

# CDC's Efforts to End the HIV Epidemic & Reduce Disparities

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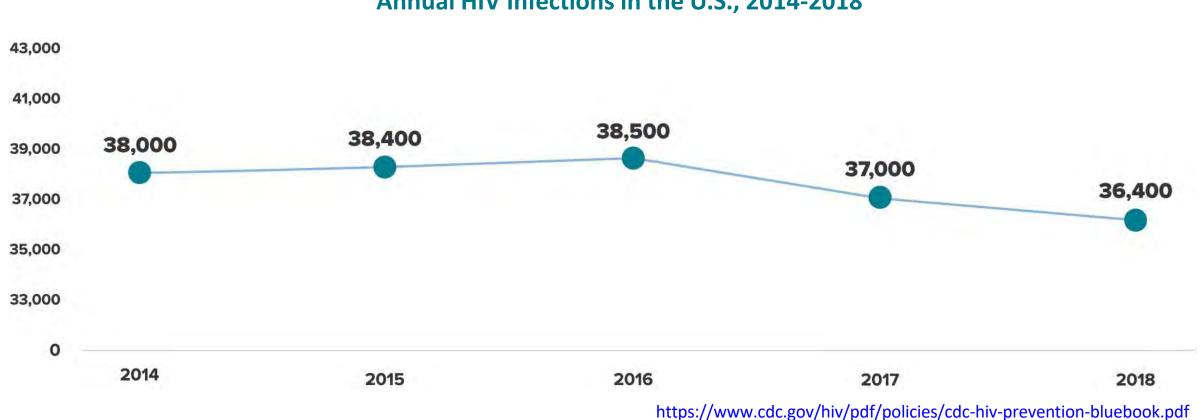


## Demetre C. Daskalakis, MD, MPH Director, Division of HIV/AIDS Prevention

# HIV Prevention in the United States: Mobilizing to End the Epidemic

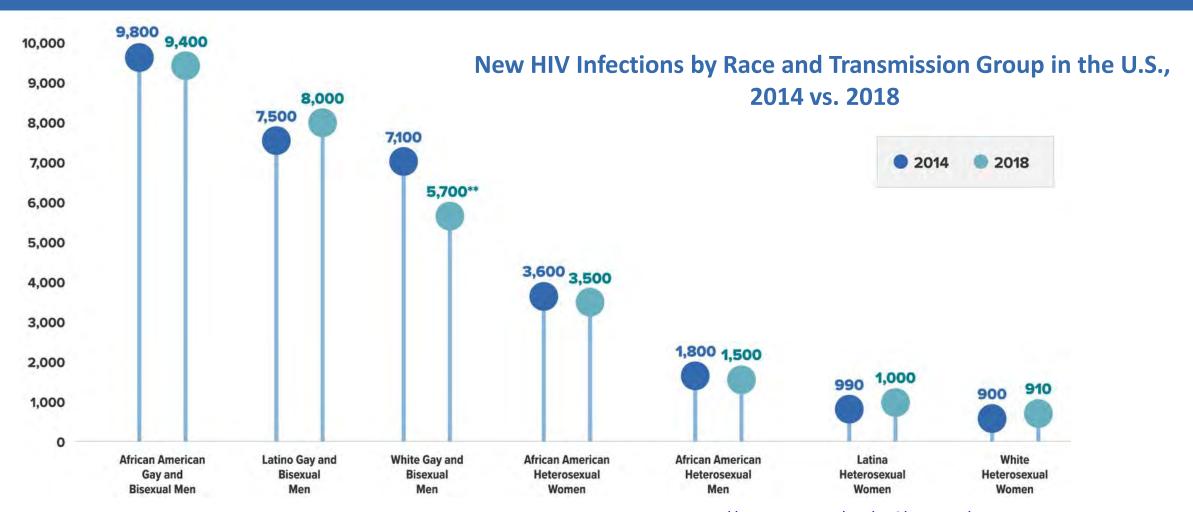
https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-prevention-bluebook.pdf

National HIV prevention and care efforts have reduced HIV infections from a peak of 130,000 in the mid-1980s to approx. 36,400 in 2018.



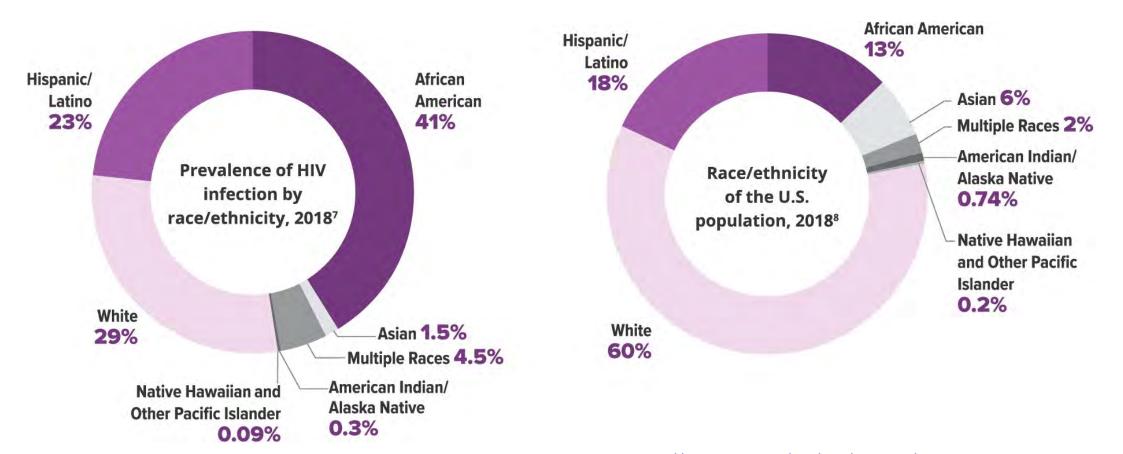
Annual HIV Infections in the U.S., 2014-2018

But progress in reducing new HIV infections has slowed in recent years and not everyone is benefiting equally.



https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-prevention-bluebook.pdf

# Black and Hispanic/Latino communities are disproportionately affected by HIV.

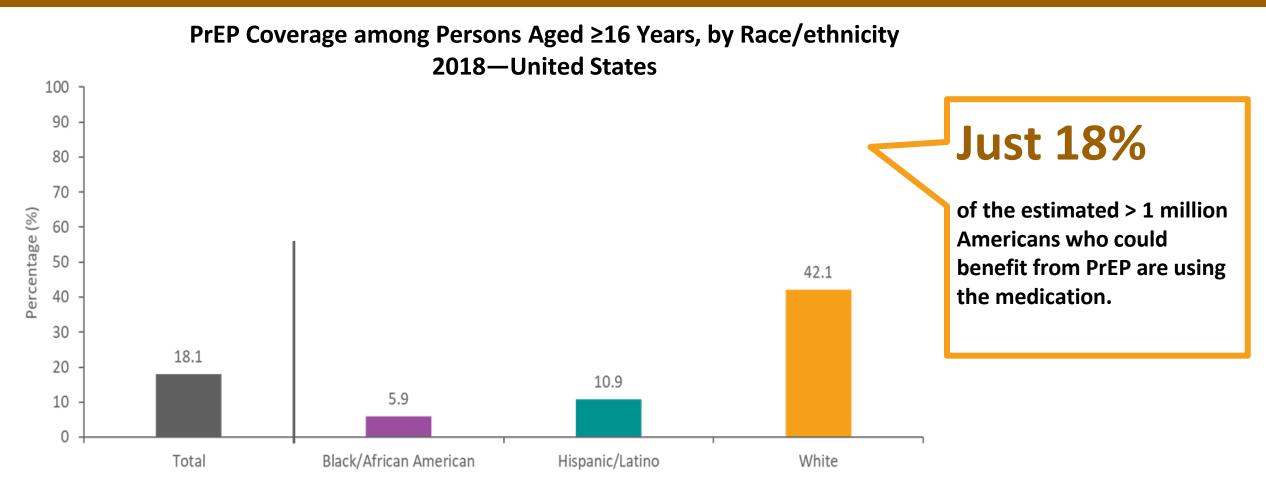


https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-prevention-bluebook.pdf

Despite reductions in new HIV diagnoses among women, disparities persist for Black and transgender women.

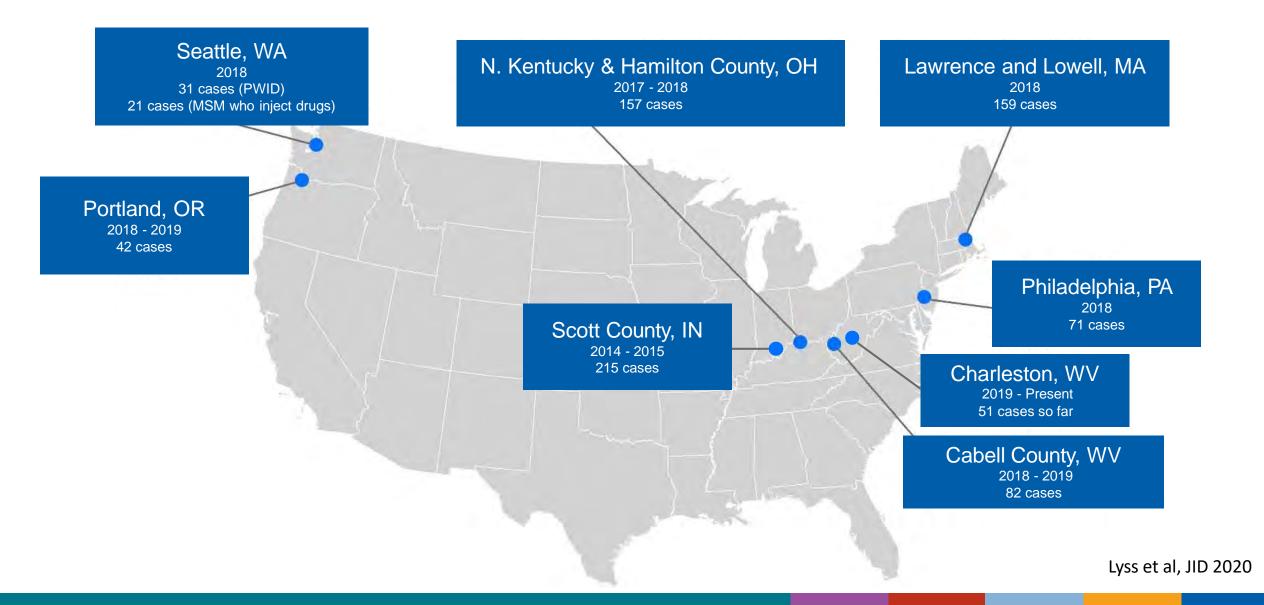
| Transgender Women  | Black Women  |
|--|--|
| HIV prevalence for transgender women is 14%  | The rate of new HIV infections<br>among black women is<br><b>13X</b> |
| a striking difference when<br>compared to HIV prevalence<br>estimates for adults in the<br>U.S. overall (<0.5%). | that of white women.   |

### Gaps in PrEP coverage are the highest among gay and bisexual men of color and transgender women.



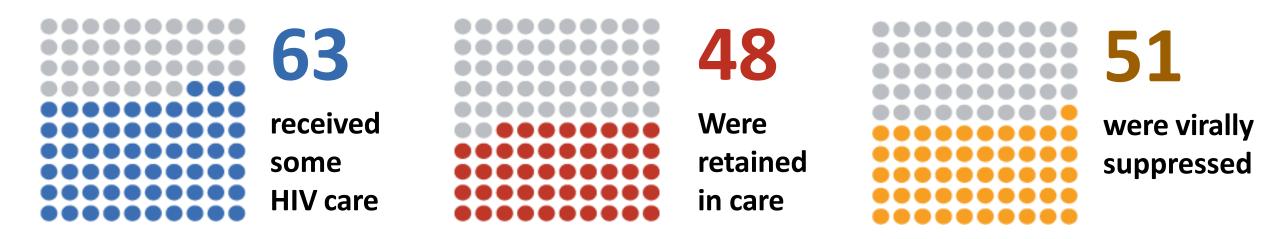
Note. PrEP coverage, reported as a percentage, was calculated as the number who have been prescribed PrEP divided by the estimated number of persons who had indications for PrEP. Race/ethnicity data were only available for 35% of persons prescribed PrEP in 2018. Number prescribed PrEP and PrEP coverage for race/ethnicity reported in the table were adjusted applying the distribution of records with known race/ethnicity to records with missing race/ethnicity. Different data sources were used in the numerator and denominator to calculate PrEP coverage. https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes-2018.pdf

### Increasing HIV Outbreaks among People Who Inject Drugs



Black/African American people have lower rates of viral suppression.

For every 100 black/African American people with HIV in 2018:



As a comparison, for every 100 people overall with HIV, 65 received some HIV care, 50 were retained in care and 56 were virally suppressed.

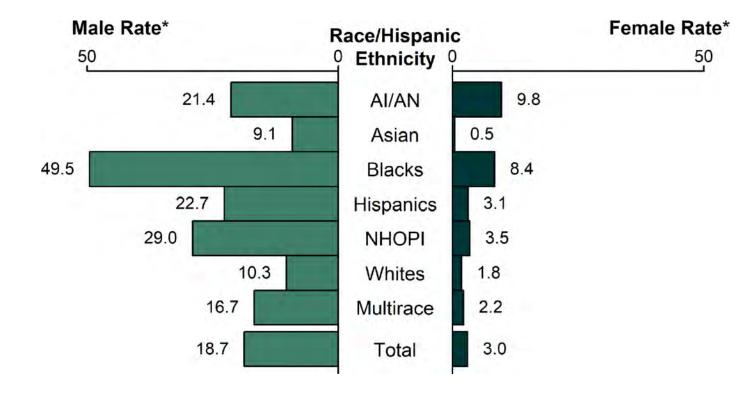
https://www.cdc.gov/hiv/images/group/racialethnic/africanamericans/2021/AfricanAmericans\_SocialMedia\_Continuum.png

### STD and HIV Disparities Continue

STDs are associated with 2times increase in acquisition and transmission of HIV.

About half of men diagnosed with syphilis have HIV.

Routinely screening and treating people for STDs will decrease new HIV infections. Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2018



https://www.cdc.gov/std/stats18/minorities.htm

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders.

Stigma, housing insecurity, and systemic racism can influence how people access HIV prevention and treatment services.



### CDC'S APPROACH: Making HIV testing simple, accessible, and routine.



#### **CDC'S APPROACH:**

Quickly linking people with HIV to care and treatment, and re-engaging those who have stopped receiving care.



CDC'S APPROACH:

Increasing availability and use of PrEP among populations who could benefit most.

Partnering with other agencies and working with local communities to implement SSPs where they are needed and permitted by law.

CDC's EHE Approach



CDC'S APPROACH:

Ensuring all jurisdictions have the capacity to identify, investigate, and respond to potential HIV outbreaks quickly.

## **COVID-19 Challenges for HIV Prevention Efforts**\*

- When compared to March 2020, more jurisdictions reported being "On Track"
- Most jurisdictions have stayed on track with essential HIV surveillance activities<sup>\*\*</sup>
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- Nearly all jurisdictions have scaled back HIV testing (non-healthcare and healthcare)

Many jurisdictions have adjusted to scale up HIV self-testing & mobile HIV testing activities



Activities have been significantly impacted due to program staff engaged in COVID-19 response

\*This summary is based on responses by Health departments funded via PS18-1802 and should be considered provisional. Please note that March assessment was conducted through monitoring efforts and June results were collected systematically. \*\* Essential Surveillance activities as defined by CDC

### **CDC Activities Aimed at Reducing HIV Disparities**

#### **HIV Criminalization**

In January 2021, CDC leadership published commentary in *The Lancet HIV* encouraging states to align their HIV criminalization laws with science and/or revise the application of these laws for the sake of people with HIV and for the public's health.

**Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations** 

Awarded \$42 million a year to 90 CBOs serving populations disproportionately affected by HIV.

#### Self Testing

CDC was awarded approx. \$2.0M in FY20 Minority HIV/AIDS Funding (MAF) for HIV self-testing projects.

100,000 HIV self-test kits are now available to order online at no cost at: <u>https://together.takemehome.org/</u>

Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Awarded \$54 million over 5 years to 30 CBOs serving young MSM of color and transgender persons of color.



# Focusing Within CDC



#### **Equality**

Evenly distributed tools and assistance



Equity

Custom tools that identify and address inequalilty



#### **Justice**

Fixing the system to offer equal access to both tools and opportunities



### **Priorities for 2021**



Intensify efforts to address systemic causes of disparities

Today, we have an unprecedented opportunity to end America's HIV epidemic.