



DIVISION OF HIV/AIDS PREVENTION
Maximizing Impact

DHAP
Annual
Report
2012

Maximizing Impact

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DHAP Mission and Key Areas

DHAP's mission is to promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States. DHAP's goals mirror those of the National HIV/AIDS Strategy (NHAS). These shared goals are aimed at decreasing the incidence of HIV, increasing access to care, improving health outcomes for people living with HIV, and reducing HIV-related health disparities.

Supporting Prevention Programs

Cooperative agreements, technical assistance, and program and policy guidance for health departments, community-based organizations (CBOs), and other organizations working to prevent new HIV infections across the United States

Raising Awareness

Communication campaigns and partnerships to ensure that all people know the facts about HIV and how to protect themselves

Tracking the HIV Epidemic

Comprehensive national surveillance systems to track the HIV epidemic, risk behaviors, and utilization of health care and prevention services

Supporting Prevention Research

Biomedical, behavioral, and operational research to develop new HIV prevention strategies and improve existing interventions and programs

From the Director



Jonathan Mermin
MD, MPH

This is an exciting time in HIV prevention. New interventions and renewed commitment by people living with HIV and community, private sector, and government partners present an opportunity for real progress. In 2012, a number of achievements moved us closer to the Division's goals of reducing new HIV infections, increasing the proportion of people who know they have HIV, improving health outcomes for people living with HIV, and reducing disparities.

For example, recent information from the 20 cities participating in the National HIV Behavioral Surveillance System suggests that the proportion of men who have sex with men (MSM) with HIV who are aware of their infection increased from 56% in 2008 to 66% in 2011. Data published in 2012 also show that the overall proportion of persons living with HIV who know their HIV status rose to 82% by 2009. In addition, CDC and health departments have been working to improve the use of CD4 and viral load data to improve HIV prevention and care, and the number of states with policies requiring the reporting of all CD4 and viral load results (including undetectable results) for surveillance purposes increased from 21 in 2010 to 32 in 2012.

Programmatically, DHAP continues to pursue its high-impact approach to HIV prevention. In 2012, we aligned core prevention and surveillance dollars to better match the burden of the epidemic, maximizing the impact of prevention approaches nationwide. We also successfully launched campaigns encouraging HIV testing among African American women and MSM and campaigns that use social media to combat stigma and complacency.

Finally, in addition to the aforementioned successes, this year the FDA approved use of Truvada for pre-exposure prophylaxis (PrEP) and the over-the-counter sale of an HIV test. And for the first time in over 20 years, the International AIDS Conference was held in the United States, representing a significant victory for public health and human rights.

But there is still much work to be done. Too many Americans are getting infected and dying from HIV every day. One in five Americans living with HIV does not know he or she has the virus, and only a third are receiving effective treatment that prolongs survival and reduces transmission to others.

In addition, stark inequities continue to define the U.S. epidemic. In 2011, HIV diagnoses among African Americans accounted for an estimated 47% of all new HIV infections among adults and adolescents, despite representing only 12% of the U.S. population. Hispanics/Latinos, in 2011, accounted for 21% of new HIV infections while representing approximately 17% of the total U.S. population. And HIV prevalence among gay and bisexual men is over 40 times that of other men.

To reduce these disparities and maximize overall reductions in new HIV infections, prevention strategies need to be combined in the smartest and most efficient ways possible. CDC is implementing high impact prevention at the national level and with state and local partners throughout the United States to identify and implement the most cost-effective and scalable interventions and align them geographically and demographically with the HIV epidemic. High impact prevention helps maximize the impact of every federal prevention dollar spent to reach the goals of the National HIV/AIDS Strategy. This report highlights prevention activities implemented by the Division in 2012, as well as outcomes from the surveillance and research programs that serve as the backbone of our efforts.

I am grateful to, and inspired by, the commitment of the people who work in DHAP and those throughout the country with whom we work every day. We are closer to an AIDS-free generation than ever before—and although our work ahead will be challenging, I know together we will continue to make great progress.



Jonathan Mermin, MD, MPH

Director, Division of HIV/AIDS Prevention

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

Centers for Disease Control and Prevention

The State of the U.S. HIV Epidemic

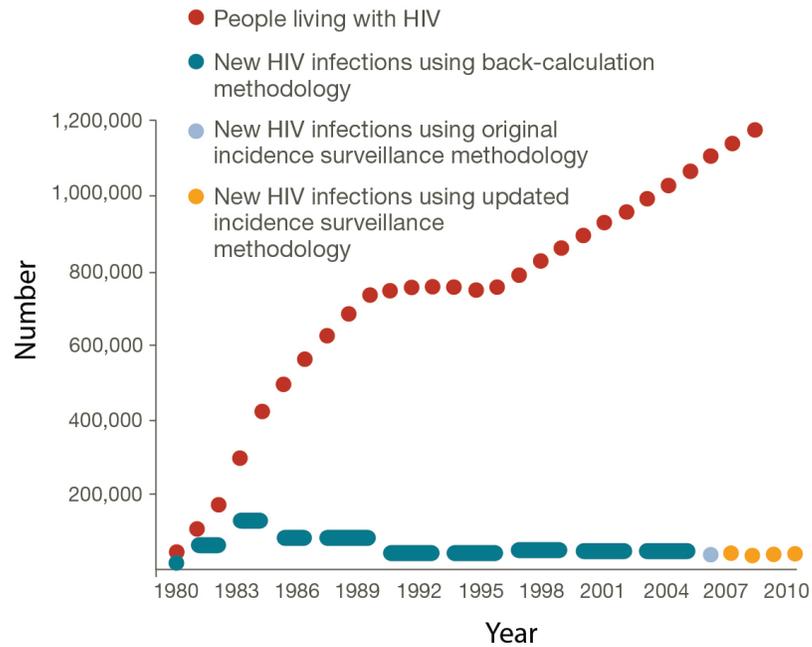
In 2010, more than 1.1 million persons aged 13 years and older were living with an HIV infection in the United States, including 207,600 (18%) who were unaware of their infection. Over the past decade, the number of people living with HIV has increased while the annual number of new HIV infections has remained relatively stable, indicating that HIV testing, prevention, and treatment programs are reducing the rate of transmission. However, the pace of new infections continues at far too high a level, about 50,000 infections per year.

In addition to the continued need for scalable, targeted prevention efforts, there is also a need for persons living with HIV to be engaged across all stages of the continuum of care to achieve real progress and maximize impact. For example, while linkage to care soon after HIV diagnosis is relatively high, more people living with HIV need to be receiving continuous care and antiretroviral treatment, and a greater proportion of persons infected with HIV should have a suppressed HIV viral load—the most important goal for maximizing a person’s health as well as reducing the risk of transmission. Continued growth in the population living with HIV will lead ultimately to more new infections if prevention, care, and treatment efforts are not intensified and improved.

The following pages provide a snapshot of the state of the U.S. HIV epidemic today.

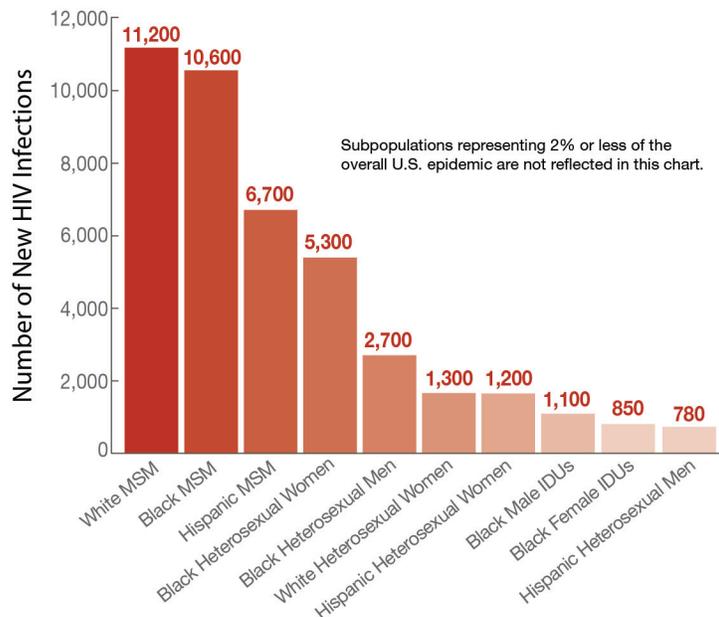


HIV Prevalence and Incidence, 1980–2010



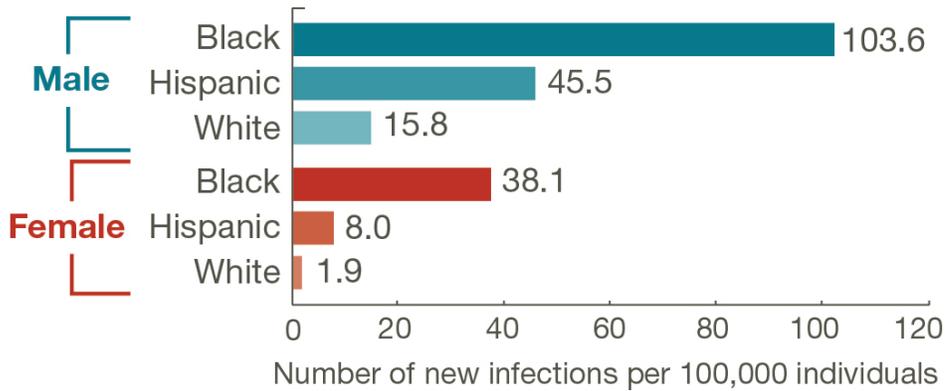
While the annual number of new infections remains stable, the number of Americans living with HIV continues to grow.

Estimates of New HIV Infections in the United States, 2010, among Subpopulations



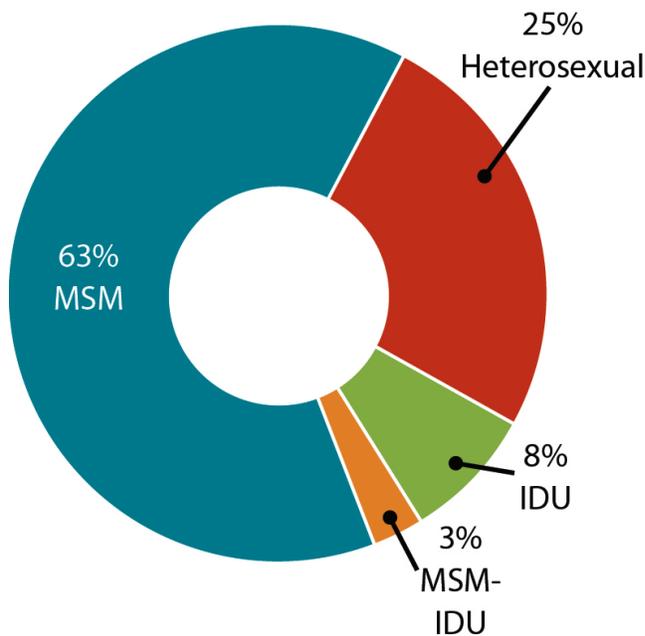
By transmission category, the largest number of new HIV infections currently occurs among men who have sex with men (MSM) of all races and ethnicities, followed by African American heterosexual women. By race/ethnicity overall, African Americans are the most heavily affected, followed by Hispanics/Latinos.

Estimated Rate of New HIV Infections, 2010



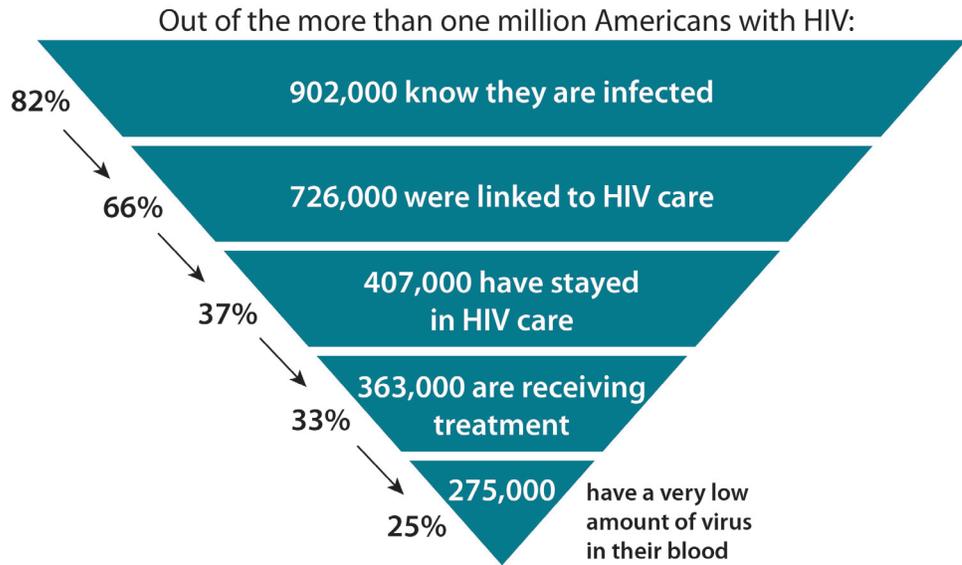
People of color have substantially higher rates of new HIV infection than whites due to a number of social, economic, and epidemiologic factors.

Estimated New HIV Infections by Route of Transmission, 2010



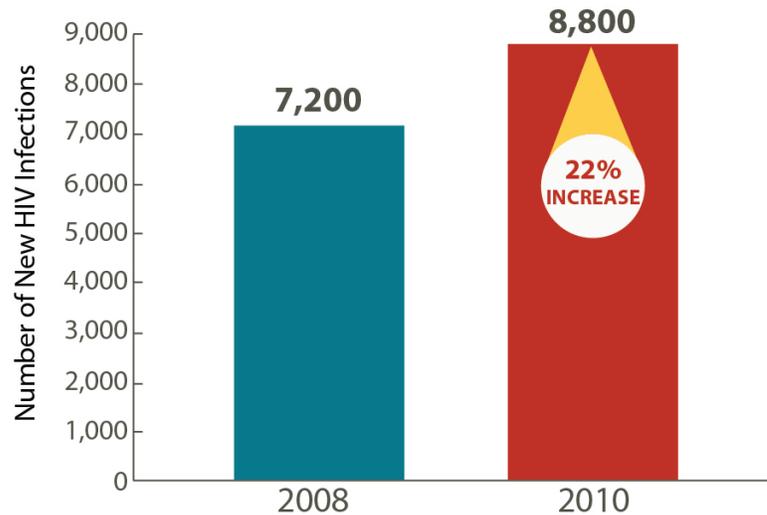
Two-thirds of new HIV infections occur among gay and bisexual men; however, a substantial proportion occur in heterosexuals and injection drugs users (IDU).

Percentage of HIV-infected Individuals Engaged in Selected Stages of Continuum of HIV Care, 2010



Treatment can help people with HIV live longer, healthier lives and also greatly reduces the chances of passing HIV on to others; however, only 25% of people with HIV in the United States are successfully keeping their virus under control.

Estimated New HIV Infections among MSM ages 13-24, 2008-2010



The number of new infections among the youngest MSM (aged 13-24) increased 22%, from 7,200 infections in 2008 to 8,800 in 2010.

The Year in Review

DHAP provides cooperative agreements, technical assistance, and program and policy guidance for health departments, CBOs, and other organizations working to prevent new HIV infections across the United States and its territories.

Supporting Prevention Programs

Expanding Prevention Services

The Care and Prevention in the United States (CAPUS) Demonstration Project is a three-year cross-agency demonstration project led by CDC to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States. CAPUS represents CDC's largest funding to date to support innovative demonstration projects focused specifically on reducing the clinical, social, economic, and structural barriers to testing, care, and treatment in communities of color. Through CAPUS, health departments partner with community organizations in hard-hit geographic areas to increase testing, linkage to and retention in care, antiretroviral therapy (ART) adherence, and viral suppression among racial and ethnic minorities. CDC has required all health departments to use surveillance data and systems at the clinic and individual levels in an effort to improve outcomes along the continuum of care.

CAPUS will allow CDC and its federal partners to identify underlying factors that limit access and use of HIV care and prevention services in this country and to develop practical solutions that can reduce their impact on testing and care. Lessons learned from the CAPUS demonstration project will further inform how federal agencies can work best together as well as with health departments and communities to reach NHAS goals.

CAPUS is supported by funds from the HHS Secretary's Minority AIDS Initiative Fund. In FY 2012, \$14.2 million was awarded for Year 1 activities beginning September 2012. The total projected estimated funding for the entire three-year project period is \$44.2 million.

Eight health departments from the following states were awarded funding:

- Georgia
- Illinois
- Louisiana
- Mississippi
- Missouri
- North Carolina
- Tennessee
- Virginia

Federal Partners

Office of the Assistant Secretary for Health (Office of HIV/AIDS and Infectious Disease Policy, Office of Minority Health, Office on Women's Health), HRSA (both the HIV/AIDS Bureau and the Bureau of Primary Health Care), and SAMHSA

Maximizing Impact Through Health Department Funding

Through the new health department funding agreement, the Missouri Department of Health offers the RUSH-Link program (Routine Universal Screening of HIV), a combination of an expanded testing initiative and linkage to care program. The goal of the program is to improve HIV-related health outcomes for communities of color and reduce health disparities through HIV peer education. In 2012, RUSH-Link was successful in ensuring that 95% of its clients completed the 90-day linkage to care intervention, and that 84% of the graduates were still in care after 12 months.

High Impact Prevention Through Health Departments

In line with goals of NHAS, DHAP is pursuing a high-impact approach to HIV prevention—using cost-effective, scalable interventions with demonstrated potential to reduce new infections and yield the most impact on the HIV epidemic. CDC awarded \$339 million to health departments nationwide to conduct core prevention activities (HIV testing, comprehensive prevention with HIV-positive individuals, condom distribution, and policy initiatives, with flexibility for other effective interventions) and \$20 million for innovative demonstration projects for local, comprehensive prevention activities.

Intensifying Testing and Linkage to Care

CDC's MSM Testing Initiative (MTI) was developed to establish and evaluate an HIV testing program to identify HIV-infected MSM who were previously unaware of their infection and link them to HIV medical care. Since the program's inception, 14 CBOs in 11 cities across the United States have conducted approximately 9,500 tests, resulting in 300 new diagnoses of HIV among MSM tested.

Through MTI, CDC aims to identify at least 3,000 HIV-infected MSM who were previously unaware of their infection (at least 50% of those newly identified HIV-positive men will be Hispanic/Latino or African American); link at least 2,550 (85%) of these HIV-infected MSM to HIV medical care; and write a "Best Practices" report based on findings from the initiative. As a result of this program, it is expected that approximately 60,000 MSM will get tested over a two-and-a-half-year period.

Maximizing Impact Through Capacity Building

Capacity building increases the skills, infrastructure, and resources of individuals, organizations, and communities and is a key strategy for improving the promotion, delivery, and sustainability of HIV prevention programs. During 2012, CDC responded to 674 requests for technical assistance (TA) and training on topics critical to high impact prevention from health departments, CBOs, community stakeholders, and HIV prevention planning groups. CDC also responded to 443 requests for TA and conducted 777 training events for the HIV prevention workforce on topics ranging from improving organizational infrastructure, implementing effective behavioral interventions, HIV prevention with HIV-positive persons, and linkage to care.

Intensifying Prevention Efforts for Young MSM of Color

As part of its efforts to reduce HIV infections among the most affected populations, DHAP has awarded funding to CBOs to provide HIV tests to more than 90,000 young gay and bisexual men and transgender youth of color (YMSM TG). The YMSM TG program aims to identify more than 3,500 previously unrecognized HIV infections (over the five-year funding period)—and link those who are HIV-infected to care and prevention services.

This program expands HIV prevention services for young gay and bisexual men of color, transgender youth of color, and their partners. The awards, now in their second year of funding, expanded upon a previous program to reach these populations with an increase of \$10 million over five years to fund a larger number of community organizations.



PARTNER PROFILE: AID Atlanta

Funded under DHAP's YMSM TG program, AID Atlanta, the Southeast's largest, most comprehensive AIDS Service Organization, targets YMSM of color and, in 2012, tested over 260 clients and confirmed 23 positive tests (8.7% seropositivity). AID Atlanta also supports the Evolution Project, an education program featuring a drop-in community center for young black gay men between 18 and 28 years of age. This is a safe space that helps young black gay men to connect, develop strengths and skills, support each other, and achieve positive goals. The Evolution Project provides access to HIV testing and STD screening at on- and off-site locations. Members are provided risk counseling and linkage to free medical screenings, case management, HIV/STD treatment and other health care services. Additionally, the Evolution Project offers mental health services such as individual, relationship, and group counseling.

Tracking the Epidemic

DHAP coordinates comprehensive national surveillance systems to track the HIV epidemic, risk behaviors, and utilization of health care and prevention services.

Surveillance: A High-Impact Approach

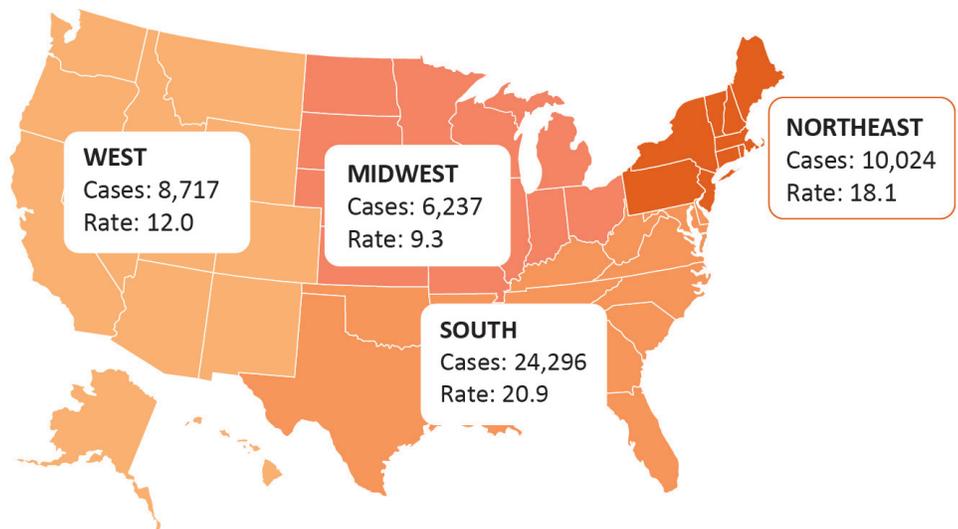
Surveillance is the foundation of the nation's HIV prevention efforts and HIV surveillance data provide critical information to help guide prevention programs at national, state, and local levels. CDC employed a new method for allocating \$60 million in surveillance resources to better match funding with the geographic burden of HIV. Surveillance programs allow jurisdictions to monitor the burden and severity of HIV disease, and monitor the utilization of care services through the ongoing collection of data on laboratory test results (viral load and CD4 counts), and vital status.

As jurisdictions improve the reporting of laboratory data to CDC, we expect estimates of linkage to care, retention in care, and the proportion of people with viral suppression to become more accurate, allowing us to more precisely monitor national progress toward NHAS goals.

Surveillance in the South

In a paper published online in the *Journal of Community Health*, DHAP authors analyzed surveillance data on adults and adolescents diagnosed with HIV infection through December 2010 to describe the impact of HIV in the South. The authors found individuals in the southern states fare worse than those in other regions in HIV-related morbidity.

NATIONAL DATA Cases: 33,015 Rate: 10.8 per 100,000



While many southern states have demonstrated success in HIV prevention in recent years, specifically decreasing the number of HIV diagnoses among women, much work remains. By taking a high-impact approach to both surveillance and prevention programs and allocating resources to better match the geographic burden of the epidemic, DHAP strives to improve HIV-related health outcomes in the South, as well as the rest of the nation.

NCHHSTP ATLAS

Launched in January, ATLAS provides an interactive platform for accessing CDC’s HIV, STD, viral hepatitis, and TB surveillance data. This interactive tool provides CDC with an effective way to disseminate data, while allowing users to observe trends and patterns by creating detailed reports, maps, and other graphics. Surveillance data for each disease are updated annually.

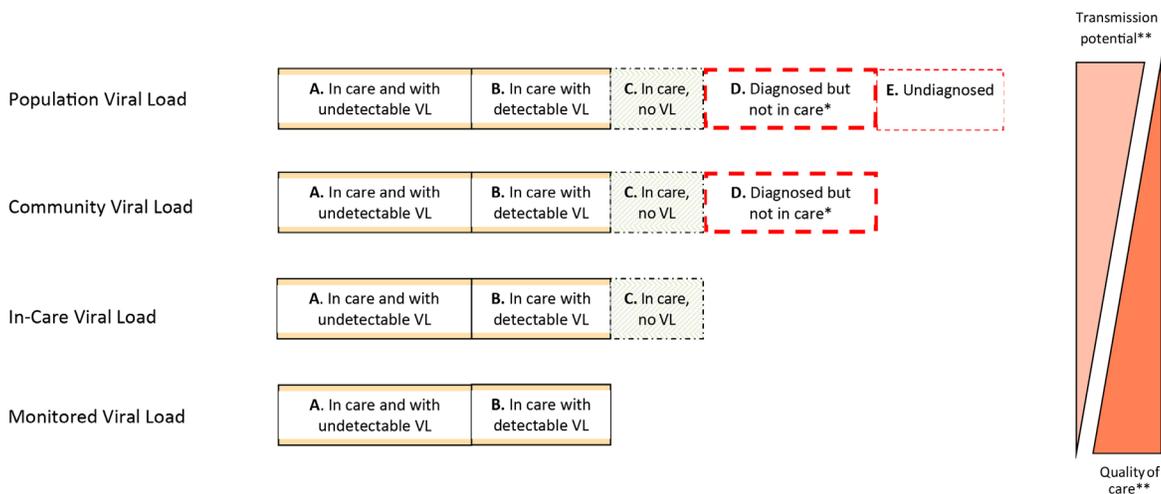


“ATLAS is great! I have accessed ATLAS almost every day since it was launched. I use it to illustrate the issues and create charts and one-pagers for my colleagues.”
—Lisa Neel,
Indian Health Services

HIV Surveillance Systems to Monitor Viral Load

DHAP authors highlighted disparities in both access to and success of care in a paper published in the *American Journal of Public Health*. In this analysis, they found that about 20% of people did not enter care within three months of diagnosis and about 30% of people living with HIV were not virally suppressed. They also observed disparities across race/ethnicity, age, sex, and risk groups among people who are linked to clinical care and virally suppressed. The paper explains how surveillance data can be used for monitoring progress toward NHAS goals as well as improving timely linkage to care, increasing the proportion of HIV-infected people who are virally suppressed. Findings conclude that future work must identify and address barriers to prompt the utilization of care across all populations for better health outcomes.

Conceptual framework for viral load (VR) measures among HIV-infected persons



* No current lab results, including viral load

** Relative indicator for each Measure

Technical Guidance for Viral Load Calculation

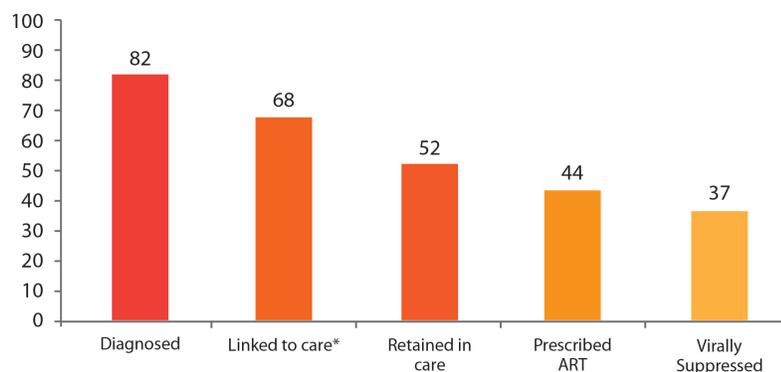
CDC provided integral supplemental resources to health jurisdictions to support the implementation and maintenance of electronic lab reporting for all HIV-related test results, collect CD4 cell count and viral load data as part of core surveillance activities, and improve the use of geocoding to monitor and respond more precisely to local epidemics. CDC also released technical guidance to help HIV surveillance grantees and their public health partners calculate different measures of viral load, including community viral load (CVL).

The average viral load among all HIV-positive individuals in care in a given community (CVL) is correlated with the number of new infections that occur in that community. Calculating and mapping population viral load measures can help direct prevention strategies and resources to where they are needed most and reduce HIV-related disparities.

PARTNER PROFILE: Chicago Department of Health

The Chicago Department of Public Health (CDPH) has found multiple ways to utilize CDC's Medical Monitoring Project (MMP) data to complement its surveillance program and guide its programmatic activities and outcomes. CDPH has used MMP data to estimate the percentage of people living with HIV who are on ART and virally suppressed and to calculate Chicago's current continuum of care. Local questions regarding initiation of care, reasons for discontinuity in care, and provider practices for appointment reminders and lost appointments have increased CDPH's understanding of potential points of intervention to improve linkage to and retention in care. This information has been shared with Chicago's local integrated prevention and care housing planning council and has helped in the planning, priority setting, and resources allocation processes.

Percentage of persons living with HIV engaged in selected stages of continuum of care - Chicago, 2009



*Percentage of 2009 diagnoses linked to care within 3 months

DHAP supports biomedical, behavioral, and operational research to develop new HIV prevention strategies and improve existing programs.

Supporting Prevention Research

PrEP Biomedical Research and Interim Guidance

CDC published results of the TDF2 study, which found that a once-daily oral dose of HIV antiretroviral drugs (pre-exposure prophylaxis (PrEP)) reduced the risk of acquiring HIV infection by 62% overall in the study population of uninfected heterosexually active men and women. Blood-level data showed that participants who became infected had far less drug in their blood, compared with matched participants who remained uninfected, suggesting that medication adherence is associated with the efficacy of PrEP in preventing HIV infection.

These data, along with those from other PrEP studies, represented a crucial step toward better understanding the ways in which antiretroviral drugs may be used to help stop the spread of HIV. CDC published interim PrEP implementation guidance for providers for use with heterosexually active adults. Last year, CDC published interim PrEP guidance for providers for use with MSM.

Complementary Tools—Surveillance and Research

By using two complementary epidemiologic approaches—each addressing the limitations of the other—CDC can provide a more complete and accurate assessment of the health status and clinical outcomes of people living with HIV. The Medical Monitoring Project (MMP) and HIV Outpatient Study (HOPS) are two examples of such approaches.

MMP is the most comprehensive project of its kind, providing information about the behaviors, medical care, and health status of people living with HIV/AIDS. The project has been implemented across 23 areas and is designed to produce nationally representative data on people living with HIV/AIDS who are receiving HIV medical care in the United States. HOPS is a study conducted by CDC since 1993 that allows for greater ability to assess trends over time and to evaluate associations between treatment and clinical outcomes, such as survival. Data collected and information provided by MMP and HOPS are often used together to inform planning activities and to help estimate resource needs for treatment and services for HIV-positive persons.

For example, CDC surveillance data continue to show the disproportionate burden of HIV among African Americans and Hispanics/Latinos. However, as demonstrated by an analysis of data published from HOPS, survival among patients prescribed ART and responding well to treatment differed not by race/ethnicity but by the source of payment for medical care: publically insured patients were significantly more likely to die than those who were privately insured. HIV care for most HIV-infected Americans is paid for by public sources.



**MEDICAL
MONITORING
PROJECT**

As reported by MMP, over 65% of patients in care pay for their medication using either Medicare/Medicaid or the AIDS Drug Assistance Program (ADAP). Additional evaluation of the HOPS data indicated that the burden of comorbid diseases, such as cardiovascular and renal disease, both in life and as causes of death, were significantly greater among publicly insured patients. This implies that the difference in survival noted in HOPS was not related to the quality of care publicly insured patients received but rather by the greater burden of preventable disease they experience. With patients living longer, these kinds of preventable conditions will increasingly become the focus of HIV care.

ECHPP Cities

Chicago, District of
Columbia, Miami, Atlanta,
Houston, Los Angeles,
Baltimore, New York City,
Philadelphia, San Juan,
San Francisco,
Dallas

High-Impact Approaches for High-Prevalence Cities

DHAP released a report on promising practices based on the Enhanced Comprehensive HIV Prevention Planning (ECHPP) project's grantee experiences. Under ECHPP, demonstration projects in 12 heavily HIV-affected cities representing 44% of the total U.S. AIDS cases were funded to implement a mix of HIV prevention approaches likely to have the greatest impact within their areas. Lessons learned from ECHPP have informed how CDC could work better with health departments, other U.S. government agencies, and communities to reach the NHAS goals across the country.

PARTNER PROFILE: Philadelphia's AIDS Activity Coordinating Office

Philadelphia's AIDS Activity Coordinating Office provided data to DHAP for a new HIV prevention resource allocation tool to help prioritize the funding of high impact HIV prevention interventions by health departments. DHAP's resource allocation model projects the expected number of new HIV cases over one to five years and indicates the best allocation of an HIV prevention budget for each program and population to prevent the most new HIV cases. Through ECHPP, Philadelphia used the results of this model to inform its HIV prevention funding decisions, spending more to test MSM in non-clinical settings, and more on behavioral risk reduction programs for HIV-infected persons, particularly MSM. It spent less on behavioral risk reduction programs for the uninfected and high-risk heterosexuals. CDC is currently working with federal and non-federal partners to adapt this tool and develop technical assistance so health departments can use the tool to help with resource allocation, ensuring that states are saving lives and money.

DHAP develops communications campaigns and partnerships to ensure that all people know the facts about HIV, are aware of their status, and understand how to protect themselves.

Raising Awareness

Take Charge. Take the Test.

Take Charge. Take the Test.[™] was launched in March 2012 in 10 major U.S. cities where large numbers of African American women are affected by HIV. This public education campaign encourages HIV testing and awareness among African American women, who are more severely affected by HIV than women of any other race or ethnicity. Since its launch, there have been nearly 450 million media impressions*, and over 40,000 page views of the campaign Web site.

Take Charge. Take the Test. messages remind women that they have the power to take charge of their health and protect themselves from HIV through testing, talking openly with their partners about HIV, and insisting on safe sex. In each city, campaign messages are disseminated through radio, billboard, and transit advertising as well as community outreach efforts. Local health departments are leading implementation of the campaign in each of the participating cities, working closely with community organizations and venues that serve African American women. The campaign is part of CDC's *Act Against AIDS* initiative, a five-year national communication effort that seeks to draw attention to the HIV epidemic in the United States.

*A media impression is an industry standard that estimates the number of times a message has been seen or heard. (Note: the same person may have been exposed to the message more than once.)



You feel as if you've known him forever, but that doesn't mean you know everything.

Get a Free HIV Test

To learn more about free HIV testing or to find an HIV testing location near you, call 1-800-CDC-INFO (232-4636) or visit hivtest.org/takecharge.



Testing and Linkage to Care Through Pharmacies

In June, CDC launched a pilot project to train pharmacists and retail store clinic staff at 24 rural and urban sites to deliver confidential rapid HIV testing. As of September, 451 tests had been conducted, with 13 preliminary positives. By November, five sites had begun testing.

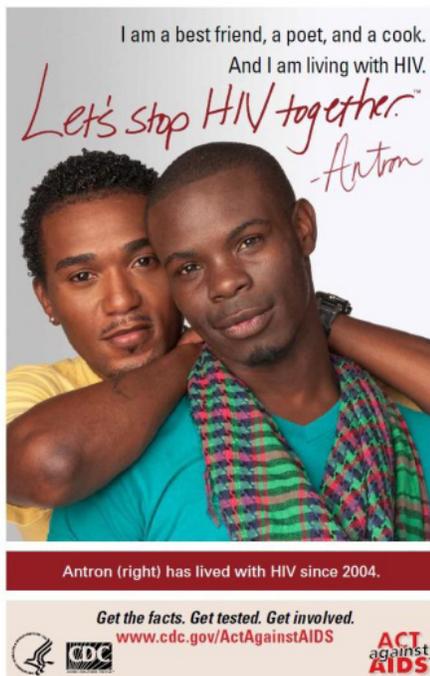
By utilizing local pharmacy and retail clinic staff, HIV testing in a pharmacy setting can help overcome the obstacles of distance and stigma around HIV-testing centers. In the United States there are approximately 60,000 community pharmacies and more than 1,000 retail clinics. This innovative approach to increasing HIV services will expand HIV counseling and testing services and will conduct at least 200 HIV tests, per venue, annually.

Clients with a preliminary HIV-positive result will be linked to a local health care provider for confirmatory testing and care. Clients will also be offered risk-reduction information and local referrals to assist with other health and/or social issues. In addition to increased testing and linkage to care, one of the expected outcomes of the project is a training curriculum that will serve as a toolkit for community pharmacists and staff at local retail clinics who plan to offer HIV testing services.

Let's Stop HIV Together

Another segment of CDC's *Act Against AIDS* initiative, *Let's Stop HIV Together*, launched right before the XIX International AIDS Conference, held in Washington, D.C. in July. *Let's Stop HIV Together* is a national campaign that includes local and national advertising with social media to combat two major obstacles in HIV prevention—stigma associated with the infection and complacency about the epidemic. *Let's Stop HIV Together* features people living with HIV standing alongside friends and family and calling on all Americans to join the fight against the disease. In addition to fighting stigma, *Let's Stop HIV Together* combats complacency by showing that HIV touches every corner of American society, regardless of race, gender, or sexual orientation.

Between July and December, over 10,000 campaign materials such as posters, palm cards, fact sheets, and Facebook cards were distributed at conferences, events, and to requesting organizations, as well as downloaded from the *Act Against AIDS* Web site. In this timeframe, the Facebook page has received almost 500 million media impressions, has more than 67,000 "likes," and over 110,000 visitors. There have been more than 600,000 views of campaign videos on YouTube.



To raise the visibility of *Let's Stop HIV Together*, CDC negotiated a “station domination” of Gallery Place Metro station in Washington, D.C. This strategy enabled CDC to display campaign messages on every media space within the station as well as strategically placed ads in high-traffic areas. CDC shared this marketing strategy with the Kaiser Family Foundation’s *Greater Than AIDS* campaign and placed 128 ads around the station, including dioramas, two-sheets, banners, platform runners, floor graphics, pillar wraps, and pylon faces. The campaign ran four weeks at Gallery Place and garnered more than 900,000 impressions. In addition to the Metro Rail, CDC also negotiated a station domination at the Union Station/Amtrak station in Washington, D.C. to reach International AIDS Conference attendees who use Amtrak to get to and from the city. The station domination included two-sheets, kiosks, banners, and floor graphic options. The station domination ran from July 16 to August 26, resulting in over 800,000 media impressions.



PARTNER PROFILE: Center for Black Equity

The Center for Black Equity (CBE), formally known as the International Federation of Black Prides, is in its third year of a five-year agreement with the Act Against AIDS Leadership Initiative (AAALI). Through its partnerships, CBE has administered more than 4,500 HIV tests in African American communities and its media activities have resulted in over 2.6 million impressions. CBE is strongly committed to supporting leaders, institutions, issues, and programs that lead to social, economic, and cultural equity for all LGBT people of African descent. With CDC, AAALI partners like CBE conduct communication, mobilization, and outreach in their communities to increase awareness of HIV and improve access to information and testing services. CDC launched AAALI as part of *Act Against AIDS* in 2009. The initiative brought together some of the nation’s foremost African American organizations to intensify HIV prevention efforts in black communities. In 2010, DHAP expanded AAALI to also include organizations that focus specifically on MSM and Latino communities.

XIX International AIDS Conference

For the first time in over 20 years, the United States hosted the XIX International AIDS Conference (IAC or AIDS 2012) in Washington, D.C. July 22–27th. Themed “Turning the Tide Together,” the conference served as a reminder that we have reached a defining moment in the HIV epidemic. By acting decisively on recent scientific advances in HIV treatment and biomedical prevention, the momentum for a cure, and the continuing evidence of the ability to scale-up key interventions in the most-needed settings, the conference emphasized that we are closer than ever to seeing an AIDS-free generation.

AIDS 2012 brought together leading scientists, public health experts, policy-makers and the HIV-affected community to translate recent momentous scientific advances into action that will address means to end the epidemic, within the current context of significant global economic challenges. DHAP staff contributed to the agenda in meaningful ways, presenting research on key issues such as surveillance, prevention research, interventions, and scientific advances (PrEP, treatment as prevention, and testing).

To open the conference, DHAP hosted a satellite symposium on Sunday, July 22nd intended to familiarize audience members with the concept of high impact prevention in theory and in practice and to provide perspectives on implementing the strategy. Speakers presented perspectives from national, state and local public health department, and community-based organization levels. DHAP’s symposium speakers included Drs. Jonathan Mermin, Irene Hall, and Stephanie Sansom.



Throughout the conference, DHAP speakers presented on various topics including:

- The continuum of care, which found that most Americans with HIV are not getting HIV treatment needed for their health and to protect the health of their partners
- The cost-effectiveness of more frequent HIV screening of MSM in the United States, which concluded that screening of MSM every three months to six months is cost-effective and cost-saving and suggested that the screening recommendations for MSM should be reexamined
- Participant adherence in the Bangkok Tenofovir Study, an HIV pre-exposure prophylaxis trial among IDU in Bangkok, which suggested that the Bangkok Tenofovir Study will be able to provide reliable adherence data to determine if Tenofovir prevents HIV infection among IDU
- Correlates of undiagnosed HIV infection among African American women at increased risk of HIV, which found that social and demographic factors are stronger predictors of undiagnosed HIV infection among African American women than individual risk behaviors; and that increased testing and linkage to care and structural interventions are needed to address contextual factors placing African American women at risk for HIV

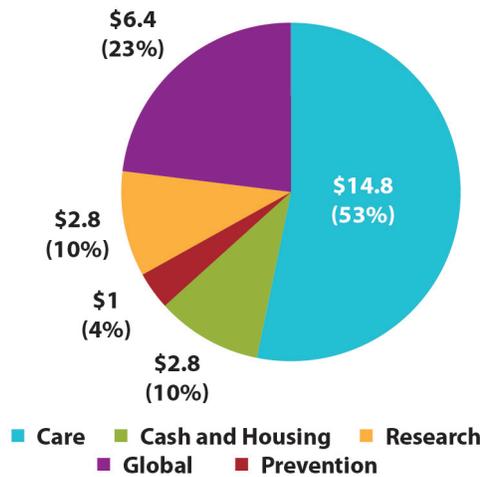
AIDS 2012 took place during a pivotal moment in our history and served as a reminder that intensifying HIV prevention efforts and maximizing their impact are the keys to ending the HIV epidemic and witnessing an AIDS-free generation.



FY 2012 HIV Funding at CDC

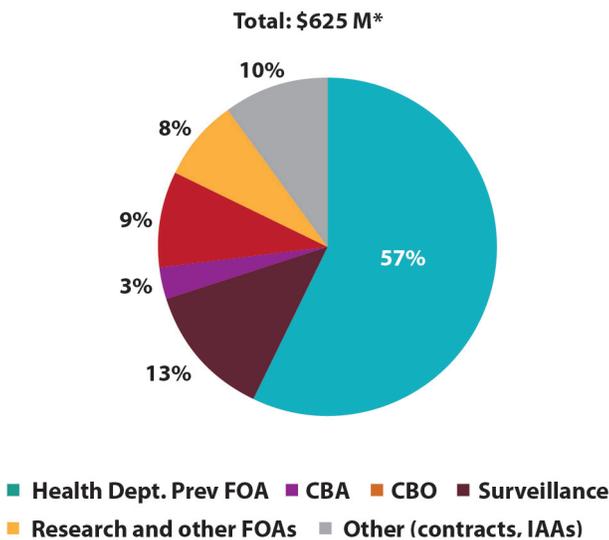
In FY 2012, CDC received \$786M for HIV prevention funding through the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Eighty-nine percent of this funding directly or indirectly supported programs specifically focused on HIV, 4% supported school health-related programs, 4% supported Program Collaboration and Service Integration (PCSI), and 3% supported Public Health Service evaluation and other mandatory costs.

Federal HIV Funding, FY 2012 (Funding in billions)

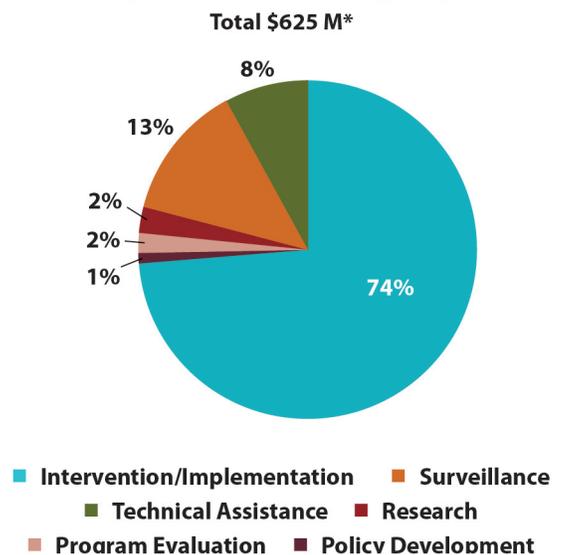


Source: Kaiser Family Foundation, 2013

DHAP FY 2012 Extramural Funding



DHAP FY 2012 Extramural Funding by Mission Category



CDC HIV Resources

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.ActAgainstAIDS.org

CDC's communication 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 *Take Charge. Take the Test.* for African American women and *Let's Stop HIV Together* to combat stigma and complacency.

NCHHSTP ATLAS

<http://www.cdc.gov/nchhstp/atlas/>

The NCHHSTP ATLAS was created to provide an interactive platform for accessing CDC HIV and STD data. This interactive tool provides CDC with an effective way to disseminate data, while allowing users to observe trends and patterns by creating detailed reports, maps, and other graphics.

Effective Behavioral Interventions

www.EffectiveInterventions.org

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

www.cdcpin.org

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.

DHAP Leadership

Jonathan Mermin, Director

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Rosanne English, Associate Director for Data Management

Donna McCree, Associate Director for Health Equity

Linda Valleroy, Associate Director for Science

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