

## **Transcript: HIV Declines Among Young and Drives Overall Decrease in New HIV Infections**

### **Dr. Jonathan Mermin**

Hello, I am Dr. Jonathan Mermin, director of CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention. And, I am joined by Dr. Robyn Neblett Fanfair, the acting director of CDC's Division of HIV Prevention. Today, we will discuss CDC's most recent HIV data—which include estimated HIV incidence in the United States, as well as other indicators that provide insight into our nation's HIV prevention efforts for the past few years. There are three main takeaways from our findings: First, we see bright spots in the data. Our nation's HIV prevention efforts are working. Second, while we are on the right track, progress is not happening quickly enough or equitably among all people or in all areas of our country. And third, to end the HIV epidemic, we know the way. We need the national will. CDC estimates that annual new HIV infections were 12% lower in 2021 compared to 2017—falling from 36,500 infections to 32,100. This is a promising sign that HIV prevention efforts in America are on the right track. And 9,400 fewer people got HIV between 2017 to 2021 compared to if there had been no change. The decline was driven by a substantial drop in new infections—by about one-third— among 13- to 24-year-olds, including among young gay and bisexual men, who account for roughly 80% of new infections in this age group. Our data suggest improved reach of testing, treatment, and PrEP are contributing to progress among young people, especially among gay and bisexual males. When evidence-based interventions are implemented with innovation, resources, and resolve—we see results. Other signs support the conclusion that HIV prevention efforts are on the right track. For the first time, in 2019, our nation met perinatal HIV elimination goals. Earlier this year, Emory University and CDC launched the *Together Take Me Home* self-HIV testing initiative, with the goal of distributing 200,000 free HIV self-tests this year—and 1 million in five years. Over 100,000 tests were ordered in the first six weeks. This is remarkable demand, and the program is well on its way to exceeding goals.

There have also been many changes in the PrEP landscape. More people are insured due to the Affordable Care Act and Medicaid expansion. Generic PrEP options are available. And in 2019, the U.S. Preventive Services Task Force's Grade A recommendation led to the requirement that PrEP be provided with no copay for nearly all people with commercial insurance and many people with public insurance. These are among the reasons that the data we are publishing today show that PrEP coverage increased from about 13% in 2017 to about 30% in 2021. And although major disparities continue to exist, at least some improvement in PrEP coverage was seen among black, Hispanic, and white people. And we have much more work to do. At least three people in America get HIV every day—and that is far too many. We can overcome challenges that have slowed the pace to reach national HIV prevention goals. This includes meeting the President's request to fund the federal initiative to end the HIV epidemic. The need is urgent. In prevention, patience is not a virtue, and progress is essential. We can end the HIV epidemic in America. We know the way. But, does our nation have the will? Now, Dr. Neblett Fanfair will share some additional findings.

### **Dr. Robyn Neblett-Fainfair**

Thank you, Dr. Mermin. The overall decline in annual infections is indeed a welcome finding. Data also suggest that HIV testing, treatment, and prevention—especially pre-exposure

prophylaxis, or PrEP—are contributing to the decline. Today's reports show that, from 2017 to 2021, the portion of people with diagnosed HIV and who were taking treatment and virally suppressed increased from 63% to 66%. And PrEP coverage increased from 13% to 30%. While these findings show continued improvement, efforts must accelerate to meet national goals—and to equitably reach all who could benefit. Our new data suggest deeply entrenched social determinants of health continue to affect HIV treatment and prevention outcomes. Racism, systemic inequities, social and economic marginalization, residential segregation, and other longstanding barriers are among the key drivers of the disproportionate impact that HIV has on some communities—including gay and bisexual men—particularly black gay and bisexual men and Hispanic/Latino gay and bisexual men—and black women. Let's take a closer look at the decline in HIV infections among young gay and bisexual males. The decline is very encouraging—but it is disproportionate. In this group, declines were lower among those who were black and Hispanic/Latino than those who were white. Also, over half of the new HIV infections in 2021 among women were among black women. And geographically, about half of all new HIV infections in 2021 were in the South.

Advances in HIV treatment and prevention have revolutionized outcomes for people with and without HIV. But these highly effective interventions are not reaching all who could benefit. A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed can stay healthy and will not transmit HIV through sex. In 2021, however, viral suppression rates were lower among black and Hispanic / Latino people with diagnosed HIV than white people with diagnosed HIV. Another advancement is called PrEP. PrEP is for prevention. When taken as prescribed, it reduces a person's chance of getting HIV from sex by about 99%. CDC estimates that 1.2 million people in the U.S. could benefit from PrEP, the majority of whom are black or Hispanic/Latino. However, in 2021, CDC estimates that just over 51,875 black people—and about 64,000 Hispanic/Latino people—who could benefit from PrEP were prescribed it. That's compared to over 234,300 prescriptions among white people who could benefit. Ending the HIV epidemic in the U.S. is possible and would save lives and money. We are headed in the right direction. Now we just need the national will to finish the job. Thank you.

### **Dr. Jonathan Mermin**

Thank you. Getting an HIV test is an essential step for HIV prevention and care. You can visit [GetTested.CDC.gov](https://www.gettested.cdc.gov) to find a testing location near you. As a country, we should double down on our commitment to ending the HIV epidemic once and for all. We can do this by focusing efforts on three critical areas: First, increasing investment in proven HIV prevention programs and strategies. One way to do that is to support the President's budget request, which includes expanding effective HIV prevention activities. Second, is maximizing innovation. This includes continued research into new, easier to use and long-acting prevention and treatment, expansion of HIV testing including self-testing, and increasing and diversifying the types of places that reach people with HIV services, including routine screening at STI clinics, emergency departments, and other health centers. Third, we must continue to center equity in every aspect of our work so that HIV treatment and prevention reaches everyone who could benefit, and the painful injustice of health inequity is eliminated from the country. A task that once seemed impossible—to end the HIV epidemic in America—is possible. We need the will—and the resources and resolve—to make it happen.

Please visit [cdc.gov/HIV](https://www.cdc.gov/HIV) for more information. And thank you.