis, STDs, and TB are among the most prevalent infectious diseases in the United States. Roughly 1 million Americans are living with HIV, the virus that causes AIDS. One-quarter of those infected are unaware of their infection. An estimated 18.9 million new cases of STDs occur each year in the United States. Chlamydia and gonorrhea are the two most commonly reported infectious diseases (1,030,911 and 358,366 cases reported, respectively, in 2006). Targeted STD screening programs are the most effective way to identify and treat them. TB afflicted 13,293 Americans in 2007 despite the availability of effective treatments and control programs. Controlling TB in the United States in the presence of a global epidemic is a challenge. Hepatitis C virus is the most common blood borne infection in the United States, with an estimated 3.2 million people living with chronic hepatitis C. Approximately half are unaware of their infection. There are also about 1 million to 1.4 million people in the United States living with hepatitis B. About 97,000 new infections of hepatitis A, B, and C were reported in 2006.

Domestic HIV/AIDS Prevention. CDC currently funds programs that help people learn their HIV status; help high-risk HIV-negative persons avoid infection; support prevention services for persons living with HIV infection and link them to appropriate care and treatment services; and help track the course of the epidemic and identify new interventions. CDC addresses HIV/AIDS prevention by monitoring the disease's impact, facilitating and supporting partnerships, implementing prevention programs, conducting intervention research and program evaluation, delivering technical assistance to build the capacity of organizations to offer prevention services, and developing policy and communications to support HIV prevention. Although African Americans make up less than 13 percent of the U.S. population, they account for approximately 50 percent of those estimated to be living with AIDS in the United States. CDC launched the "Heightened National Response to the Ongoing HIV/AIDS Crisis among African Americans" in March 2007, inviting 89 leaders who represented media and AIDS service organizations, faith and health organizations, civil/social organizations, and the arts and entertainment arena. The leaders made commitments on awareness, communications, and testing. In May 2008, CDC held a 1-year Anniversary HNR event where leaders shared their accomplishments and made new commitments for 2009.

STD Prevention. To prevent STDs, CDC provides national leadership through research, surveillance, policy development, and assistance to states, territories, and local health departments. CDC provides federal support for a community-wide, science-based, interdisciplinary systems approach to STD prevention and conducts prevention research to improve prevention services and to develop and refine interventions. Focus areas include preventing STD-related infertility in women, eliminating syphilis, preventing cancers related to sexually transmitted infections (STIs), preventing STI-related HIV transmission, reducing STI-related health disparities, and addressing the effects of social and economic determinants of STDs.

TB Prevention. In its efforts toward elimination of TB in the United States, CDC's national program provides grants to states and other entities for prevention, control, and laboratory services; conducts clinical research for improving tools for diagnosing and treating TB; conducts epidemiologic and operational research to improve TB programs in the United States and globally; and supports medical consultation and training to improve awareness and clinical management of TB disease.

Viral Hepatitis Prevention. CDC aims to prevent viral hepatitis infections and their acute and chronic liver disease consequences. CDC educates healthcare and public health professionals to improve identification of persons at risk for chronic hepatitis C infection and ensures appropriate counseling, diagnosis, management, and treatment. CDC also conducts research and policy development to control hepatitis A and B, supports surveillance to monitor who is getting infected with hepatitis B, and helps to ensure appropriate counseling, testing, and medical management of infected persons.

Global HIV/AIDS Prevention. As part of coordinated interagency U.S. Government teams implementing the President's Emergency Plan For AIDS Relief (PEPFAR), CDC's Global AIDS Program (GAP) has highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists supporting prevention activities in more than 70 countries, including the 15 PEPFAR-focus countries. GAP plays a vital role in helping to meet PEPFAR goals. When PEPFAR was announced in 2003, there were only 50,000 patients on antiretroviral treatment in all of sub-Saharan Africa. As of March 31, 2008, PEPFAR has supported treatment for more than 1.64 million people in 15 focus countries.