




CDC's Role in Ending the HIV Epidemic

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Outline

- CDC's role in EHE
- EHE Key Activities

Diagnose


Strategies

- 1 Apply innovative approaches to **increase testing** in clinical settings
- 2 Develop systems to **make HIV testing more accessible** in non-traditional settings (e.g. jails)
- 3 Establish ways to **regularly re-screen people at increased risk**

Routine testing in emergency departments and hospitals can help identify people who have HIV. This can reduce late stage diagnoses, connect people to care, and prevent transmission of HIV. CDC will use EHE funds to expand this proven intervention to many hospitals across the country.

Outcomes

- Increase Knowledge of HIV Status
- Reduce New HIV Diagnoses



Treat

Strategies

- 1 Ensure **rapid linkage to HIV medical care** and antiretroviral therapy (ART) initiation for all persons with newly diagnosed with HIV
- 2 Support **re-engagement and retention** in HIV medical care and treatment adherence, especially for persons who are not recipients of Ryan White HIV/AIDS Programs

Telemedicine programs allow patients to access medical services remotely, including people in rural communities. CDC will use EHE funding to develop robust telemedicine programs that improve adherence to treatment in HIV-affected communities.

Outcomes

- Increase receipt of HIV Medical Care among Persons with HIV
- Increase Viral Suppression Among Persons Living with Diagnosed HIV

Ending the HIV Epidemic

Prevent

Strategies

- 1 Accelerate efforts to **increase pre-exposure prophylaxis (PrEP)** use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP
- 2 Increase availability, use, and access to and quality of **comprehensive syringe services programs (SSPs)**

Syringe Service Programs are associated with a 50% decline in the risk of HIV transmission among people who inject drugs. CDC will use EHE funding to help communities strategically establish Syringe Services Programs, where legally permissible, using innovative delivery options such as mobile testing units and peer-delivery systems.

Outcomes

- Increased PrEP prescriptions among persons with indications for PrEP
- Increased knowledge about the services and evidence base of SSPs in communities
- Increased quality of evidence-based SSP service delivery

Ending the HIV Epidemic

Respond

Strategies

- 1 Develop partnerships, processes, data systems, and policies to **facilitate robust**, real-time cluster detection and response
- 2 **Investigate and intervene** in networks with active transmission
- 3 Identify and **address gaps in programs** and services revealed by cluster detection and response

Innovative technologies can turn HIV data to action by identifying networks experiencing rapid HIV transmission and maximizing prevention efforts in affected communities. CDC will use EHE funding to engage local community members to design outbreak response strategies that are flexible and use real-time information to respond quickly when potential outbreaks are detected.

Outcome

- Improved response to HIV transmission clusters and outbreaks

Ending the HIV Epidemic

Expanding the HIV Workforce

Expanding the capacity of the HIV workforce across the United States is essential in ending the HIV epidemic. In October 2019, CDC hired **10 Public Health Field Assignees** to increase the HIV workforce capacity in the health departments of several EHE jurisdictions, including:

- Arizona
- Baltimore City, Maryland
- Georgia
- Houston, Texas
- Los Angeles, California
- Michigan
- New Jersey
- Philadelphia, Pennsylvania
- Tennessee
- Washington, D.C.

CDC will continue to work with health departments and leverage programs, such as PHAP in 2020.



CDC's Key Activities

Ending the HIV Epidemic 2019 & 2020 CDC Activities and Funding Overview



From July 2019 to June 2020, Jumpstart Sites Laid the Foundation for Advancing EHE Goals Nationwide

Baltimore City, MD

- Incorporated HIV/STD testing into a **mobile syringe-services** program.
- Implemented a **care navigation and treatment program** to improve viral suppression in two clinics.
- Provided **access to PrEP** in two health centers.
- Implemented **home-based HIV self-testing** and STI testing via the internet.

DeKalb County, GA

- Initiated a **jail-based HIV testing program** and trained nurses to deliver HIV testing in the DeKalb County Jail.
- Provided **same-day linkage to care** and treatment for those newly diagnosed during targeted outreach testing.
- Provided **access to PrEP through an innovative program** where registered nurses can order PrEP through a delegated agreement with a local physician.

East Baton Rouge, LA

- Established HIV and hepatitis **testing in an emergency department**.
- Increased the HIV testing capacity of **5 community-based organizations**.
- Hired **five community health workers** and **two rapid-start navigators** to reach out to the communities most impacted by the epidemic.

EHE Strategic Community Planning

In September 2019, CDC awarded **\$12 million from HHS' Minority HIV/AIDS Fund** to the 32 eligible state and local health departments that represent all of the EHE Phase 1 Jurisdictions

Local EHE Planning

- Jurisdictions engaged local partners and community members to develop **community-tailored EHE plans**

EHE Planning Assistance

- NASTAD (National Alliance of State and Territorial AIDS Directors) received **\$1.5 million to provide capacity building assistance** and support jurisdictional planning through its robust partnership system



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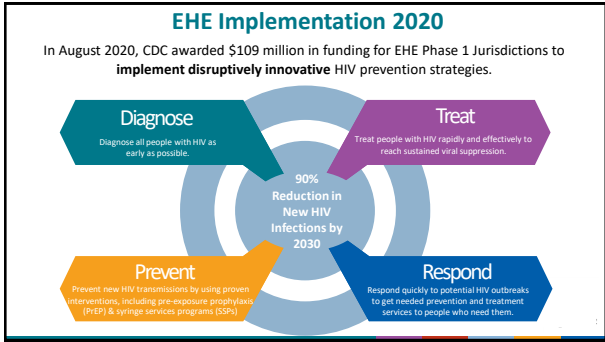
Ending the HIV Epidemic: Jurisdictional planning efforts

Jumpstart Sites

EHE Planning

Implementation Activities

- Received draft EHE plans from all jurisdictions and provided feedback in the Spring
- Jurisdictions are working on revising plans
- Revised EHE plans are now due on December 31, 2020
 - No cost extension provided for grantees



COVID-19 and EHE

- **EHE remains high priority during COVID-19 pandemic**
- **Efforts to mitigate COVID-19 Impact**
 - Allowing flexible grants management/reporting
 - Providing guidance and sharing lessons learned from the field
 - HIV self-testing
 - Implementing syringe service programs during COVID-19
 - Providing PrEP when facility-based and in-person patient-clinician contact limited
 - Working with local surveillance and program staff to set priorities
 - Delaying labor intensive activities
 - Limiting reporting to core data elements

Thank You.

www.cdc.gov/EndHIV
