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

Outcomes

- Increase knowledge of HIV Status
- Reduce New HIV Diagnoses

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.
**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.

**Outcomes**
- Increased receipt of HIV medical care among persons with HIV.
- Increased viral suppression among persons living with diagnosed HIV.

**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).

**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.

**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.

**Outcome**
- Improved response to HIV transmission clusters and outbreaks.
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

- **Summer 2019**
  - Jumpstart Sites
  - $4.5 Million

- **Fall 2019**
  - Strategic Community Planning
  - $12 Million

- **Summer 2020**
  - Implementation
  - $140 Million
From July 2019 to June 2020, Jumpstart Sites Laid the Foundation for Advancing EHE Goals Nationwide

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

**East Baton Rouge, LA**
- Initiated a jail-based HIV testing program and trained nurses to deliver HIV testing in 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.
- 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.

### Ending the HIV Epidemic: Jurisdictional planning efforts

- 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.
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) & syringe services programs (SSPs).

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

90% Reduction in New HIV Infections by 2030

In August 2020, CDC awarded $109 million in funding for EHE Phase 1 Jurisdictions to implement disruptively innovative HIV prevention strategies.

- 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
  - 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