



# ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

## *Implementation Update*

Ending  
the  
HIV  
Epidemic

[www.hiv.gov](http://www.hiv.gov)



**HRSA**  
Health Resources & Services Administration



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# WELCOME



Carol Jimenez, J.D.  
Deputy Director for Strategic Initiatives,  
Office of Infectious Disease and HIV/AIDS Policy (OIDP)



# WE WELCOME YOUR FEEDBACK

- After the webinar, look out for an email containing the following link to complete an evaluation of today's webinar:

<https://www.surveymonkey.com/r/EndingtheEpidemicIndicators>



# WEBINAR HOUSEKEEPING

- The audio for today's webinar is via phone line, not computer.
  - The call in number is 888-391-6746
  - Passcode: 5924681
- You can reach us in the webcast chat if you are having technical issues.



# WEBINAR OBJECTIVES

- The webinar will be an opportunity for a wide range of stakeholders to:
  - understand more about the *Ending the HIV Epidemic: A Plan for America* initiative;
  - hear from the HHS agencies implementing the initiative about some of the major activities to date and the planned activities for implementing the initiative; and
  - learn about the indicators that have been developed to measure progress toward ending the HIV epidemic in America.



# HIV HAS COST AMERICA TOO MUCH FOR TOO LONG

**700,000**

American lives lost to HIV since 1981

**\$20 billion**

Annual direct health expenditures by U.S. government for HIV prevention and care

Without intervention and despite substantial progress another

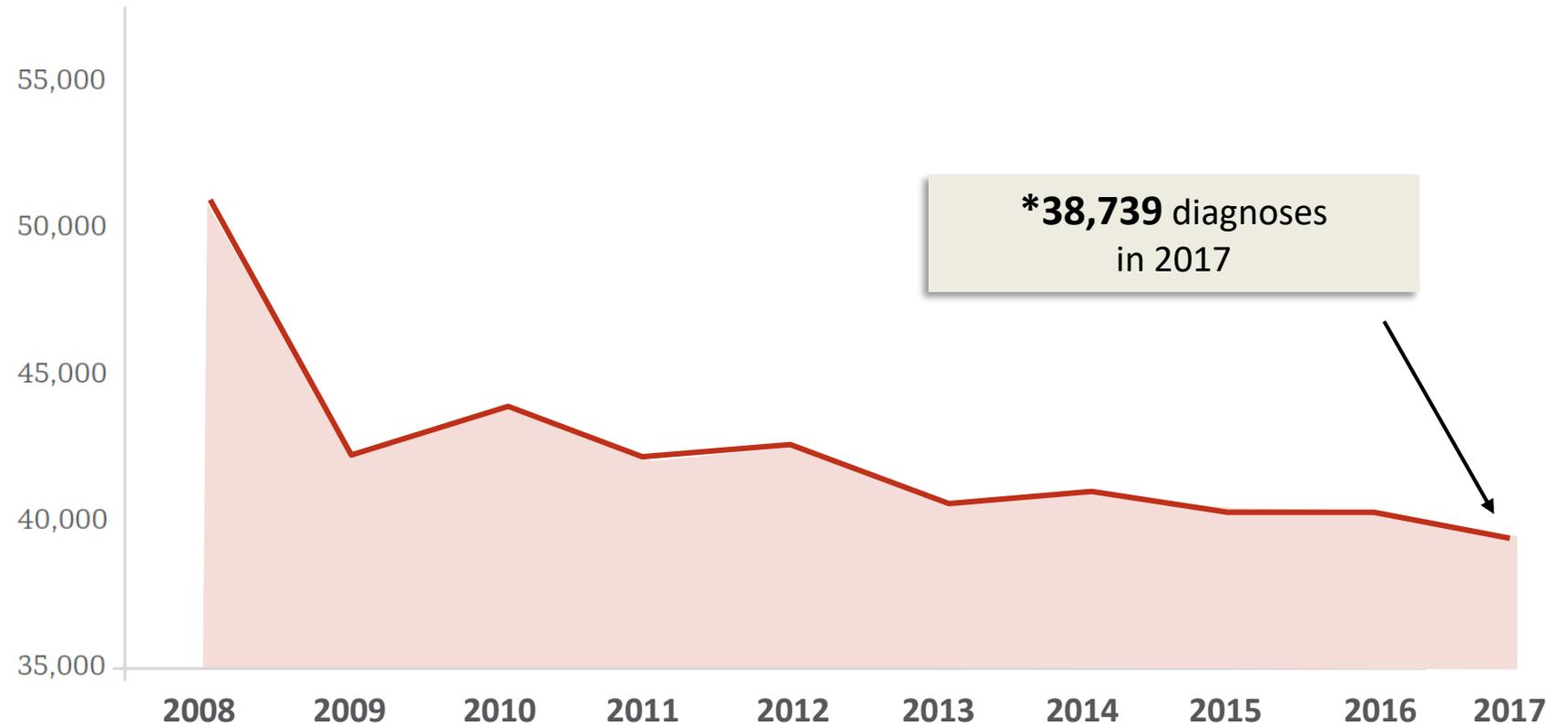
**400,000**

Americans will be newly diagnosed over 10 years despite the available tools to prevent infection

# NEW HIV DIAGNOSES HAVE DECLINED SUBSTANTIALLY BUT PROGRESS IS STALLED

## MAJOR PROGRESS

- **1980's**  
peak incidence near 130,000 annually
- **1985 - 2012**  
interventions drove infections down to <50,000 annually



\*Data includes diagnoses from the US and 6 dependent areas

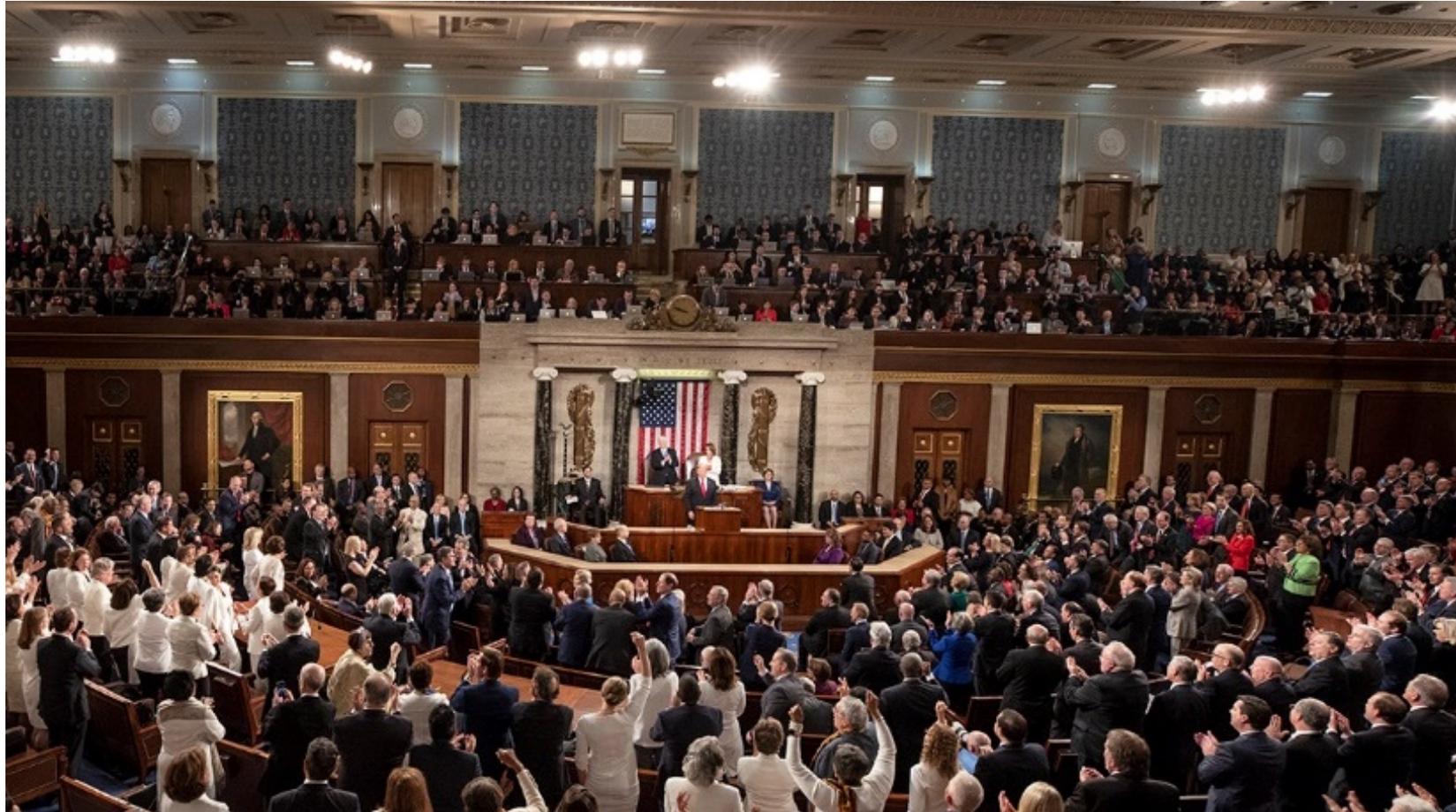
Source: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

# PRESIDENT TRUMP

## 2019 STATE OF THE UNION ADDRESS

Ending  
the  
HIV  
Epidemic

We have an unprecedented opportunity to end the HIV epidemic in America. Now is the time.



Ending  
the  
HIV  
Epidemic

[www.hiv.gov](http://www.hiv.gov)

# THE TIME IS NOW: RIGHT DATA, RIGHT TOOLS, RIGHT LEADERSHIP

## ■ Epidemiology

- Most new HIV infections are clustered in a limited number of counties and specific demographics

## ■ Antiretroviral Therapy

- Highly effective, saves lives, prevents sexual transmission; increasingly simple and safe

## ■ Pre-exposure Prophylaxis (PrEP)

- FDA-approved and highly effective drug to prevent HIV infections

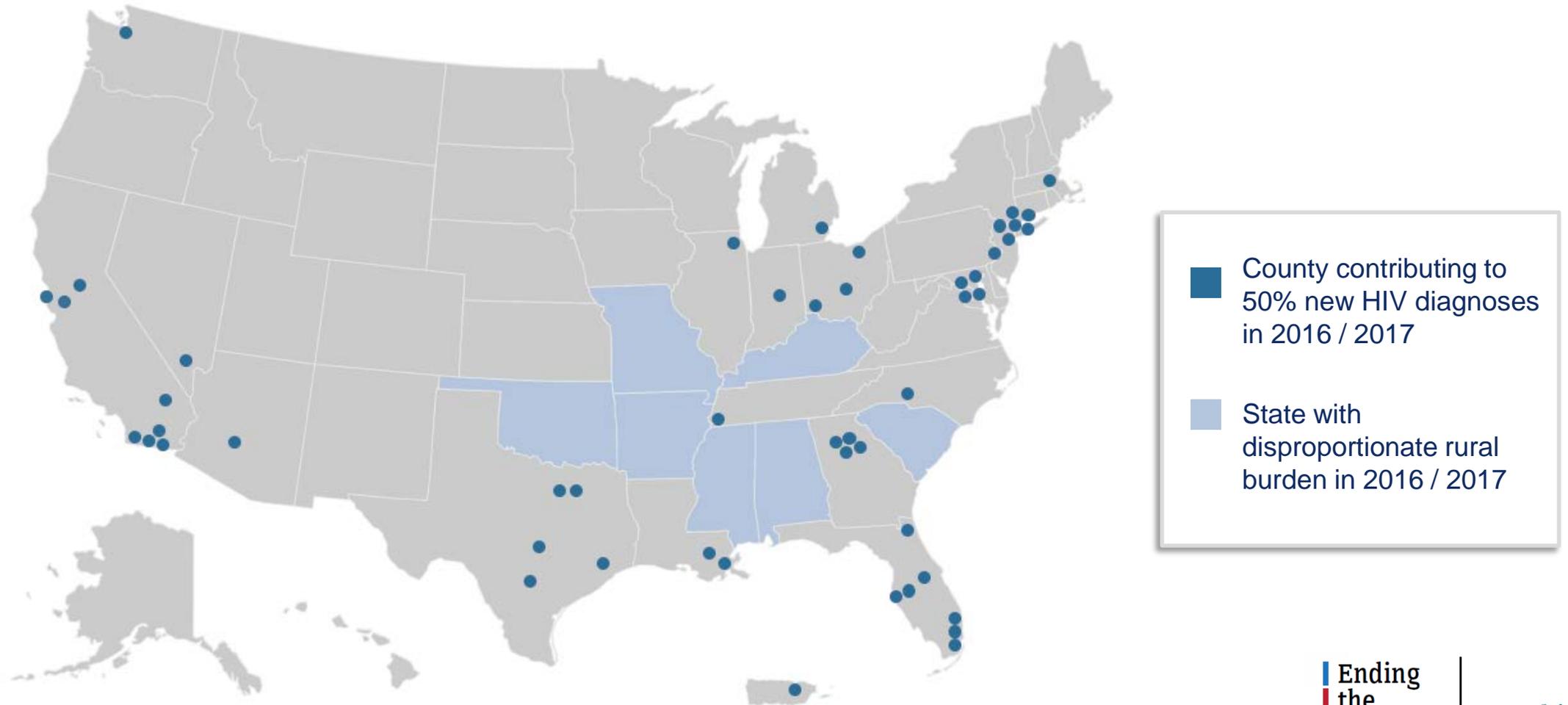
## ■ Proven Models of Care and Prevention

- 25 years' experience engaging and retaining patients in effective care

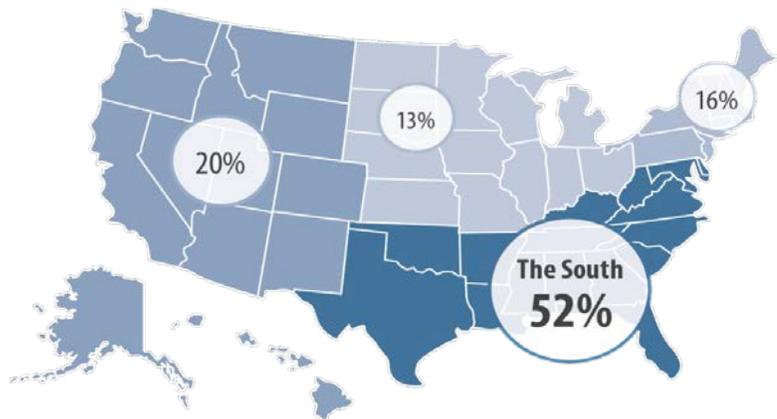
**There is a real  
risk of HIV  
exploding again  
in the U.S.**

due to several factors  
*including injection drug  
use and diagnostic  
complacency among  
healthcare providers*

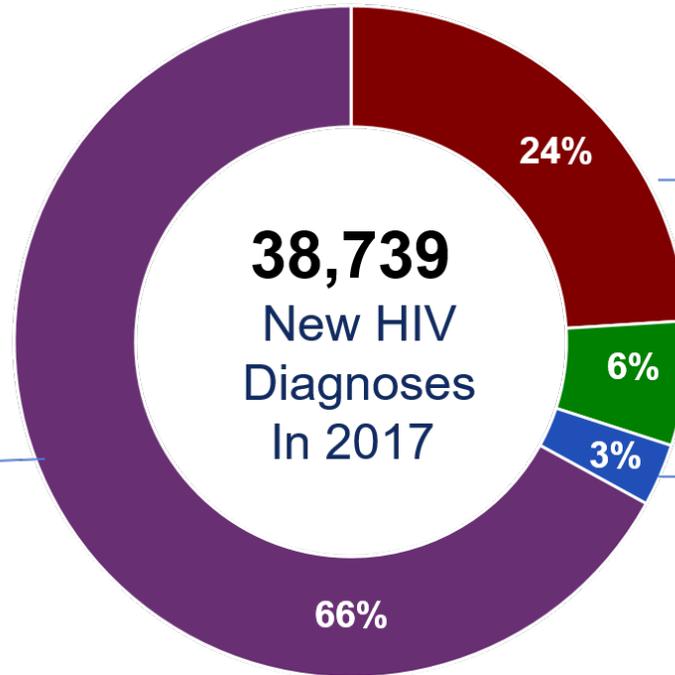
# 48 COUNTIES, 7 STATES WITH SUBSTANTIAL RURAL HIV BURDEN, DC AND SAN JUAN ACCOUNT FOR 50% OF NEW DIAGNOSES



# DEMOGRAPHICS OF THE HIV EPIDEMIC



Gay and bisexual



Heterosexuals

People who inject drugs

Gay and bisexual men who inject drugs

- **African Americans** accounted for 43% of HIV diagnoses and 13% of the population
- **Hispanics/Latinos** accounted for 26% of HIV diagnoses and 18% of the population
- From 2010 to 2016, HIV diagnoses increased 46% among **AI/AN** overall and 81% among AI/AN gay and bisexual men

# ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

## GOAL:

**75%**  
reduction in new  
HIV infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.

**PHASE 1:** Focused effort to reduce new infections by 75% in 5 years

**PHASE 2:** Widely disseminated effort to reduce new infections by 90% in the following 5 years

**PHASE 3:** Intense case management to maintain the number of new infections at < 3,000 per year

# GOAL

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

**75%**  
reduction  
in new HIV  
infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.



**Diagnose** all people with HIV as early as possible.

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



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

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



# EARLY DIAGNOSIS IS ESSENTIAL TO END THE HIV EPIDEMIC

- **1 in 2** people with HIV have the virus at least 3 years before diagnosis
- **1 in 4** people with HIV have the virus at least 7 years before diagnosis
- **1 in 5** people with HIV are diagnosed with advanced disease (AIDS)
- **7 in 10** people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

**80% of new HIV infections are transmitted from people who don't know they have HIV or are not retained in treatment**

# PRE-EXPOSURE PROPHYLAXIS (PrEP)

## PrEP

### WHAT IS PrEP?

- **Single tablet**, Truvada<sup>®</sup> is currently the only FDA-approved drug for PrEP in the U.S.
- At-risk people can reduce their chance of HIV infection by up to **97%**

**MORE THAN ONE MILLION AT HIGH RISK FOR HIV, BUT <20% ARE ON PrEP**

### BARRIERS TO PrEP

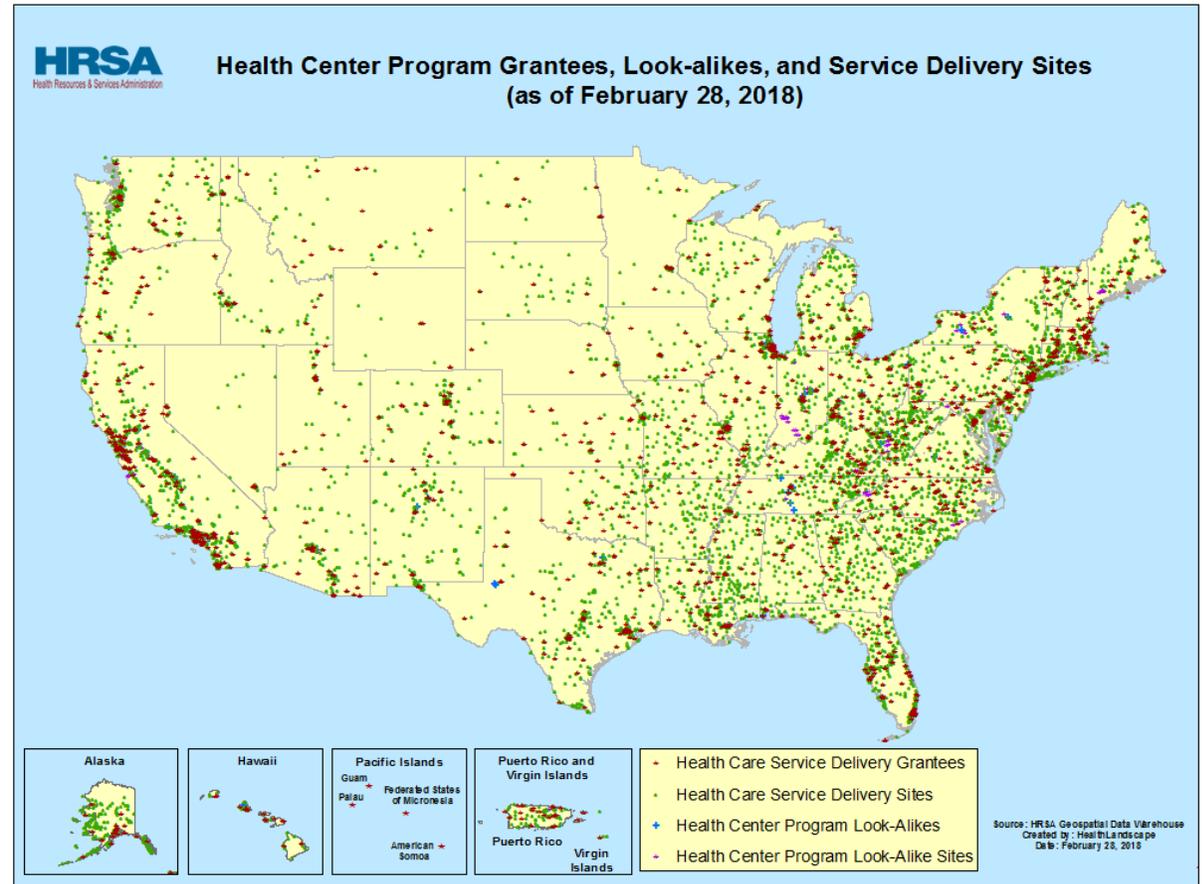
- Attitudes and stigma that prevent testing and initiation of PrEP
- Lack of awareness or perceived risk among individuals at risk and among providers
- Barriers to linkage to PrEP care and prescribing PrEP

# HRSA: COMMUNITY HEALTH CENTERS

- Serve >27 million patients through ~1,400 health centers at ~12,000 service delivery sites nationwide
- Provide HIV services:
  - ~ 2 million HIV tests annually;
  - >165,000 HIV patients receive care

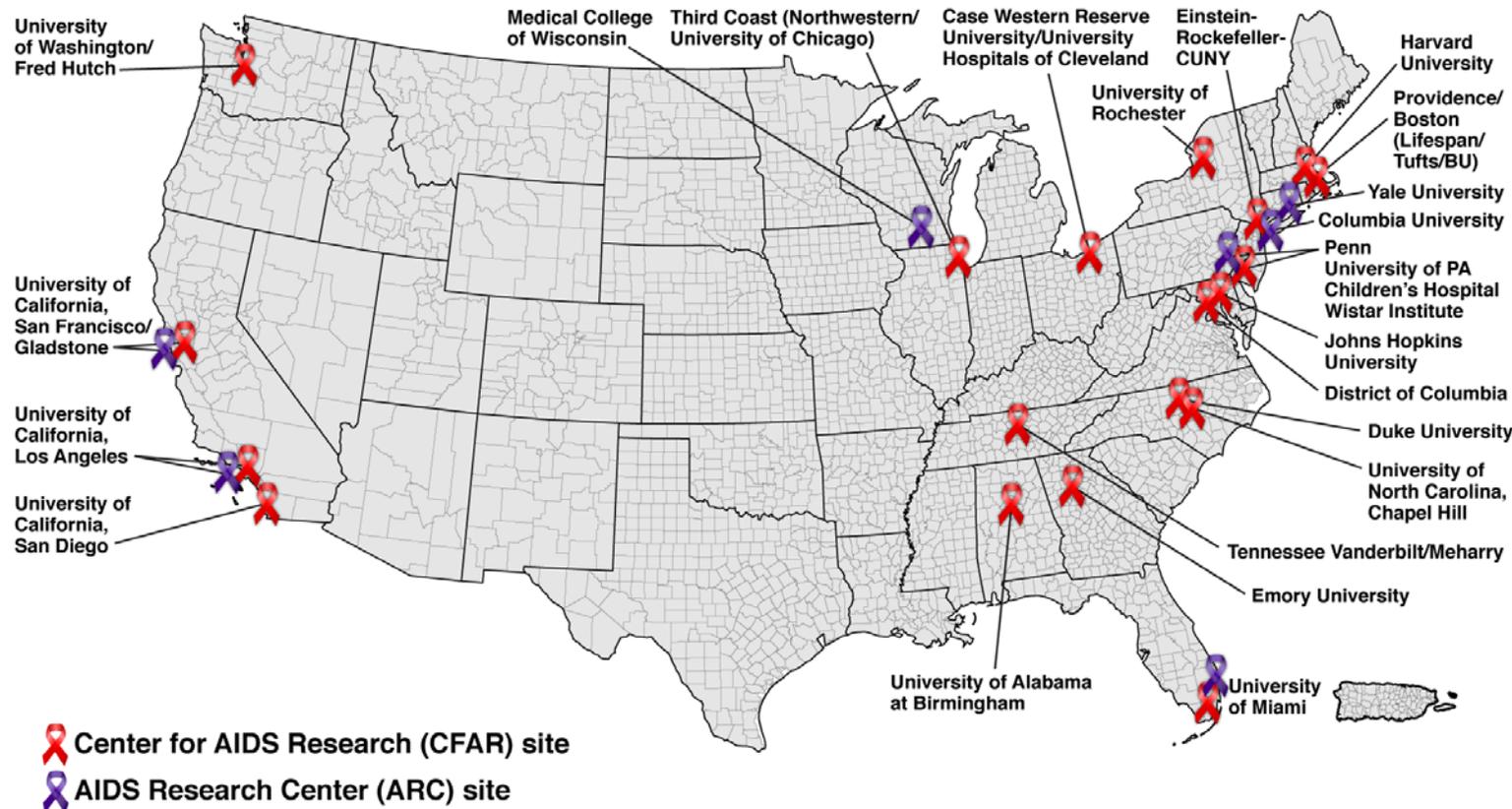
## The initiative will:

- Expand capabilities of health centers to provide HIV prevention and treatment
- Use health centers as the primary sites for expanding PrEP



# NIH-SPONSORED CENTERS FOR AIDS RESEARCH (CFAR) AND AIDS RESEARCH CENTERS (ARC)

*Supporting multidisciplinary research aimed at reducing the burden of HIV in the U.S.*



## Informs HHS and partners on

- Evidence-based best practices
- Effectiveness of approaches including regional strategies

# FY 2019 ACTIVITIES

## Minority HIV/AIDS Funding

Activity
Jurisdictional Plans
CDC
IHS
Implementation Science
NIH
Data Analysis & Visualization System
PACE Program
Pilot Projects
3 Jurisdictions (Baltimore City; East Baton Rouge; DeKalb County)
Cherokee Nation, Oklahoma

## Listening Tour



ADM Brett P. Giroir @HHS\_ASH · Mar 20

A great way to end the day at

#NHPC2019 - engaging with community members about the new Ending the HIV Epidemic initiative with @CDCDirector Dr. Robert Redfield, @HRSgov's Dr. Laura Cheever, and @IHSgov's RADM Michael Toedt.



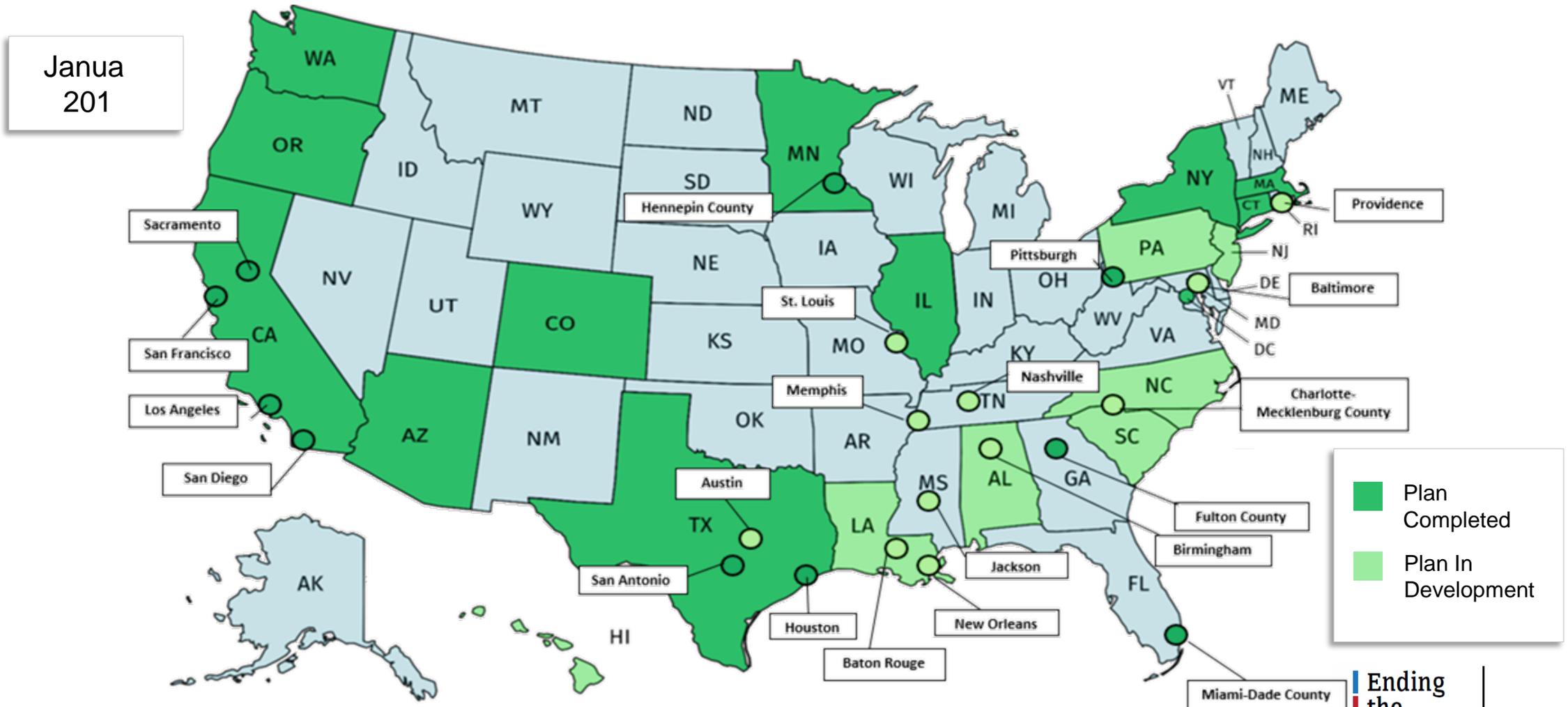
Adm Brett Giroir, MD  
Assistant Secretary for Health



DELIBERATIVE AND PREDECISIONAL  
FOR OFFICIAL USE ONLY (FOUO)

# FEDERAL INITIATIVE WILL LEVERAGE STATE AND LOCAL EFFORTS

## STATUS OF JURISDICTIONAL PLANS TO “END THE HIV EPIDEMIC”



# EHE Stakeholder Events & Listening Sessions



Atlanta, GA



Miami, FL



Washington, DC



Boston, MA



Little Rock, AR



Baltimore, MD

# IMPLEMENTATION UPDATES: CDC



Eugene McCray, M.D.  
Director, Division of HIV/AIDS Prevention,  
Centers for Disease Control and Prevention

# Preparing for Ending the HIV Epidemic

Jumpstart  
Sites

EHE  
Planning

Preparing  
for FY 2020

To End the HIV Epidemic,

HHS is providing funding in 2019 for -  
Jumpstart activities in key locations &  
Planning in all phase 1 jurisdictions

HHS agencies are also planning for  
implementation in FY 2020

# Jumpstart Sites

- **\$4.5 Million** in funding
- FY 2019 Minority AIDS Fund
- **3 Pilot Projects** via CDC Flagship Health Department Cooperative Agreement

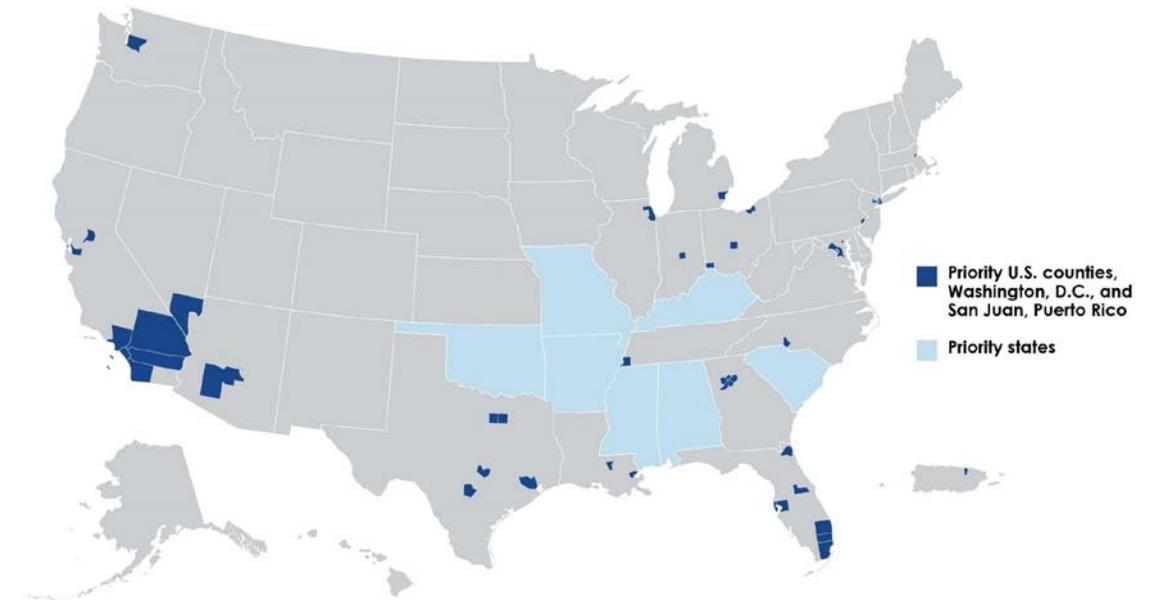


# Planning & Partnerships

## Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

### EHE planning at local level:

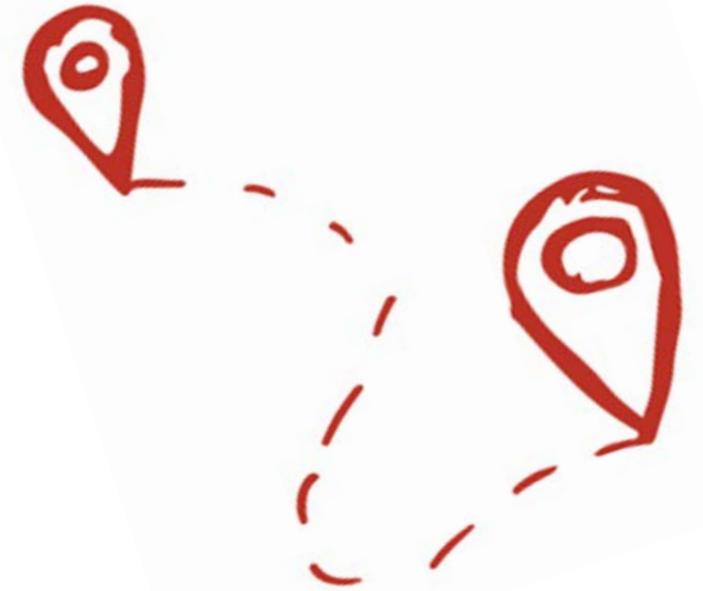
- Jurisdictions will engage local partners to develop **community tailored** ending the epidemic plans
- Funding will be available to Phase 1 Jurisdictions



Also funding for one national non-profit that has a **robust partnership system** and has the capacity to provide support to jurisdictions

# FY 2020 Implementation Planning @ CDC

- Examining innovative prevention programs, best practices and interventions for scale up, by pillar
- Planning for NOFOs
- Soliciting input from grantees and partners
- Assessing the most efficient & appropriate means to implement certain programs and
- Exploring workforce needs & solutions



# HIV Workforce

- CDC will work with each community to **enhance the local workforce** with experts, as needed, in fields such as:
  - Epidemiology
  - Health care systems and
  - Disease investigation.
  
- CDC Workforce planning to increase capacity through current mechanisms and creative solutions.
  - Example - Leveraging CDC's Public Health Associate Program (PHAP) to place highly motivated early-career public health professionals in interested jurisdictions.



**PHAP**  
PUBLIC HEALTH  
ASSOCIATE PROGRAM

# Community Engagement

HHS, CDC, and HRSA leadership are visiting EHE jurisdictions to:

1. Raise awareness of this opportunity
2. Build **trust and support** within local communities for the initiative
3. Ensure partners within each jurisdiction are **meaningfully engaged** with the initiative
4. Create a group of stakeholders and **champions who stand ready to mobilize** their communities when resources become available



# IMPLEMENTATION UPDATES: HRSA



Laura W. Cheever, M.D., Sc.M.  
Associate Administrator, HIV/AIDS Bureau,  
Health Resources and Services Administration

# HRSA Updates

## Ending the HIV Epidemic: A Plan for America

August 23, 2019

**Laura W. Cheever, MD, ScM, Associate Administrator**  
**HIV/AIDS Bureau**  
**Health Resources and Services Administration**



# HRSA's Role in the Initiative





# Pillar One: Diagnose

- **1.1 million Americans have HIV, and 1 in 7 don't know that they do**
- **HRSA-funded health centers are a key entry point for people with HIV who are undiagnosed**
  - More than two million patients receive HIV tests at health centers annually
- **HRSA's Health Center Program will increase HIV testing in high-impact areas by:**
  - Conducting expanded outreach with their communities
  - Increasing routine and risk-based HIV testing of health center patients



# Pillar Two: HIV Care and Treatment

- **People with HIV who take medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting the virus to their HIV negative partner.**
- **HRSA will focus on linking people with HIV who are either newly diagnosed, or diagnosed but not in care, or in care but not virally suppressed, to essential HIV care and treatment and to support services so they reach an undetectable viral load.**
- **To do this, HRSA HAB will:**
  - Increase capacity by funding RWHAP Parts A and B in the identified jurisdictions
  - Provide workforce capacity development through the RWHAP Part F AIDS Education and Training Centers (AETC)
  - Provide technical assistance and systems coordination support to the identified jurisdictions
  - Encourage initiation of rapid HIV care and treatment to achieve viral suppression and stop transmission



# HRSA RWHAP: Meeting the Challenges Ahead

- **Improve viral suppression and decrease disparities among patients who are in care**
- **Enhance linkage to and engagement in HIV care of the newly diagnosed**
- **Expand re-engagement and retention for those diagnosed but out of HIV care**





# Pillar Three: Prevent

- **Increase access to HIV Prevention interventions including:**
  - PrEP and Post Exposure Prophylaxis (PEP)
  - Syringe Service Programs (SSPs)
  - HIV prevention education
- **HRSA will expand access to PrEP for health center patients. This will include:**
  - Receiving referrals from community-based programs
  - Providing PrEP for those who are at high risk with a focus on the uninsured
  - Expanding outreach, testing, care coordination, and access to PrEP to those populations at the greatest risk of acquiring HIV infection in selected Health Centers in the focus jurisdictions
- **HRSA HAB will focus on:**
  - Supporting workforce capacity training and clinical consultation for providers





# Pillar Four: Respond

- **New laboratory methods and disease control techniques allow health departments to see where HIV may be spreading most rapidly.**
  - Cluster detection – this technique will allow community partners to quickly develop and implement strategies to stop ongoing transmission.
- **HRSA’s Ryan White HIV/AIDS Program and Health Center Program will support these efforts by providing HIV care and treatment (RWHAP) and PrEP (CHC) to those identified through cluster detection activities.**

# Next Steps



# HRSA's Next Steps

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- **Continue leveraging critical scientific advances in HIV prevention, treatment, and care, coordinating the Ending the HIV Epidemic initiative, and working with the five other principal agencies**
- **Work closely with CDC on Ending the HIV Epidemic planning grants**
- **Visit Ending the HIV Epidemic counties and states to engage recipients and HIV community members during summer and fall 2019**



# HRSA's Next Steps (cont.)

- HRSA's HIV/AIDS Bureau has released two Notice of Funding Opportunities (NOFOs) and plans to supplement Ryan White HIV/AIDS Program AETC Program for workforce capacity development
  - Ryan White HIV/AIDS Program Parts A and B
    - NOFO TA Webinar on August 27 from 2:00- 4:00 pm ET
  - Technical Assistance and Systems Coordination
    - NOFO TA Webinar on August 29 from 2:00- 4:00 pm ET
- HRSA's Bureau of Primary Health Care plans to release a supplemental NOFO for the Health Center Program and to supplement existing TA Cooperative Agreements



# Share Your Feedback

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To share your feedback with HRSA's Ryan White HIV/AIDS Program on the Ending the HIV Epidemic initiative, email:

[EndingHIVEpidemic@hrsa.gov](mailto:EndingHIVEpidemic@hrsa.gov)





## Connect with HRSA

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)



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# IMPLEMENTATION UPDATES: IHS



Rear Adm. Michael Toedt, M.D.  
Chief Medical Officer,  
Indian Health Service

# Indian Health Service

## Ending the HIV Epidemic in Indian Country

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RADM MICHAEL TOEDT  
CHIEF MEDICAL OFFICER  
AUGUST 23, 2019





# HIV in Indian Country

## Current Statistics:

- CDC reports a 63% increase in HIV rates among gay and bisexual American Indian and Alaska Native men;
- The undiagnosed rate for American Indian and Alaska Native living with HIV ~ 18%;
- Roughly 53% of all AI/AN diagnosed with HIV were receiving continuous HIV care.





# Cherokee Nation HIV Pilot

## Objectives:

1. Implement a public education campaign centering on HIV care and HIV prevention;
2. Educate providers on the need to have discussions about the sexual health of the patients;
3. Identify and link to care persons who currently access Cherokee Nation Health Services and are at high risk for contracting HIV; and
4. Establish a robust PrEP program within the Cherokee Nation Health Services.





# Tribal Epi Center NOFO

- Only current Tribal Epidemiology Center grantees are eligible to apply for the competing supplemental funding under this announcement
- Two levels of funding
  - Group A: TEC Projects not in Phase One Jurisdictions
  - Group B: TEC Projects in Phase One Jurisdictions
- Total funding is approximately \$2.4 million
- Published in the Federal Register on Aug 6, 2019
  - FR Document 2019-16760
  - FR Document 2019-16761





# Listening to our Communities

IHS leadership will be conducting listening sessions throughout Indian Country.

The IHS National HIV Program is funding the National Indian Health Board and the National Council of Urban Indian Health to conduct HIV and HCV listening sessions.





# IMPLEMENTATION UPDATES: NIH



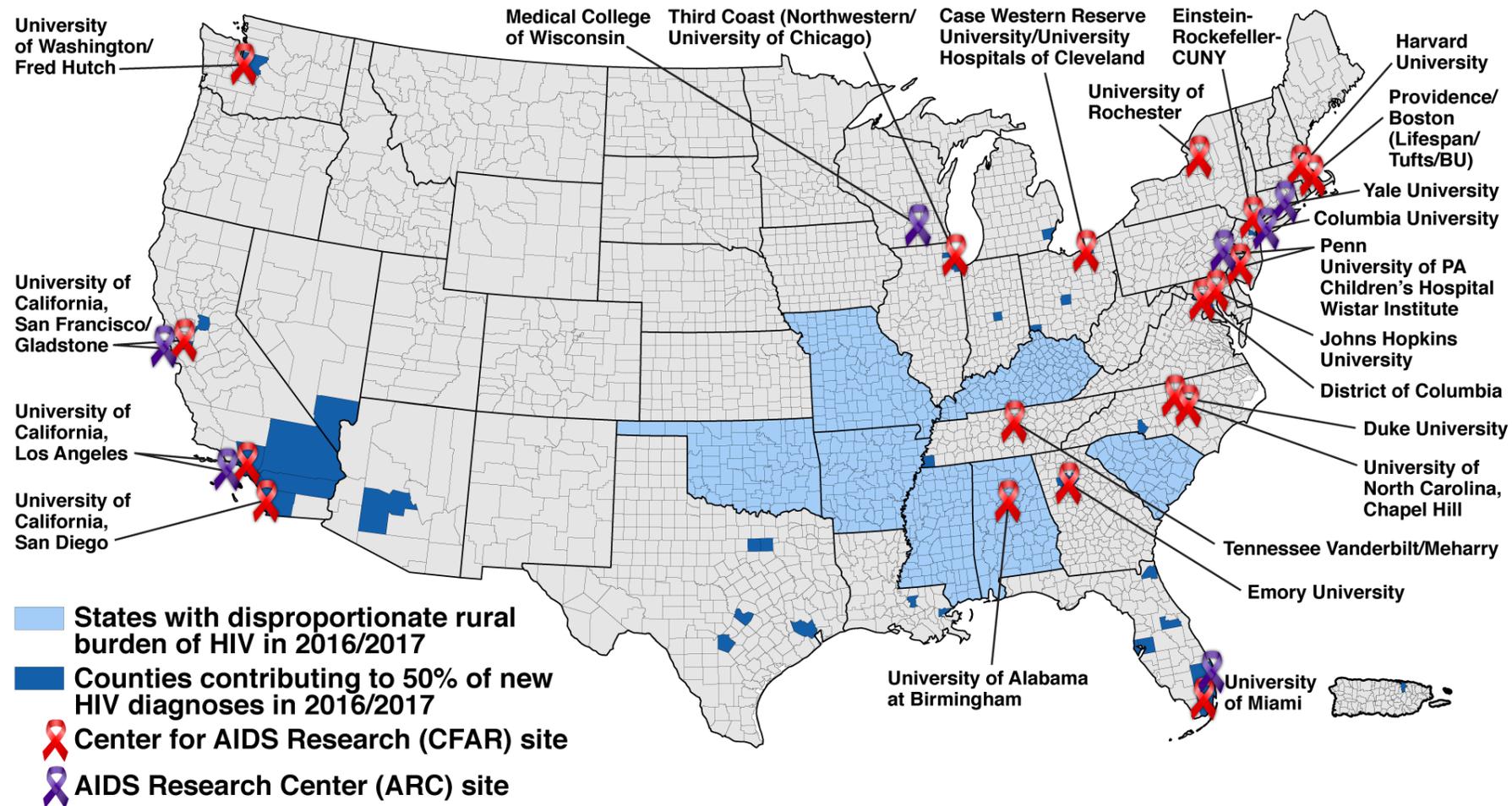
Carl Dieffenbach, PhD

Director, Division of AIDS, National Institute of Allergy and Infectious Disease,  
National Institutes for Health

# Role of NIH Centers for AIDS Research (CFARs) and NIMH AIDS Research Centers (ARCs) for EHE

- CFARs and ARCs will serve as the research platforms to support implementation science
- Collaborate with CDC, HRSA, IHS, and SAMHSA-funded partners to implement locally relevant approaches
- Inform local partners on best practices based on state-of the-art biomedical research findings
- Collect and disseminate data on the effectiveness of approaches used in the initiative

# CFAR and ARC Sites and HIV Hotspots in the United States



Source: CDC, June 2018

# Current Plans for CFARs and ARCs in the EHE Initiative

- FY19 CFAR/ARC EHE and HHS Minority HIV/AIDS Funds supported one-year supplement opportunities released (Spring 2019)
- Locally-defined planning projects generated in collaboration with health departments, clinics, and community groups will design and test implementation techniques
- Proposals will investigate how to best deliver evidence-based interventions and services for populations that face a disproportionate risk of HIV
- Awards to be made by the end of August

# Future Plans for FY20

- Coordinate and align with HHS partners for FY20 plans
- Scale up successful CFAR/ARC FY19 projects
- Support EHE targeted unsolicited applications outside of the CFAR/ARC network
- Meeting of the awardees and their local-HHS funded partners in Chicago (October 28-29, 2019)

# IMPLEMENTATION UPDATES: SAMHSA



Neeraj (Jim) Gandotra, M.D.  
Chief Medical Officer,  
Substance Abuse and Mental Health Services Administration

# Ending the HIV Epidemic Webinar

Neeraj Gandotra MD

Chief Medical Officer

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# SAMHSA Minority AIDS Initiative (MAI) Funded Programs

**The principal goals of the Secretary's MAI Funds are to:**

- 1) reduce new HIV infections,
- 2) improve HIV-related health outcomes, and
- 3) to reduce HIV-related **health disparities** for racial and ethnic minority communities.

**MAI funding to all SAMHSA Centers results in inter-center collaborations among the following programs:**

- **CSAT:** TCE-HIV: Minority Women; TCE-HIV: High-Risk Populations
- **CSAP:** The Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Ages 13-24 Cooperative Agreement; **Capacity Building Initiative** for Substance Abuse (SA) and **HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV-CBI)**
- **CMHS:** Minority AIDS Initiative – Service Integration (MAI-SI)

# SAMHSA's Grants for Racial/Ethnic Minority Populations At High Risk for HIV/AIDS

- **Prevention** - Deliver & sustain quality/accessible SUD and HIV/Hepatitis prevention services aimed at preventing & reducing onset of SUD and transmission of HIV/AIDS among at-risk population, including racial/ethnic minorities.
- **Treatment** - Develop & expand **culturally competent** and effective community-based treatment systems for individuals with SUDs, mental and co-occurring disorders, and who are living with or at highest risk for HIV/Hepatitis, with appropriate **referral and linkage** to care through robust case management.
- **Priority Populations** - Young minority MSM; men, women and transgender individuals in minority communities, individuals with SUDs, mental and co-occurring disorders.
- **HIV** - All clients and their drug-using and/or sexual partners **must be offered HIV rapid preliminary antibody testing at enrollment**, including rapid fourth-generation HIV diagnostic testing; and case management for HIV positive individuals.
- **Hepatitis C** – Support screening and **linkage to care**. Support vaccination for hepatitis A and B.

# Ending the HIV Epidemic: SAMHSA's Role

1. To **provide treatment for mental and substance use disorders** for those at risk for HIV or living with HIV to reduce risk and improve adherence to treatment with an overall goal of improving the lives of those affected
2. To provide prevention interventions to those at risk through **HIV testing with pre/post-test counseling and education** regarding high risk behaviors: both community based and within SUD/MH programs
3. To assure that **all identified with HIV infection or at very high risk and in need of prophylaxis get the appropriate referrals from behavioral health programs to appropriate healthcare resources with ongoing care coordination**
4. Through **SAMHSA's national network of TTCs**, we provide **training and technical assistance to healthcare providers** with a goal of improving screening, assessment and treatment of HIV and associated mental and substance use disorders for those in behavioral health programs.
5. To provide training and technical assistance in **PEPFAR** countries to **assist with building treatment programs for mental and substance use disorders with the goal of reducing risk for and spread of HIV**

# Resources

- **Surgeon General's Report on Alcohol, Drugs, and Health**, <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- **SAMHSA/Addiction Technology Transfer Center**: The vision of the ATTC Network is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care <http://attcnetwork.org/about/about.aspx>
- **Evidence-based Practice Resource Center**: Aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings; [www.samhsa.gov/ebp-resource-center](http://www.samhsa.gov/ebp-resource-center)
- **Knowledge Network**: SAMHSA's premier library of behavioral health training, technical assistance, collaboration, and workforce development resources for the health care community; <https://knowledge.samhsa.gov/about>
- **Reduce Your Risk**: Substance Use/Misuse from HIV.gov, <https://www.hiv.gov/hiv-basics/hiv-prevention/reducing-risk-from-alcohol-and-drug-use/alcohol-and-drug-use-and-hiv-risk>
- **Taking Care of Yourself**: Mental Health from HIV.gov, <https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/mental-health>

# MEASURING OUR PROGRESS: INDICATORS FOR SUCCESS



Norma Harris, PhD

Senior Advisor, Division of HIV/AIDS Prevention,  
Centers for Disease Control and Prevention



# Indicators for Ending the HIV Epidemic Initiative

Norma Harris, PhD

Senior Advisor for Strategic Indicators

Division of HIV/AIDS Prevention

Centers for Disease Control and Prevention

HHS Ending the Epidemic Initiative webinar – August 23, 2019

# Indicators

- Incidence
- Knowledge of status
- Diagnoses
- Linkage to HIV medical care
- Viral suppression
- PrEP coverage



# HIV Incidence vs Diagnoses

- Incidence refers to the estimated number of people newly infected with HIV in a given time period, whether or not they have received a diagnosis
- Diagnoses refer to the number of people who have received laboratory or clinical confirmation of HIV infection in a given time period regardless of when they were first infected



## HIV Incidence

- Estimated number of new HIV infections among persons aged  $\geq 13$  years that occurred in the calendar year



## Knowledge of HIV status

- Also known as percentage of HIV infections that have been diagnosed
- Numerator:
  - Persons aged  $\geq 13$  years living with diagnosed HIV infection at end of a calendar year
- Denominator:
  - Estimated number of persons aged  $\geq 13$  years living with diagnosed or undiagnosed HIV infection at the end of a calendar year



## Diagnoses

- Number of reported HIV infections among persons aged  $\geq 13$  years that were confirmed through laboratory or clinical evidence during a calendar year



## Linkage to HIV medical care

- Numerator:
  - Persons aged  $\geq 13$  years with HIV diagnosed in a calendar year and who had  $\geq 1$  viral load (VL) or CD4 test within 1 month of HIV diagnosis
- Denominator:
  - Persons aged  $\geq 13$  years with HIV infection diagnosed during a calendar year

Note: Reported for jurisdictions with complete laboratory reporting of CD4 and viral load results to CDC.



# Viral suppression

## ■ Numerator:

- Persons with  $<200$  copies/mL on their most recent VL test in a calendar year

## ■ Denominator:

- Persons aged  $\geq 13$  years with HIV diagnosed by the end of one calendar year and alive at the end of the next calendar year
- Example: diagnosed by end of 2015 and alive through the end of 2016

Note: Reported for jurisdictions with complete laboratory reporting of CD4 and viral load results to CDC.



## PrEP coverage

- Indicator: Ratio of the number of persons who have been prescribed PrEP to the number of persons with indications for PrEP
- Numerator:
  - Number of persons who were prescribed PrEP in a calendar year
- Denominator:
  - Estimated number of persons with indications for PrEP in a calendar year



## Data sources

- **National HIV Surveillance System (NHSS)**
  - Primary source for monitoring trends in HIV infection in the United States
  - Data source used for all indicators
- **National pharmacy data – IQVIA**
  - Data source used for numerator of PrEP coverage
  - Provides number of persons who were prescribed PrEP



## Selected References

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# CLOSING

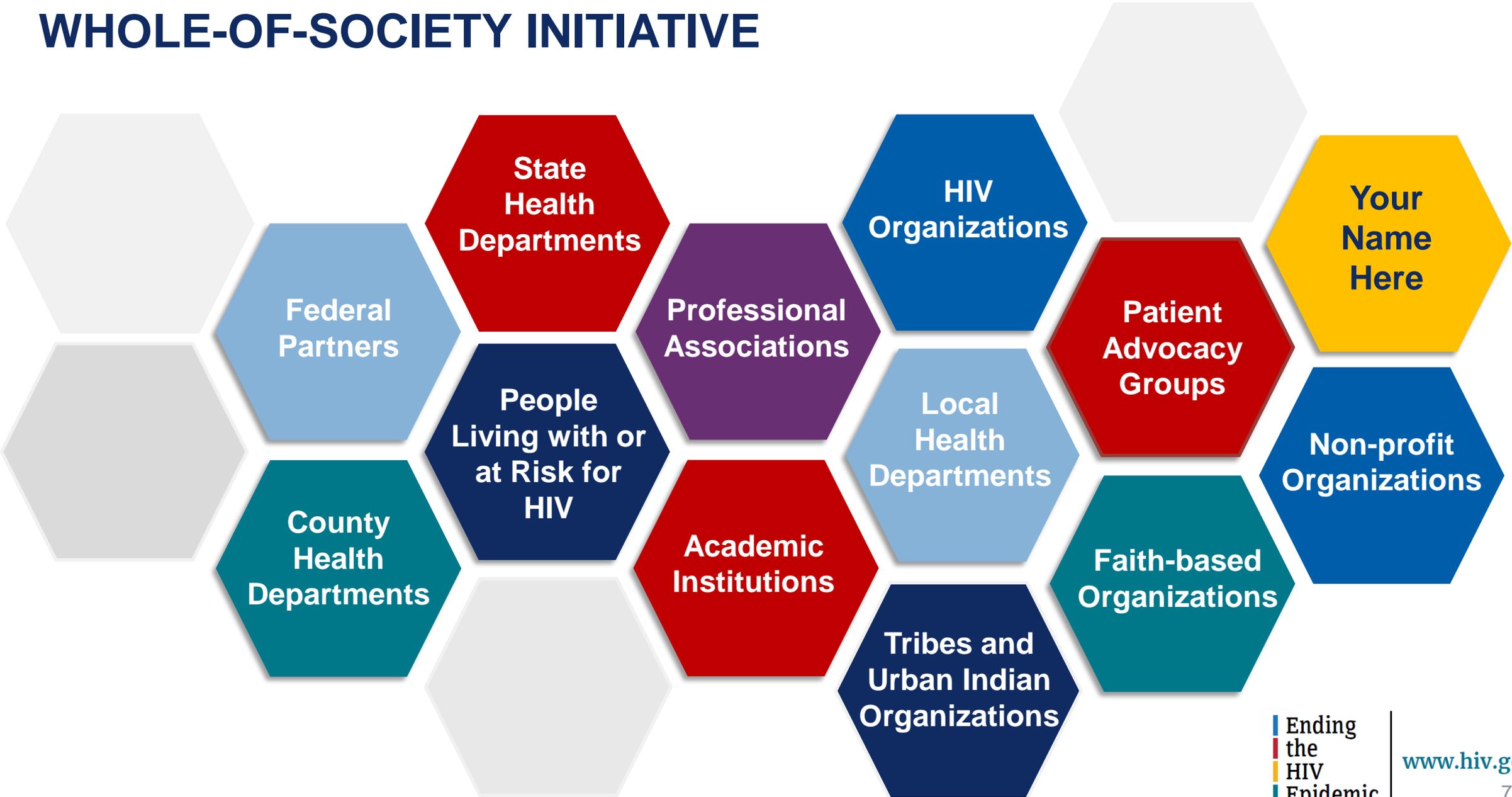


Carol Jimenez, J.D.  
Deputy Director for Strategic Initiatives,  
OIDP

# THANK YOU: OUR PRESENTERS



# WHOLE-OF-SOCIETY INITIATIVE



# WE WELCOME YOUR FEEDBACK

- After the webinar, look out for an email containing the following link to complete an evaluation of today's webinar:

<https://www.surveymonkey.com/r/EndingtheEpidemicIndicators>



## **Carol Jimenez**

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