

CDC's Role in *Ending the HIV Epidemic: A Plan for America*

The U.S. Department of Health and Human Services (HHS) has proposed an initiative — *Ending the HIV Epidemic: A Plan for America* — to end the HIV epidemic in the United States within 10 years. This initiative will leverage critical scientific advances in HIV prevention, diagnosis, treatment, and care by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices, including:

- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Health (OASH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

The Office of the Assistant Secretary for Health is coordinating this cross-agency initiative.

The President has requested \$291 million in the FY 2020 HHS budget to begin carrying out the initiative, which, if funded, will achieve maximum impact by first focusing efforts in communities that are now hardest hit by the HIV epidemic and eventually reaching all corners of America.

In its first phase, this multi-year program aims to infuse 48 counties, Washington, D.C.; San Juan, Puerto Rico; and seven states that have a heavy rural HIV burden with additional resources, technology, and expertise to expand HIV prevention and treatment activities. (Click **here** for more information about the priority areas.)

With additional resources over time, efforts will be expanded in these jurisdictions and across the entire United States, with the goal of reducing new HIV infections by 90% in the next 10 years.

CDC's Role

CDC will coordinate efforts to expand key HIV prevention strategies by working closely with other HHS agencies, local and state governments, communities, and people with HIV.

CDC will work with each community to establish on-the-ground teams that will include local experts from multiple disciplines — for example, epidemiology, health care systems, disease investigation, medical, scientific, public health, and social services.

These teams will work with stakeholders to develop and implement tailored plans for each geographic area, and to manage the day-to-day operations of the *Ending the HIV Epidemic* initiative. While specific action plans will vary based on each community's needs, they will focus on four key strategies: Diagnose, Treat, Prevent, and Respond.



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DIAGNOSE all people with HIV as early as possible.

While great strides have been made in HIV prevention, about one in seven (14%) of the estimated more than 1 million people with HIV in America don't know they have HIV.

CDC will work in collaboration with federal, state, and local health agencies to increase their capacity to test for HIV according to CDC guidelines, and diagnose all Americans with HIV in the high-burden areas. Key approaches will include:

- Using the latest systems and technology to make HIV testing simple, accessible, and truly routine in healthcare facilities.
- Carrying out focused approaches that encourage more people who are at risk for HIV to get tested for HIV more frequently.
- Implementing innovative technologies and programs, such as self-testing, to make testing more accessible.



TREAT people with HIV rapidly and effectively to reach sustained viral suppression.

People who have HIV and who take medication daily as prescribed and maintain an undetectable viral load can live long, healthy lives and have effectively no risk of sexually transmitting the virus to an HIV-negative partner. About 80% of infections that occur each year are transmitted by people who are not receiving HIV care.

- CDC will work with partners and providers to quickly link people who test positive for HIV to care, so that HIV treatment can begin as soon as possible after diagnosis. Healthcare provider training and education resources on HIV care and treatment from HRSA will be available in the identified communities where CDC will be expanding HIV testing. In addition, HRSA-supported community health centers and Ryan White HIV/AIDS Program centers in these communities will be funded to provide healthcare and support services for people with newly diagnosed HIV.
- CDC will work with partners to expand local treatment programs that identify and follow up with people who have stopped receiving HIV care and treatment. Using Data-to-Care tools and approaches, CDC will encourage them to get back in HIV care and treatment.



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

Less than 25% of the estimated more than 1 million Americans who could benefit from PrEP are using this prevention medication. PrEP is a pill that reduces the risk of getting HIV when taken as prescribed.

CDC and federal partners will be implementing a number of strategies to increase access to and use of PrEP.

- CDC and HRSA will train healthcare providers on prescribing and managing PrEP.
- CDC and SAMHSA will conduct outreach to people at highest risk so they know PrEP is available and how to access it.



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- CDC will continue to update clinical guidelines for prescribing PrEP, and to add more public and private providers who offer PrEP to its **PrEP Locator**.
- CDC's education campaigns for both the public and health care providers will combat stigma associated with PrEP use, as well as the stigma associated with HIV, and HRSA will be funded to increase the availability of PrEP services in community health centers.

Additionally, in May 2019, HHS announced a historic donation of PrEP for up to 200,000 people each year for up to 11 years. This will provide medication to prevent HIV in uninsured people who are at risk for HIV. (Click **here** for more information.)

Comprehensive SSPs have also been shown to dramatically reduce HIV risk and can provide an entry point for a range of services to help stop drug use, overdose deaths, and infectious diseases. Research shows that users of SSPs are five times more likely to enter drug treatment, and about three times more likely to stop using drugs than people who don't use the programs.

Yet many communities now threatened by the opioid epidemic and increasing injection drug use have not had the resources to establish effective SSPs. CDC will work with SAMHSA to increase access to and use of comprehensive SSPs, and will work with local communities to implement SSPs where they are needed and permitted by state and local laws.



RESPOND quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Cutting-edge HIV prevention technologies and strategies now allow CDC to help local public health officials identify where HIV prevention and treatment services are most urgently needed.

Real-time response systems are key to ending the HIV epidemic in the United States. While CDC has been working to increase response capacity nationwide, not all areas have the resources to identify, investigate, and respond to potential HIV outbreaks.

CDC will assess and address gaps in staffing, expertise, and data management systems that prevent states and local areas from being able to fully investigate and respond to increases in HIV transmission and outbreaks — and to take HIV prevention and treatment resources to where they are needed quickly.

Ending the HIV epidemic in America will require a 10-year commitment, an expanded investment, and dedicated partners working at all levels of the public and government, but also in industry and local communities to join the fight.

Our nation faces an unprecedented opportunity once thought impossible. The most powerful HIV prevention and treatment tools in history are now available. Areas where HIV transmission is occurring most rapidly can also be identified, and those tools can be swiftly deployed to greatest effect.

By providing all at-risk communities with effective prevention and treatment tools, the HIV epidemic in America can end. The time to act is now.



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