



ANNUAL  
REPORT  
**2013**

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



**Centers for Disease  
Control and Prevention**  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention

## Foreword

We hope you will enjoy reading this edition of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Annual Report 2013. It includes brief highlights of some of the center's key achievements from 2013.

The epidemics of HIV, STDs, viral hepatitis, and TB are large and complex, but through our programs and collaborations with many partners—including state and local health departments, other federal agencies, state and local education agencies, and nonprofit organizations—we are seeing positive results, such as the lowest number of annual cases of active TB disease ever reported and an increase in the proportion of people with HIV who know their infection status. Achievements for 2013 included:

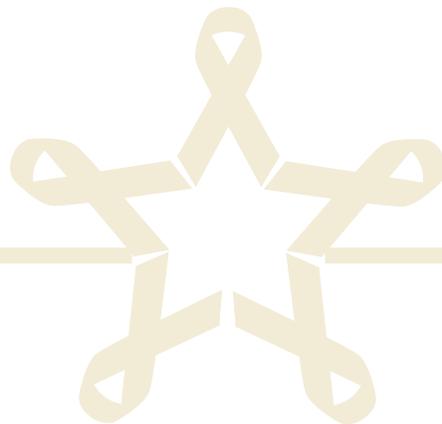


- Providing guidance on a new anti-TB drug, bedaquiline, which gives healthcare providers an additional tool against drug-resistant TB.
- Publishing results of a study of pre-exposure prophylaxis (PrEP) among injection drug users that was conducted with the Thailand Ministry of Health. The randomized controlled trial showed that a daily dose of a medication used to treat HIV infection reduced the risk of HIV acquisition by 49 percent among people who inject drugs. CDC published updated interim guidance recommending that PrEP be considered as a prevention option for persons at very high risk for HIV infection due to injection drug use.
- Launched the “Know Hepatitis B” campaign, aimed at raising awareness of Asian Americans and Pacific Islanders about hepatitis B virus. An estimated 1 out of 12 Asian Americans and Pacific Islanders are living with hepatitis B, but as many as 2 out of 3 are not aware of they are infected.
- Launched Reasons/Razones, a national, bilingual communications campaign to promote HIV testing among Latino gay and bisexual men. The campaign asks gay and bisexual Latino men to consider the reasons for getting tested.
- Released a new STD prevention funding opportunity announcement (FOA), which incorporates a new funding formula. The FOA focuses on preventing STDs among adolescents and young adults, preventing STDs among men who have sex with men (MSM), monitoring emergence of antibiotic-resistant gonorrhea, and eliminating congenital syphilis.
- Awarded approximately \$14 million to 86 recipients for HIV and STD prevention activities and capacity building in schools, and for school-based surveillance on health risk behaviors.

The accomplishments highlighted are some of the many successful activities NCHHSTP has undertaken to reach our goals in reducing incidence, morbidity, mortality, and health inequity associated with these diseases. These accomplishments would not be possible without our expert and diverse staff of public health professionals and with the collaboration of our partners. You can find more about our programs at <http://cdc.gov/nchhstp>.

### **Jonathan Mermin, MD, MPH**

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



## About NCHHSTP

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention (CDC) saves lives, protects people, and promotes health equity by preventing HIV, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB).

The Center was established in 1994 to bring together most of CDC's HIV prevention activities into a single, organizational home alongside STD prevention and TB elimination programs. In 2006, CDC's Division of Viral Hepatitis joined the Center. In January 2012, the Division of Adolescent and School Health (DASH) officially joined NCHHSTP. DASH's mission is to prevent HIV, other STDs, and teen pregnancy and to promote lifelong health among youth.

The infectious diseases NCHHSTP focuses on share similar or overlapping at-risk populations—including racial and ethnic minorities, men who have sex with men (MSM), and injection drug users. These diseases also share similar social determinants, including poor access to health care, stigma, discrimination, incarceration, homelessness, and poverty.

To address these overlapping health issues, NCHHSTP implements multidisciplinary programs, policy, research, surveillance, and evaluation. The Center's strategic plan guides its programs and research by outlining key strategies, including prevention through healthcare, program collaboration and service integration, global health protection and systems strengthening, partnerships, and workforce development and capacity building. Below are highlights and accomplishments from 2013.

### Prevention through Healthcare

As the nation's healthcare system undergoes change, new opportunities are emerging for furthering the prevention of HIV, STDs, viral hepatitis, and tuberculosis. NCHHSTP is working to engage the healthcare system in areas such as screening for hepatitis C virus (HCV), HIV, and STDs; expanding reimbursement for preventive services; and implementing creative linkages between health departments and health care providers and clinics.

NCHHSTP's efforts in promoting prevention through collaboration with the healthcare



system were furthered in 2013 by the U.S. Preventive Services Task Force (USPSTF) Grade B recommendation for hepatitis C screening for persons born between 1945 and 1965 and Grade A recommendation for HIV screening for people 15 to 65 years of age. The USPSTF's recommendations are now well-aligned with prior CDC recommendations on screening for those infections. Qualified health plans and most private insurance plans are required to provide coverage, without cost sharing, for recommendations rated A or B by the USPSTF. NCHHSTP provided critical data that supported these guidelines.

Examples of guidance CDC issued in 2013 to assist health care professionals in detecting, treating, or preventing STDs, HIV, viral hepatitis, or TB included:

- “Update to Interim Guidance for Preexposure Prophylaxis (PrEP),” *Morbidity and Mortality Weekly Report (MMWR)*—recommends that preexposure prophylaxis be considered as a prevention option for persons at very high risk for HIV infection due to injection drug use. These guidelines were based on a joint CDC/Thai Ministry of Health study.
- CDC, along with the National Institutes of Health (NIH) and the HIV Medicine Association of the Infectious Diseases Society of America, released the updated “Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected

Adults and Adolescents,” *AIDSinfo*, <http://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/0>.

NCHHSTP also conducted the following activities in 2013 to advance prevention through healthcare:

- Launched an easy-to-use app that helps health care providers identify and treat patients for STDs. The STD TX Guide app combines information from CDC's STD Treatment Guidelines, and *MMWR* updates. The free app is available for Apple and Android electronic devices.
- Collaborated with the Centers for Medicare and Medicaid Services to collect data from electronic records to monitor hepatitis B vaccine birth-dose coverage. Hepatitis B infection in a pregnant woman can be transmitted to her infant. Without vaccination, about 40% of infants born to mothers with hepatitis B infection will develop chronic infection, and about one-fourth will eventually die from chronic liver disease. Vaccination can prevent infection. Monitoring the vaccine coverage can help target efforts to increase vaccination of newborns.
- Sought to better understand how public health and primary care collaboration could be operationalized, tested, and evaluated in real-world settings by interviewing public health officials and



primary care association leaders in states and health officials and community health center leaders in local areas. The project documented existing public-private health collaborations, and identified how these areas could move forward to test integration in certain areas. The project was conducted by NCHHSTP and its funded national partners—the Association of State and Territorial Health Officials, National Association of County and City Health Officials (NACCHO), National Association of Community Health Centers, and the National Coalition of STD Directors. NCHHSTP will continue working with partners to develop methods to assess levels of integration and measure the impact of integration on performance and program outcomes.

- Funded NACCHO to define the necessary professional capabilities of disease intervention specialists (DIS) and to assess available training and detect gaps in current training systems. DIS are a flexible workforce with a vital set of skills that can be utilized in a variety of public health capacities within and outside of HIV/STD. However, there is currently no nationwide standard for training and skills for disease interven-



tion specialists. The assessment identified a need for and interest in a national certification program; findings will be used to pursue establishment of certification.

- Offered a two-part CME session for clinicians on HIV screening recommendations, as part of the *Act Against AIDS HIV Screening, Standard Care* campaign. All education sessions were accessible via live streaming broadcast at no cost to clinicians.
- Worked with a panel of experts to define draft clinical quality measures for HIV screening. Next steps include electronic specification of the measures to ensure that information can be obtained from electronic health records, measure feasibility testing, and submission to the Centers for Medicare and Medicaid Services for consideration for the Meaningful Use program.

### **Program Collaboration and Service Integration (PCSI)**

NCHHSTP added county data to the popular NCHHSTP Atlas, an interactive platform for accessing data on HIV, viral hepatitis, tuberculosis, chlamydia, gonorrhea, and primary and secondary syphilis. Having access to county data allows public health officials, community-based staff, and



others working in prevention to better target their efforts on the local level. The Atlas allows users to see the burden of these diseases in their jurisdictions and create detailed reports and maps on trends at the state level, including trends related to race and ethnicity. Since the release of the county-level data, the average daily visits to the Atlas website have doubled, with a total of about 12,400 visits in the first 10 weeks since the county-level data became available.

In addition, PCSI-related activities continued under the demonstration cooperative agreement with New York City, North Carolina, Philadelphia, San Francisco, Texas, and Washington, D.C. For example, the New York City PCSI Coordinator collaborated with community health centers to integrate services. And, in Philadelphia, the PCSI team expanded their Facebook campaign targeting adolescents and providing HIV and STD prevention information and resources.

NCHHSTP continued to work on the implementation of *Data Security and Confidentiality Guidelines*, which establish standards to ensure appropriate collection, storage, sharing and use of data across the Center's surveillance and program areas. NCHHSTP hosted an in-service training for all of its Project Officers and Program Consultants involved in providing technical assistance to grantees around data sharing, security, and confidentiality. In collaboration with the Council on State and Territory Epidemiolo-

gists (CSTE), a series of five webinars were provided to CSTE members to cover the key topic area of the guidelines.

### **Global Health Protection and Systems Strengthening**

NCHHSTP has been providing technical assistance and advice to the Ministry of Health in Egypt for their viral hepatitis prevention and control efforts for several years. Egypt has the largest burden of HCV infection in the world, with a 10% prevalence of chronic HCV infection among persons aged 15–59 years. HCV transmission in Egypt is associated primarily with inadequate infection control during medical and dental care procedures. In response, the Egyptian Ministry of Health and Population in 2001 implemented a program to reduce health-care-associated HCV transmission and in 2008 launched a program to provide care and treatment. NCHHSTP is helping Egypt's Ministry of Health develop its hepatitis prevention strategy.

NCHHSTP is part of a coordinated U.S. government and global approach to TB prevention, working with partners such as the World Health Organization and other multinational and nongovernmental agencies. Over the past 2 years, the Center has provided technical assistance in 41 countries, focusing on developing more effective treatment options, building country capacity to prevent transmission, scale-up diagnostics, and identify and treat vulnerable populations including people living with HIV, children, and persons with



multidrug-resistant TB. One example is the partnership of NCHHSTP, the U.S. Agency for International Development, and the Office of Global AIDS Coordination to roll-out GeneXpert MTB/RIF® to 14 high-burden countries. GeneXpert MTB/RIF® is a new diagnostic tool that more accurately and quickly diagnoses TB. This tool is expected to help programs increase their numbers of persons diagnosed with TB, particularly among people with HIV and those with drug-resistance. This joint effort provides equipment, training, scale-up of screening approaches, and program planning to ensure all patients diagnosed receive appropriate TB treatment.

NCHHSTP authors, with authors from the World Health Organization, co-authored the *Investment Case for the Elimination of Mother-to-Child Transmission of Syphilis: Promoting Better Maternal and Child Health and Stronger Health Systems*. The document was released May 2013 and clarifies specific needs to achieve global congenital syphilis elimination. To help provide the evidence basis for the global initiative for congenital syphilis elimination, NCHHSTP authors also participated in two major publications:

“Global estimates of syphilis in pregnancy and associated adverse outcomes in 2008: the need to improve quality and coverage of antenatal care services” and “The impact of syphilis adverse pregnancy outcomes: a systematic literature review and meta-analysis.”

## Partnerships

To support research in the prevention and treatment of viral hepatitis, CDC continues to partner with the CDC Foundation on the Viral Hepatitis Action Coalition (VHAC). The VHAC is a public-private partnership to advance the prevention, screening, and treatment of viral hepatitis. Originally founded with three members, the VHAC has grown to 17 members that help support crucial CDC-led research and programs and amplify CDC’s messages to the public to increase overall awareness of viral hepatitis.

For example, the VHAC provides funds for NCHHSTP’s Chronic Hepatitis B and C Cohort Study—a longitudinal study of people with chronic hepatitis B and hepatitis C infections. An analysis of cohort study data published in 2013 indicated that a substantial proportion of HCV-infected patients were tested only after clinical indications that their infection had progressed and became symptomatic. Of the 4,689 patients with HCV infection who responded to the survey, 45.2% reported clinical indications as a reason for testing, with 78.1% born during 1945–1965, the birth cohort recommended by CDC for one-time HCV testing. Another project the VHAC helps support is the *Know More Hepatitis* awareness campaign (<http://www.cdc.gov/know-morehepatitis/>) and other outreach efforts. *Know More Hepatitis* is aimed at increasing awareness about hepatitis C and encouraging baby boomers, people born during 1945–1965, to get tested as they are the age group



most at risk. *Know More Hepatitis* is designed to complement existing educational efforts and help inform baby boomers about this often silent disease. The *Know More Hepatitis* campaign, launched in 2012, has generated over one billion media impressions, worth \$12 million—a 12-fold return on investment.

The National Chlamydia Coalition, (NCC) is another NCHHSTP partner. The Coalition's members are comprised of national non-profit organizations, health care professional associations, advocacy groups, health insurers, and local, state, and federal government representatives. The NCC leadership has worked with the National Committee for Quality Assurance (NCQA) to highlight the chlamydia screening Healthcare Effectiveness Data and Information Set (HEDIS) measure at NCQA conferences. This important HEDIS indicator measures the proportion of sexually active females from ages of 16 to 20 and 21 to 24 who were screened for chlamydial infection annually. The NCC has also updated *Why Screen for Chlamydia*, a widely-used resource targeted at physicians. Efforts continue in the state networking project linking community providers to public health experts in STD at the state level. <http://ncc.prevent.org/>

In 2013, NCHHSTP in a partnership with Emory University, was selected as an HIV and TB Clinical Trials Unit (CTU). The National Institutes of Health (NIH) selected the CTU as one of 37 clinical trials units responsible for implementing the scientific agenda of the NIH international HIV/AIDS clinical research

network. The 7-year designation, with expected funding of more than \$12.5 million and significant additional protocol-specific funding, was given to the CTU, which includes two clinical research sites in Atlanta and one each in Kenya and Thailand.

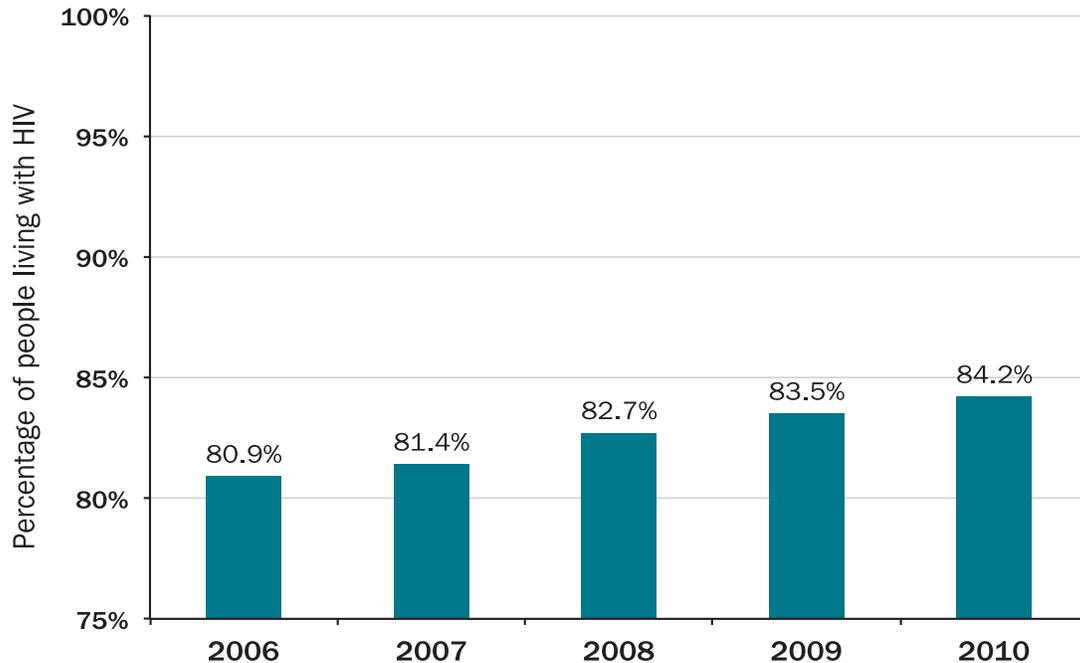
### **Workforce Development and Capacity Building**

Attracting a professional workforce and developing their capacity to promote health and prevention is a priority for NCHHSTP. The center has been piloting new ways to reach its staff with career development information, such as through speed mentoring and a career development blog. Highlights of these activities include:

- A Coaching and Leadership Initiative, launched in 2013 to build and sustain effective leadership, management, supervision and administration skills. Sixty team leaders participated in the pilot program.
- The NCHHSTP Learn@Lunch Career Development series, a monthly lunch-time series on career topics that has been attended by more than 6,500 participants over the past 3 years.
- NCHHSTP Ambassador Program, which provides guidance, support and information to new employees within their first 60 days on the job and assists with employees' transition into the Center workforce. In 2013, 55 employees participated in the Ambassador Program.



## PERCENTAGE OF PEOPLE WITH HIV WHO KNOW THEIR STATUS



- NCHHSTP Laboratory Workforce Initiative is aimed at providing new training opportunities for lab staff as well as fostering greater understanding of laboratory science for NCHHSTP staff in non-laboratory positions.

## Saving Lives

NCHHSTP is working to save lives every day through its public health prevention initiatives and programs.

### New Tools for Preventing HIV

In the United States today, more than 1.1 million people are estimated to be living with HIV, about 50,000 Americans become newly

infected each year, and one in six people with HIV is unaware of their infection.

Although far too many infections still occur, HIV prevention efforts have helped to keep the number of new infections stable in recent years, down from roughly 130,000 a year at the height of the epidemic. However, continued growth in the number of people living with HIV will ultimately lead to more new infections if prevention, care, and treatment efforts are not improved and intensified. To reduce new HIV infections, CDC is investing in proven interventions that will have the greatest possible impact on reducing the spread of HIV in the United States.



NCHHSTP is maximizing the impact of HIV prevention tools within the framework of high-impact prevention (HIP). Through HIP, the Center is working to advance the goals of the National HIV/AIDS Strategy (NHAS)—a comprehensive roadmap for reducing HIV in the United States released by the White House in 2010—and to help ensure that HIV prevention efforts have the greatest possible impact. HIP focuses on using the most cost-effective, scalable interventions.

Examples of high impact activities in HIV prevention in 2013 include:

- In an ongoing effort to align HIV prevention resources with current surveillance data, NCHHSTP prioritized funding for those interventions in the Diffusion of Effective Behavioral Interventions (DEBI) portfolio that were estimated to be cost saving. The number of behavioral interventions decreased to 16, to focus resources on those that would prevent the most infections.
- In July 2013, NCHHSTP released its first Rapid Feedback Report for grantees, with a report on grantees' progress in the "HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color" cooperative agreement. Each grantee received an individual assessment and a summary report that included information on the performance of other funded grantees.

The report is aimed at helping grantees and project officers determine where to focus capacity-building and quality improvement efforts, and to assist them in identifying some potential best practices.

- In August, NCHHSTP announced a new funding opportunity to help strengthen the capacity of health departments, community-based organizations, and healthcare organizations to implement HIP interventions and strategies. Approximately 25 new awards will be announced in 2014.
- To report on progress toward meeting key HIV prevention goals, NCHHSTP published the "National HIV Prevention Progress Report" in December 2013. The report noted encouraging signs of progress, including a 15 percent decrease in new HIV infections among heterosexuals, a 21 percent decrease among African American women, and 22 percent decrease among injection drug users from 2008 to 2010. However, infections among MSM increased 12 percent during the 3-year period. There was also a decline in the HIV transmission rate, which decreased about 9 percent from 2006–2010. The report can be found at [http://www.cdc.gov/hiv/pdf/policies\\_National-ProgressReport\\_brief.pdf](http://www.cdc.gov/hiv/pdf/policies_National-ProgressReport_brief.pdf).



## Responding to Multi-state Hepatitis A Outbreak

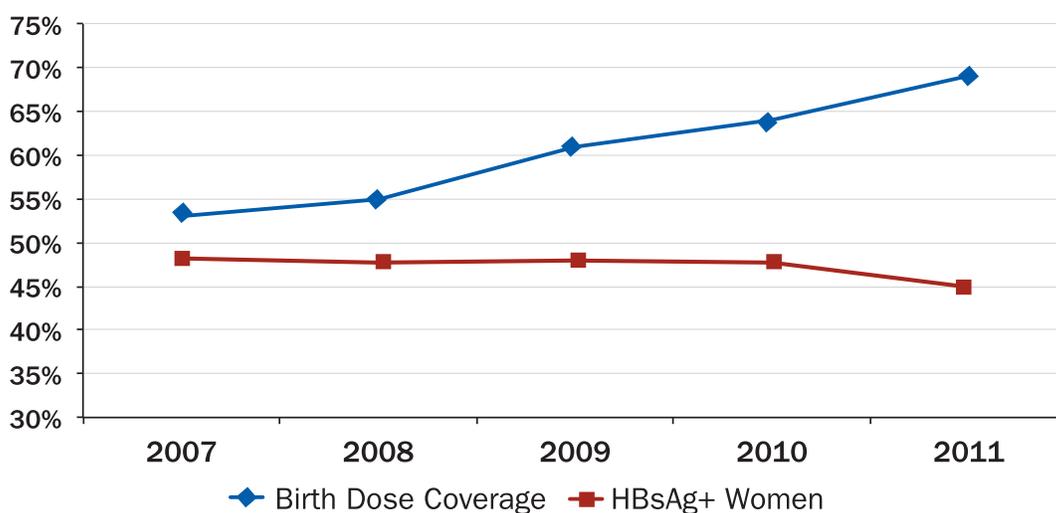
NCHHSTP led the investigation of a multi-state outbreak of hepatitis A, in collaboration with the National Center for Emerging and Zoonotic Infectious Diseases, the Food and Drug Administration (FDA), and several state health departments. NCHHSTP's hepatitis lab and other staff's quick identification of pomegranate seeds from Turkey as the source of the outbreak allowed for a rapid response that greatly minimized the scope of the outbreak. As of September 20, 2013, there were 162 people who were confirmed to have become ill from hepatitis A after eating frozen foods containing the Turkish pomegranate seeds. Seventy-one of those who became ill were

hospitalized. After the source was identified, the food companies involved recalled their products.

## Developing Best Practices for Reaching Those Infected with Hepatitis C Virus or Hepatitis B Virus

Chronic viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation in the United States. An estimated 3.5 million to 5.3 million Americans are living with chronic hepatitis, stemming from their infection with hepatitis B virus or hepatitis C virus, both of which can persist for years after infection occurs. Most people do not know they are infected. An estimated 2.7 million to 3.9 million Americans have chronic hepatitis C. Baby boomers are five

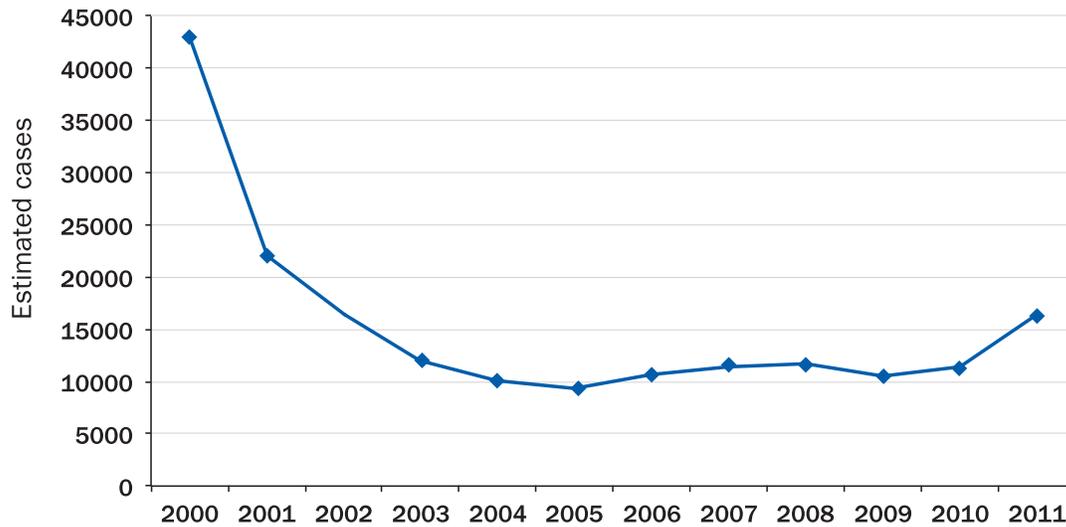
## HEPATITIS B VACCINE "BIRTH DOSE" COVERAGE AND ESTIMATED PROPORTION OF INFANTS BORN TO HBSAG-POSITIVE WOMEN IDENTIFIED BY PHBPP



Notes:  
Birth Dose: Hepatitis B vaccine  $\leq$  3 days of life, National Immunization Survey, U.S.  
PHBPP: Perinatal Hepatitis B Prevention Program, Data Source: MMWR 2012;61:689-96  
Data for 2010 and 2011 are provisional.



## ACUTE HEPATITIS C CASES IN THE UNITED STATES



times more likely to have hepatitis C than Americans of other ages. About 800,000 to 1.4 million Americans are living with hepatitis B. Hepatitis B is common in very many Asian and Pacific Island countries, and many with chronic hepatitis B became infected as infants or young children.

NCHHSTP has been working to address this “silent epidemic” of chronic viral hepatitis by funding 2-year demonstration projects that are developing best practices for testing populations at risk for hepatitis B or hepatitis C and for referring them to appropriate medical care. The Center funded projects in 35 sites. Grantees include state and local health departments, universities, community-based organizations, hospitals, and drug treatment centers. The projects focus on disproportionately affected populations—for hepatitis C,

baby boomers born from 1945–1965, and for hepatitis B, foreign-born individuals from hepatitis B-endemic areas.

In related activities aimed at safeguarding people with viral hepatitis, NCHHSTP published guidance for physicians about testing for hepatitis C. A simple blood test for hepatitis C antibody shows whether a person has ever had hepatitis C; but only an RNA test can tell if someone with a positive antibody test currently has hepatitis C infection and needs treatment. NCHHSTP published a report in 2013 noting that only half of people with a positive hepatitis C antibody test received an RNA test. The new recommendation algorithm explains the various hepatitis C testing steps that ensure people with chronic hepatitis C are appropriately tested.



## **A NEW STRATEGY IDENTIFIES HCV IN BABY BOOMERS, ATLANTA**

Denise Davis was having bothersome symptoms, like tendonitis and fatigue, which brought her to Grady Memorial Hospital in Atlanta for some simple bloodwork. Because Denise was born between 1945-1965, the hospital staff routinely tested her for hepatitis C, even though she considered herself to be at low risk for the infection. She was diagnosed with hepatitis C, an infection that is more prevalent among baby boomers.

A demonstration project is underway in Atlanta aimed at increasing the number of people aware of their hepatitis C infection status by screening baby boomers seen in an urban teaching hospital for unrelated healthcare problems. Funded by NCHHSTP, the project is being carried out at Grady Memorial Hospital, whose patient population consists of medically underserved patients, many of whom are African American and disproportionately affected by hepatitis C.

With a modest investment of approximately \$177,000 the first year, the program began testing in October 2012. As of September 2013, a total of 2,439 hepatitis C blood tests have been performed, and 190 (7.8 percent) had a positive antibody test. Of those, 104 were tested positive for current hepatitis C infection. About 96 percent of those who had current hepatitis C attended their first treatment and care visit.

## **Addressing TB Outbreaks in the United States**

For the first time in the 60 years that the United States has been reporting TB disease rates, the number of new TB cases dropped below 10,000 in 2012. There were 9,945 new TB cases, representing a 6 percent decrease from the previous year and the 20th consecutive year of declining rates.

NCHHSTP provides funds for TB prevention, control, and laboratory services, conducting surveillance of TB incidence including monitoring drug resistance, conducting research to identify better treatment regimens and diagnostics, and providing training and education on TB treatment. NCHHSTP also responds to requests for assists in outbreak investigations across the country and serves as a national reference laboratory for TB.

As TB incidence declines in the United States, TB is increasingly found in hard-to-reach populations and locations. NCHHSTP provided assistance to state and local health jurisdictions in investigating outbreaks occurring among the homeless, American Indians, persons in corrections institutions, and adults with mental illness.

A relatively new tool that NCHHSTP is using to help better track such outbreaks is TB genotyping, a laboratory-based analysis of the genetic material of the bacteria that cause TB disease. NCHHSTPs National Tuberculosis Genotyping Service began routinely genotyping isolates from culture-positive TB cases in



2004. Since then, the percentage of cases with a genotype result have increased from 53% in 2004 to 94% in 2012. Genotyping can be used to determine if cases of TB disease are related. Routine genotyping identified several outbreaks in 2013 that might not otherwise have been detected in transient, difficult-to-reach populations, such as the homeless.

### Other Examples of NCHHSTP Activities to Save Lives

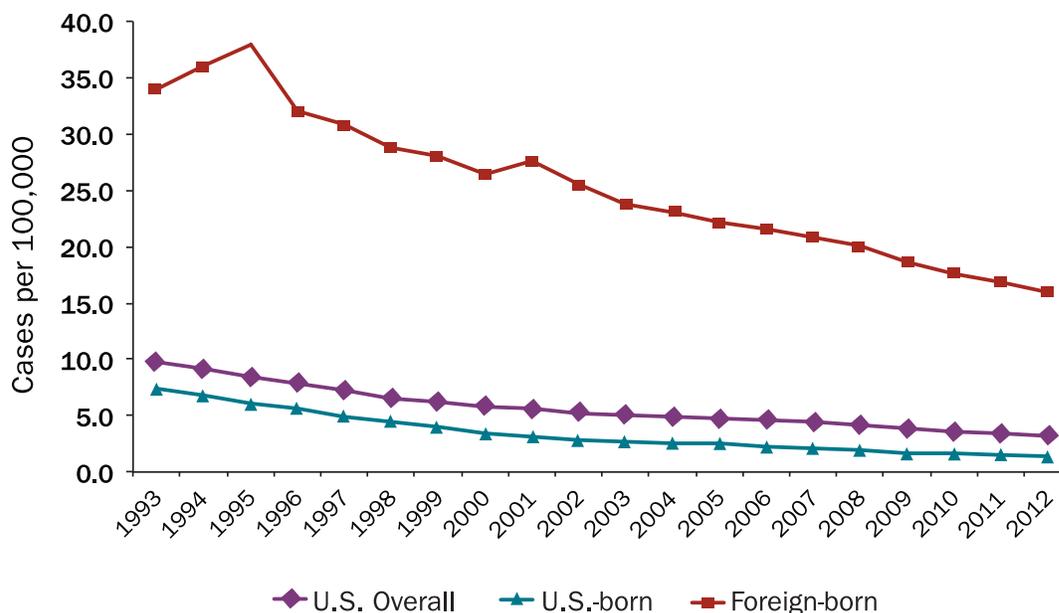
NCHHSTP conducted the following activities:

- Continued a 2-year pilot study looking at ways to increase HIV testing in pharmacies and retail store clinics in jurisdictions with a high number of people living with HIV or where access to HIV testing has been limited. As part of the study, 1,342 tests were conducted between May 2012

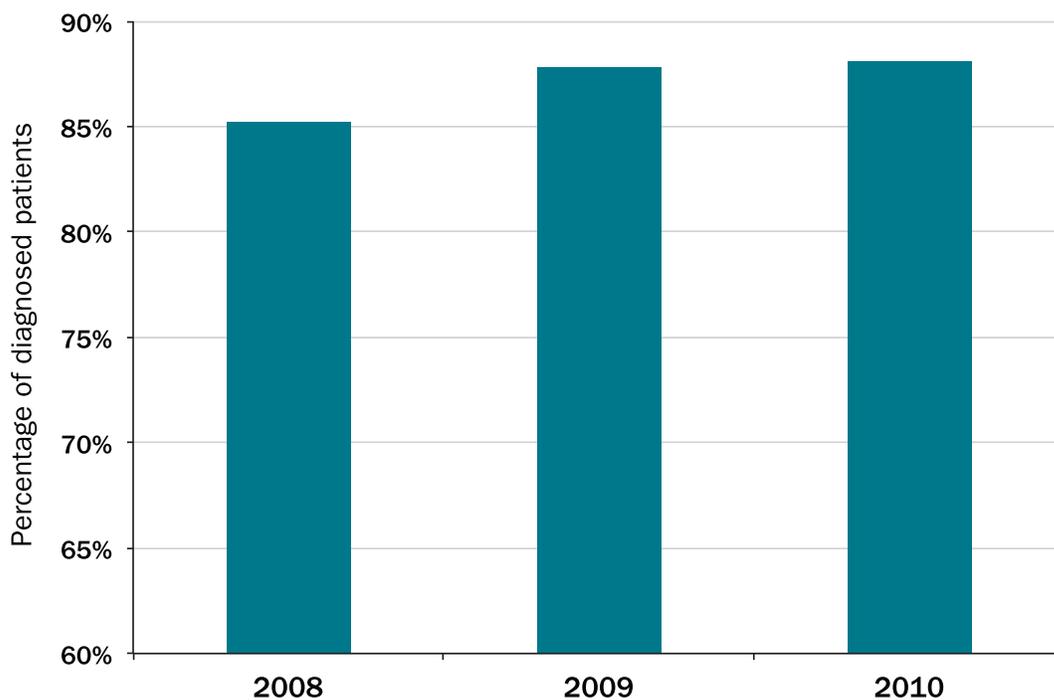
and June 2013, and nearly 2% yielded preliminary positive results and were linked to care.

- Worked with the FDA, pharmaceutical companies, nongovernmental organizations, and other agencies to address the problem of shortages in TB drugs and biologics. CDC released Health Advisories about the shortages of isoniazid and TB antigen, provided recommendations for patient care and public health practice during the shortages, and published MMWR articles describing the impact of these shortages on TB programs. CDC also worked with drug companies to prioritize allocations of available products for testing and treatment of TB.

## TB CASE RATES IN U.S.—BORN AND FOREIGN-BORN PERSONS IN THE UNITED STATES



## PERCENTAGE OF PERSONS WITH ACTIVE TB WHO COMPLETE TREATMENT WITHIN 12 MONTHS



\*Based on the National TB Indicators Project

- Provided important guidance on a new anti-TB drug. In December 2012, FDA approved bedaquiline, the first new drug approved specifically as an anti-TB drug since 1968. This gives healthcare providers another critical new tool against drug resistant TB. Informed by science and experts experienced in fighting TB across the country, in October 2013 NCHHSTP issued new guidelines on use of bedaquiline. NCHHSTP will monitor use of this drug and update guidance as additional information becomes available.

## Protecting People

### Working to Expand Available Treatments for Gonorrhea

Gonorrhea is one of the most common reportable diseases in the United States; more than 800,000 gonorrhea infections are estimated to occur each year. Yet is it increasingly becoming resistant to treatment. Drug-resistant *Neisseria gonorrhoeae* (the bacteria that causes gonorrhea), was listed as one of three microorganisms that were “urgent” public health threats in a report on antibiotic resistance CDC issued in 2013.

In 2013, researchers at NCHHSTP and NIH released results of a study that can potentially expand the tools available to treat gonorrhea.



In a clinical trial, the researchers found that two new antibiotic regimens using existing drugs successfully treated gonorrhea infections, which could potentially provide new treatment options. The study used 1) injectable gentamicin in combination with oral azithromycin and 2) oral gemifloxacin in combination with oral azithromycin to treat gonorrhea. All drugs studied in the trial were approved by the FDA. This is the first clinical trial to evaluate these drugs as combination therapy for gonorrhea. Researchers found 100 percent effectiveness of the injectable gentamicin/oral azithromycin combination in curing genital gonorrhea infections, and 99.5 percent effectiveness of the oral gemifloxacin/oral azithromycin combination. Both combinations cured 100 percent of infections of the throat and rectum.

The announcement gives healthcare providers a new tool in the shrinking arsenal against gonorrhea, as providers may consider using the regimens studied in this trial as alternative options when ceftriaxone cannot be used,



### **TRI: TB-FREE AFTER 9-MONTH TREATMENT**

Tri had been looking forward to going to college, and in the fall of 2011, he was finally there. Tri also stayed busy with his job. He was sure this would be an exciting year. After only 2 weeks of classes, he started coughing, and thought he had the flu. He went to a doctor for treatment and was given antibiotics. But despite taking the medicine, he was still having fevers in the afternoon and other symptoms: a persistent cough, night sweats, and loss of appetite.

Tri didn't know that he had tuberculosis until his younger brother who was also sick was found to have TB. "After my brother was diagnosed with TB, the health department did a contact investigation of the whole family," explains Tri. Tri went to the preventive health clinic in Grayson, Georgia, to get an X-ray. His results showed he had TB disease, too.

Tri had to quit school and his job because of his illness. Tri credits his case manager, who works at the Gwinnett, Newton, and Rockdale County Health Department Preventive Health Clinic, with motivating him during the lengthy 9 months he was on treatment. "She came to our house every day to deliver directly observed therapy, answer our questions, and encourage us," he recalls. The case manager also worked to help Tri and his family obtain grants from the American Lung Association. "The grants helped us with our groceries, bills, and other household expenses," he explains.

Once cured of TB, Tri was able to resume normal activities, such as playing basketball with friends. He hopes to pursue a career in the field of health care.



such as in the case of a severe allergy. CDC is taking the findings of this trial into consideration for inclusion in future treatment guidelines.

### **Advancing Knowledge about PrEP to prevent HIV: IDU Study Released**

NCHHSTP's work on the study of pre-exposure prophylaxis (PrEP) among injection drug users helped advance knowledge about using PrEP to prevent HIV. In June 2013, CDC and the Thailand Ministry of Health published results from the Bangkok Tenofovir Study, a randomized controlled trial showing that a daily dose of a medication used to treat HIV infection reduced the risk of HIV acquisition by 49 percent, among people who inject drugs. Those who took the medication most consistently had even higher levels of protection.

This is the first evidence that PrEP offers significant protection to individuals exposed to HIV through injection drug use. The findings were published in the Lancet.

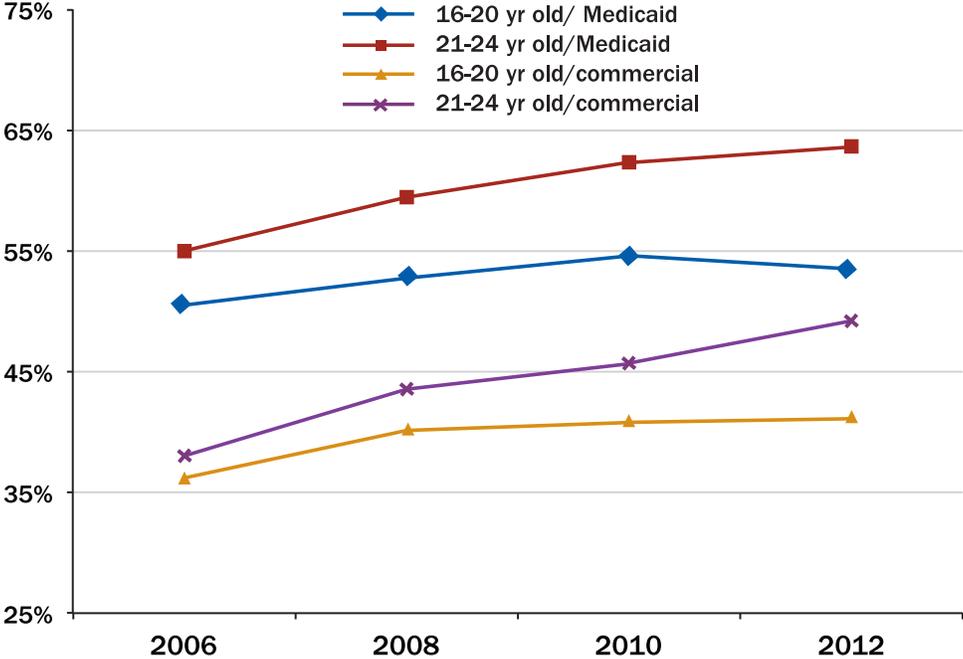


### **Fighting STDs**

In 2013, NCHHSTP announced a new state and local funding opportunity announcement (FOA), "Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies (STD AAPPs)," that offers health departments greater flexibility to direct resources to areas based on local needs. For the first time, the STD announcement incorporates a funding formula that balances the need to direct resources to populations with the greatest burden of infections with the need to maintain efficient and effective infrastructure.

Funding is equally divided to address each of these needs. One new element of the AAPPs is enhanced support for grantees to strengthen partnerships with stakeholders, including health insurance plans, healthcare providers, and others to improve screening rates for populations with the highest STD burden.

**PERCENTAGE OF SEXUALLY ACTIVE FEMALES WHO ARE SCREENED ANNUALLY FOR GENITAL CHLAMYDIA INFECTIONS**



Funds can be spent on prevention activities aimed at 1) adolescents and young adults, 2) men who have sex with men, 3) addressing multi-drug resistant gonorrhea, and 4) addressing congenital syphilis.

The FOA also focuses on STD prevention strategies for implementing high-impact, cost-effective, and sustainable STD prevention services, and on continuing the Gonococcal Isolate Surveillance Project, which provides critical information about drug resistance in gonorrhea.

**HPV Vaccine Lowers HPV Infection Rates in Teenage Girls**

NCHHSTP authors published a study that showed that the human papillomavirus (HPV)

vaccine is making an impact on reducing HPV among teenage girls. The study, published in June 2013 in *The Journal of Infectious Diseases*, found that since the human papillomavirus (HPV) vaccine was introduced in 2006, the prevalence of the types of HPV the vaccine is effective against has declined 56 percent among girls aged 14 to 19 years of age. Each year in the United States, about 19,000 cancers caused by HPV occur in women, and cervical cancer is the most common. About 8,000 cancers caused by HPV occur each year in men in the United States, with throat cancer being the most common. Routine vaccination with the three-dose HPV vaccination series is recommend at ages 11 to 12 for both girls and boys. Only about half of American



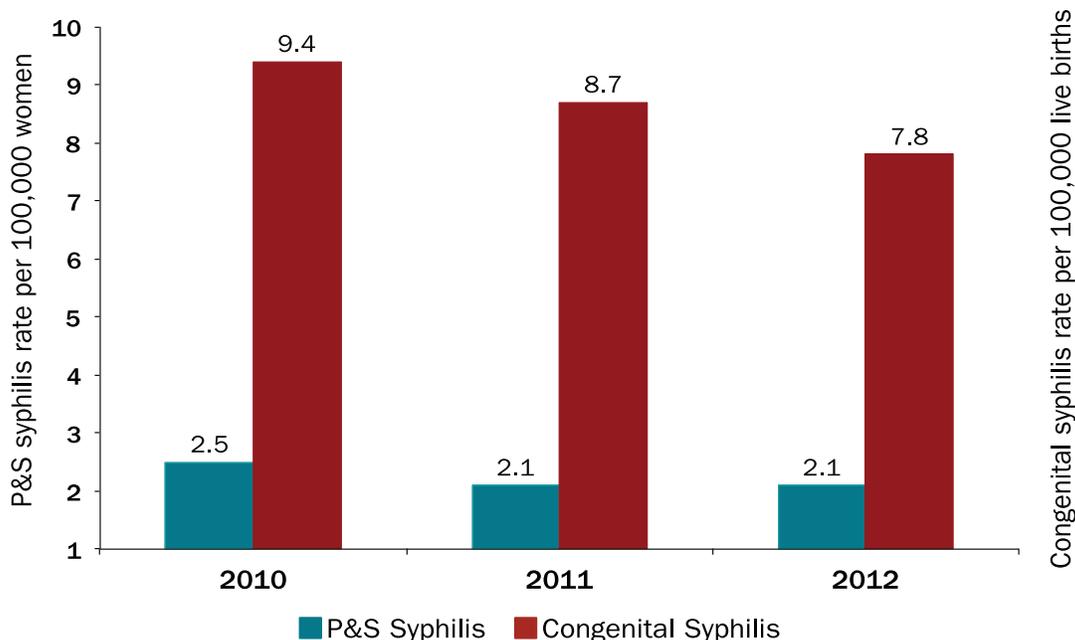
girls aged 13 to 17 years received one dose of the vaccination, and far fewer boys have received one dose of the vaccine.

### Other Examples of NCHHSTP Activities to Protect People

NCHHSTP conducted the following activities:

- Released a Health Education Curriculum Analysis Tool (HECAT) to help schools select effective health education curricula and improve delivery of health education to youth. The HECAT contains guidance, analysis tools, scoring rubrics, and resources for examining health education curricula. HECAT modules address curricula topics such as sexual health, alcohol and other drugs, healthy eating, physical activity, and personal health and wellness.
- Led a post-marketing surveillance project with 22 external collaborators to monitor the adoption and success of a new TB treatment regimen—3HP (Isoniazid and Rifapentine) for the treatment of latent TB. To date, 1,500 patients have enrolled in the project.
- Launched a new on-line course, “Rapid HIV Testing Training,” designed for HIV prevention providers working in non-clinical settings. All materials in the course are based on CDC guidelines, protocols, and established best practices related to rapid HIV testing, as seen in clinical and non-clinical settings. Interested individuals may register for the course through the Effective Interventions website.

### RATES OF PRIMARY AND SECONDARY SYPHILIS IN WOMEN AGED 15-44 AND CONGENITAL SYPHILIS



## Promoting Health Equity

NCHHSTP strives to reduce health disparities in HIV/AIDS, viral hepatitis, STDs, and TB. Some of the greatest health disparities are by race and ethnicity. For example, African Americans are 8 times and Latinos 3 times more likely to have HIV than whites. And, in 2011, African Americans had 17 times the reported gonorrhea rates of whites. Asians and Pacific Islanders make up less than 5% of the total U.S. population, but account for more than 50% of Americans living with chronic hepatitis B. In 2012, Asians had the highest TB case rate, which was nearly 24 times higher than the case rate for whites and three times higher than those of African Americans or Hispanics.

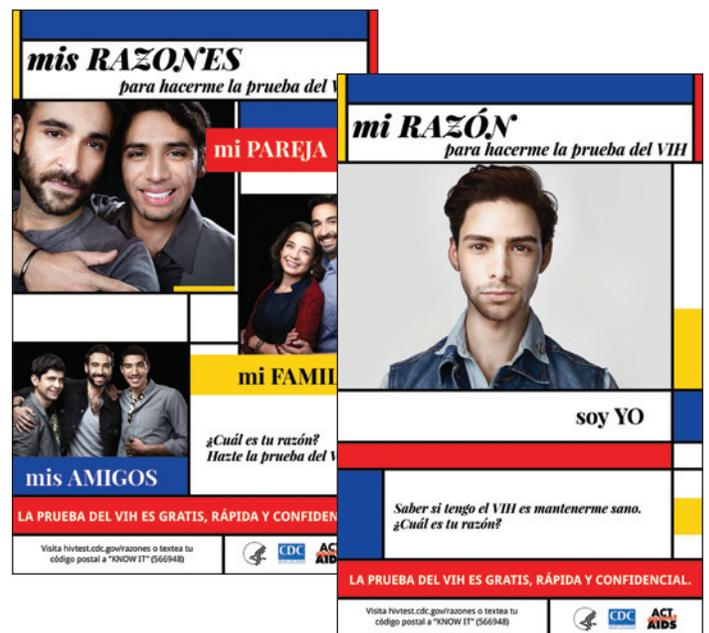
Gay, bisexual, and other men who have sex with men (MSM) are disproportionately affected by HIV, as well as STDs. MSM account for 63% of new HIV infections and are the only group in which HIV incidence is rising. MSM are 44 times more likely to have HIV than other men.

Health equity is a key focus of NCHHSTP's prevention, policy, and research programs. Health equity focuses on the distribution of resources, services, and other factors that drive health disparities—a systematic inequity in health or in its social determinants, such as poverty, unequal access to health care, lack of education, racism, and stigma. Some examples of activities in 2013 that aimed to address health equity are highlighted below.

## New NCHHSTP HIV Communications Campaigns Launched

NCHHSTP launched *Reasons/Razones*, a national, bilingual communications campaign to promote HIV testing among Latino gay and bisexual men. The campaign—with the tagline “What’s your reason?/Cuál es tu razón?”—asks gay and bisexual Latino men to consider the reasons for getting tested. This questioning occurs through a series of campaign ads that feature men sharing their reasons for getting tested. The campaign was developed with input from 150 gay and bisexual Latino men who participated in interviews and surveys, as well as leaders from the Latino community.

The campaign features national online ads in media outlets that reach Latino gay and bisexual men and local advertising via billboards and transit ads in cities where gay and bisexual Latino men are heavily affected by HIV, including Los Angeles and Miami.



The campaign also spread its message at pride events, through a campaign website, social media, and promotional materials.

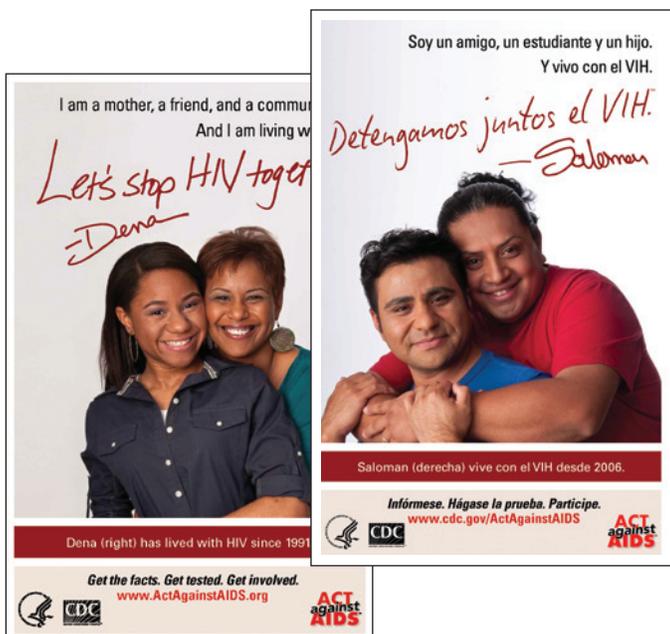
*Reasons/Razones* is the latest campaign of NCHHSTP's *Act Against AIDS* initiative, a 5-year, \$45 million national communication campaign to combat complacency about the HIV epidemic in the United States.

In February 2013, NCHHSTP launched the Spanish-language version of the national communication campaign, *Let's Stop HIV Together (Detengamos Juntos el VIH)*, which aims to raise awareness about HIV nationally, to decrease stigma and increase support for people with HIV. The Spanish-language campaign includes new participants, additional materials in English and Spanish, and HIV awareness and testing information in Spanish. Targeted efforts for the Spanish-language campaign launch were conducted in Miami

and Los Angeles. Collectively, the English and Spanish-language versions of the campaign have unveiled 19 campaign videos generating over 3 million views on YouTube and more than 87,000 Facebook "likes," for the period July 2012 through September 2013. Combined, both versions of the campaign have also been featured in donated ad space valued at more than \$3.5 million.

NCHHSTP also continued its national campaign, *Testing Makes Us Stronger*, which aims to reach black gay and bisexual men through multiple channels. Through on-site outreach, provision of campaign materials to local community-based organizations, its website and Facebook page, and other activities, the campaign has continued to encourage HIV testing, care, and treatment in six U.S. cities where black gay and bisexual men are heavily affected by HIV (Atlanta, Baltimore, Houston, New York, Oakland, and Washington, D.C.). Between the campaign launch and September 2013, the campaign generated more than 552 million media impressions.

NCHHSTP developed two curricula intended to engage Historically Black Colleges and Universities in the promotion of community health and reduction of sexually transmitted diseases. This community outreach project was designed to develop a culturally-congruent and gender-specific sexual health intervention for African American men and women. The curricula will inform, motivate, and provide skills for African American



college-aged men and women to develop and maintain healthy sexual relationships and reduce the incidence and prevalence of sexually transmitted infections. The curricula will be accessible online.

### Know Hepatitis B

In June 2013, NCHSHTP launched the first national public education campaign aimed at raising awareness of Asian Americans and Pacific Islanders about hepatitis B virus. An estimated 1 out of 12 Asian Americans and Pacific Islanders are living with hepatitis B, yet as many as 2 out of 3 are not aware they are infected.

The campaign aims to reach millions of Asian Americans and Pacific Islanders, particularly those who need information in their languages. The campaign is a partnership between NCHHSTP and Hep B United, a nationwide coalition of community organizations working to increase hepatitis B awareness and testing.

*Know Hepatitis B* is designed to resonate with those most affected by hepatitis B and was developed with input from Asian Americans and Pacific Islanders from around the country. It delivers culturally-relevant messages in multiple languages, including English, Chinese, Korean, and Vietnamese, through a wide range of channels, including:

- Online and print ads and public service announcements in media outlets serving Asian American and Pacific Islander communities

- Social media and digital materials to encourage testing
- Outreach led by Hep B United and its local partners to mobilize communities to get tested
- Outreach to health professionals to educate them on the importance of hepatitis B testing for Asian Americans and Pacific Islanders.

### Promoting Adolescent Health Through Schools-Based Programs

In August 2013, approximately \$14 million was awarded to 86 recipients for HIV and STD prevention activities and capacity building in schools and for school-based surveillance on health risk behaviors. The FOA was designed



to have the greatest impact by providing funds to states with the highest HIV burden and to local school districts with the highest HIV/STD burden, highest levels of poverty, and largest number of students. Providing HIV/STD prevention for young gay and bisexual youth is one key provision of this a new cooperative agreement.

In addition, in 2013, NCHHSTP released the “School Health Policies and Practices Study 2012 Report.” This report provided current state- and district-level results from the most comprehensive study of school health programs nationwide. Specifically, this report described the percentage of school districts nationwide that required schools to provide HIV and STD prevention education as well as the percentage that required schools to provide the following health services to students: access to condoms and other contraceptives; HIV counseling, testing, and referral; and identification, treatment, or referral for STDs. The report also provides data on the percentage of districts that provide mental health and social services specifically for sexual minority students. Results from this one-of-a-kind study will be used to improve school health policies, programs, and practices nationwide and, in particular, improve the quality of HIV and STD prevention education.

NCHHSTP also released the 2012 School Health Profiles, which summarizes results from surveys conducted in 45 states, 16 large

urban school districts, 4 territories, 2 tribal governments on HIV, other STDs, and teen pregnancy prevention. The School Health Profiles is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments.

### **Increasing Impact of HIV Prevention for Racial and Ethnic Minorities**

The Care and Prevention in the United States (CAPUS) Demonstration Project, initiated in 2012, is a 3-year cross-agency demonstration project. The purpose of the project is to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States.

CDC is the lead federal agency. NCHHSTP works closely with the Office of the Assistant Secretary for Health (Office of HIV/AIDS and Infectious Disease Policy, Office of Minority Health, Office on Women’s Health), the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. Together, this federal partnership oversees all stages of the project.

Eight states received funds to increase the proportion of racial and ethnic minorities with HIV who are diagnosed, linked to care, retained in care, receive ART, have a suppressed viral load, and gain the full benefits of treatment. Grantees used a variety of innovative approaches in 2013 to implement their projects.



Some examples from grantees follow:

- The Tennessee Department of Health is implementing a social network HIV testing strategy with African American MSM. Preliminary numbers from the initial phase demonstrated a 7% positivity rate.
- The Illinois Department of Public Health is implementing co-located medical and social services in East St. Louis to promote access to comprehensive health care, HIV/STD testing and treatment, GED completion, and job placement for young MSM and transgender persons of color. The Illinois Department of Public Health shares information with the city of Chicago Department of Public Health by using a data system that incorporates surveillance, prevention, care, and social service data.
- The Georgia Department of Public Health is using surveillance data to create maps with HIV care continuum outcomes by county, zip code, and census tract to prioritize planning decisions about testing, linkage, and retention efforts. The Georgia Department of Health is also piloting a Rapid Response Team to help link people newly diagnosed with HIV to care.

### **Other Examples of NCHHSTP Activities to Promote Health Equity**

NCHHSTP conducted the following activities:

- Launched a Spanish-language website, “Actúa contra el SIDA.” Spanish-speaking constituents and the organizations that serve them can access and download Spanish-language resources for all of the *Act Against Aids* campaigns, including *Let’s Stop AIDS Together*.
- Published “Epidemiologic Profile: Asians and Native Hawaiians and other Pacific Islanders.” The report compiles data from 2010 for Asians and Native Hawaiian and Other Pacific Islanders on HIV, viral hepatitis, STDs, and TB.
- Published recommendations in April 2013 for state surveillance programs with high numbers of Asian American and Pacific Islanders to better characterize the HIV epidemic among those groups.
- Developed culturally appropriate TB patient education materials in Tagalog (which is a language spoken in the Philippines) and Spanish, including the Spanish TB website. Vietnamese-language materials are under development. In 2012, 63% of TB cases occurred in foreign-born persons. The top countries of origin of foreign-born persons with TB were Mexico, the Philippines, India, and Vietnam.



## **PILOT PROJECT HELPS REDUCE CHLAMYDIA RATES AMONG YOUTH IN RURAL FLORIDA COUNTY**

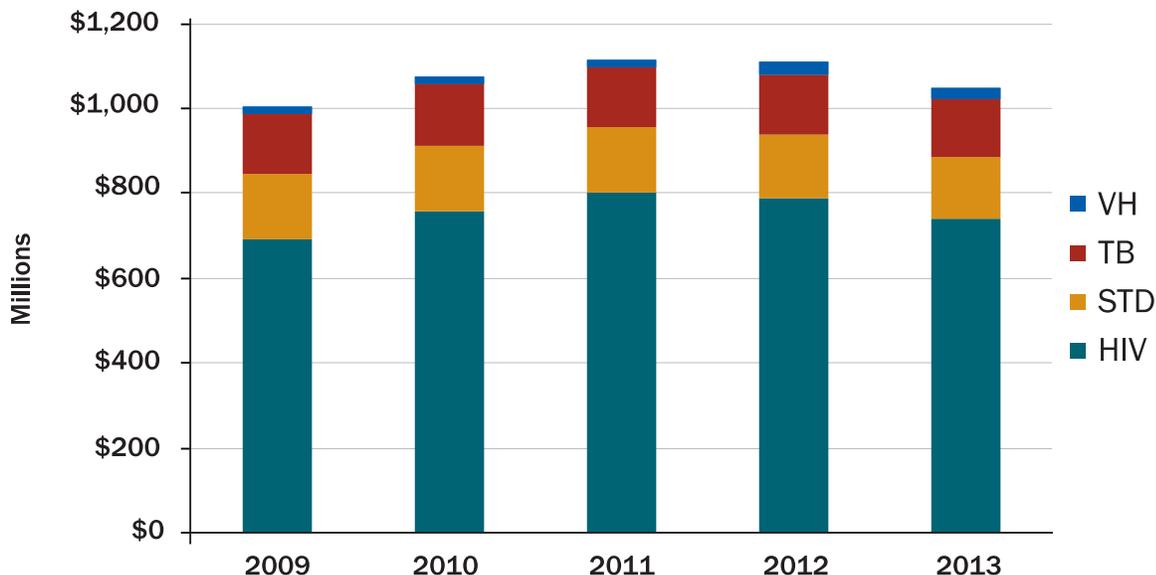
According to NCHHSTP's Youth Risk Behavior Survey, by the time Florida students are seniors in high school, 63% report having sexual intercourse at least once. In 2008, Florida's Madison County, a predominantly rural area with a population of about 20,000, had the third highest rates of chlamydia in the state among youth aged 15–19 years. Black youth in Madison County are disproportionately affected by sexually transmitted disease, and the majority (57%) of students in Madison's public schools are black.

The University of South Florida (USF) and Florida Department of Education's HIV/AIDS Prevention Education Program (PEP), with the support of NCHHSTP, launched a pilot project in 2010 to help reduce sexual risk behaviors and lower STD rates of Madison County adolescents. In spearheading this project, USF/ PEP worked closely with many partner public health, educational, and social service agencies in Madison County and introduced evidence-based curricula in the public schools and various community organizations.

Subsequently, Madison County's chlamydia rates lowered and the county dropped to 40th among the 67 counties in the state in 2012. The collaborative work of the project and partners in Madison County contributed to this accomplishment.

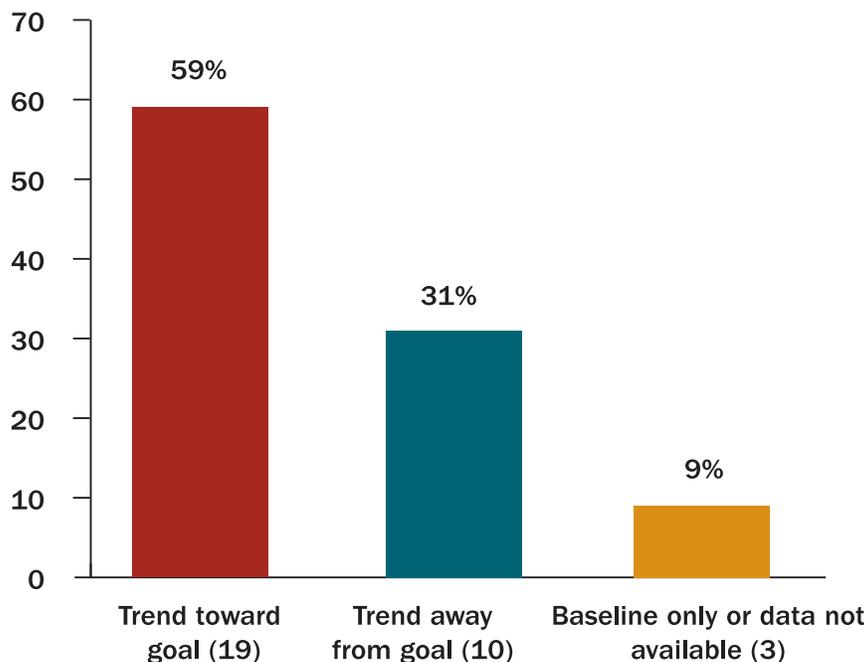


## NCHHSTP BUDGET FY 2009-2013



Notes: FY 2010 HIV amount includes \$30 million from the Affordable Care Act's Prevention and Public Health Fund (ACA/PPHF). FY 2012 VH amount includes \$10 million from ACA/PPHF. FY 2011 through 2013 HIV amounts reflect the transfer of HIV school health funding to NCHHSTP.

## FY 2013 NCHHSTP PERFORMANCE INDICATORS (32 TOTAL) ALL DIVISIONS & PROGRAMS

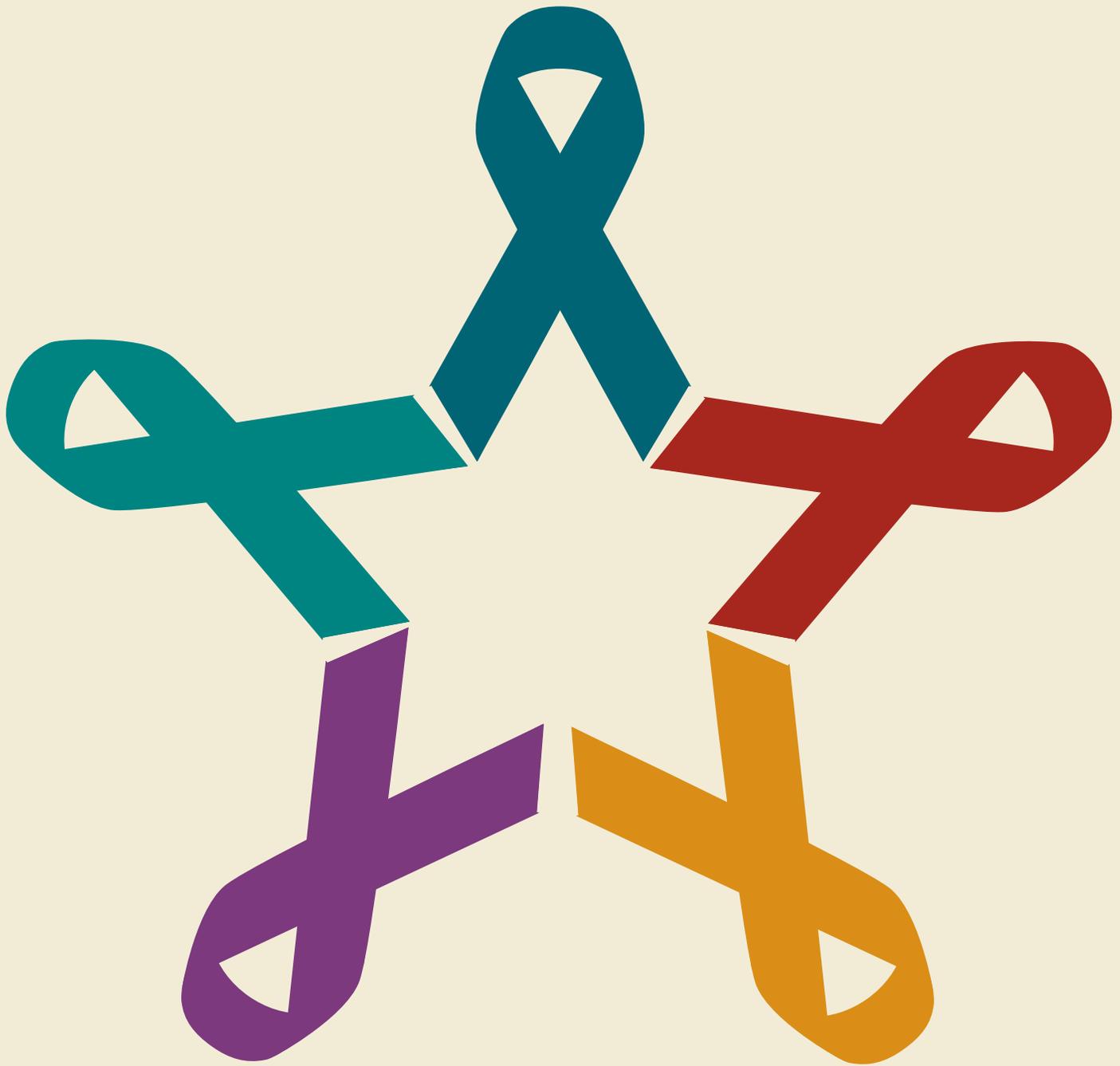


### Status of Indicators

NCHHSTP reports on 32 performance measures in its annual budget request to Congress. These measures help CDC assess the extent to which our efforts in HIV/AIDS, viral hepatitis, STD, and TB prevention result in real changes in health. CDC anticipates reporting on a greater proportion of measures in the future.







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