

Turning the Tide on HIV

Division of HIV/AIDS Prevention

Annual Report 2013



Table of Contents

DHAP: Leading the Nation in Preventing HIV

Mission and Key Areas

2

From the Director

3

The State of the U.S. Epidemic

4

DHAP 2013 YEAR IN REVIEW

Supporting Prevention Programs

7

Re-directing Resources to Support Community High-Impact Prevention

DHAP Prioritizes Cost-Effective Interventions

Capacity Building Assistance is Critical to Success of High-Impact Prevention

Tracking the Epidemic

9

New Surveillance Awards are HIP

CDC Publishes Continuum of Care Data and Guidance for Local Jurisdictions

HIV Surveillance Report Reveals Clearer Picture of the Epidemic

CDC Responds to NHAS Call for Improved Surveillance among Key Communities

Supporting Prevention Research

13

Study Finds PrEP Can Reduce HIV Risk among People Who Inject Drugs

New Method Proven Successful in Preventing SHIV Acquisition

CDC Takes STEPS to Improve Linkage, Retention, and Re-engagement of Persons in Care

CDC Says: Game On!

Raising Awareness

15

Let's Stop HIV Together: Ahora en Español

New CDC Campaign Asks: What's your reason? / ¿Cuál es tu razón?

CDC and American Urban Radio Networks Make a Big Impression

National HIV Prevention Progress Report

18

New Report Shows Progress and Challenges

FY 2013 HIV Funding at CDC

21

CDC HIV Resources

22

DHAP Leadership

22

DHAP: Leading the Nation in Preventing HIV

Mission and Key Areas

The Division of HIV/AIDS Prevention's (DHAP) mission is to promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States. DHAP's goals mirror those of the National HIV/AIDS Strategy (NHAS). These shared goals are aimed at decreasing the incidence of HIV, increasing access to care, improving health outcomes for people living with HIV, and reducing HIV-related health disparities.

Cooperative agreements, technical assistance, and program and policy guidance for health departments, community-based organizations (CBOs), and other organizations working to prevent new HIV infections across the United States and its territories

Supporting Prevention Programs

Tracking the HIV Epidemic

Supporting Prevention Research

Raising Awareness

National surveillance systems and surveys to track the HIV epidemic, risk behaviors, and utilization of health care and prevention services

Communication campaigns and partnerships to ensure that all people know the facts about HIV and how to protect themselves and their partners

Biomedical, behavioral, operational, and implementation research to develop new HIV prevention strategies and improve existing interventions and programs

From The Director

The Division of HIV/AIDS Prevention (DHAP) is leading the nation in HIV prevention. Last year, CDC initiated bold programmatic changes to better support high-impact prevention (HIP) strategies. These strategies have demonstrated potential to reduce new infections and yield a major impact on the HIV epidemic. In 2013, DHAP continued to chart the course for change and sustain important gains in HIV prevention.

This year, CDC published the first-ever *National HIV Prevention Progress Report, 2013*, which showed encouraging signs of progress and helped inform the direction for future prevention efforts. The Division also reformulated its surveillance cooperative agreement, capacity building assistance (CBA) program, and catalogue of evidence-based interventions to better align with HIP strategies and ensure maximum impact with every federal prevention dollar. In biomedical research, CDC continued to support studies on the protective effects of pre-exposure prophylaxis (PrEP). And through the *Act Against AIDS* campaign, CDC aimed to reduce stigma, raise awareness, and increase HIV testing.

Outside of the Division, the broader HIV prevention landscape also continued to change. In April, CDC welcomed a grade “A” recommendation for routine HIV screening from the U.S. Preventive Services Task Force (USPSTF), sending a critical message to health care providers and patients that HIV testing is important and should become a standard component in healthcare. In July, President Obama issued an Executive Order establishing the HIV Care Continuum Initiative to better ensure access and long-term adherence to recommended life-saving anti-retroviral therapy (ART). In this context, we are challenged to address the drop-offs along the continuum of care and increase the proportion of individuals who have the virus effectively controlled. And beginning in October, millions of Americans were offered a new way to find affordable health coverage—including many free preventive services such as routine HIV testing—through the Affordable Care Act.

Yet despite these exciting advances, challenges remain. We’ve seen increasing numbers of new infections among gay, bisexual and other men who have sex with men (MSM). Compared to 2008, new infections were 12% higher among MSM in 2010 and 22% higher among young MSM between the ages of 13 and 24. And racial and ethnic disparities persist. Due in part to a number of social and economic challenges, such as lack of access to care, discrimination, stigma, homophobia, and poverty, people of color continue to experience higher rates of HIV infection than whites, despite accounting for a smaller proportion of the U.S. population. To create meaningful change, we need to do more and we need to do better. We must redouble efforts to address existing challenges, so that we may continue to improve and save lives.

The future of HIV prevention in the United States looks promising: CDC’s portfolio of proven risk reduction strategies is expanding rapidly; improved program monitoring and feedback with grantees will continue to ensure federal resources achieve maximal impact; and research focusing on preventing HIV among persons at high-risk continues to evolve. Together, we are turning the tide on HIV.

Thank you for your service and dedication to reducing HIV in the United States.



RADM Kenneth G. Castro, M.D.
Commanding Flag Officer, CDC/ATSDR Commissioned Corps
Acting Director, Division of HIV/AIDS Prevention



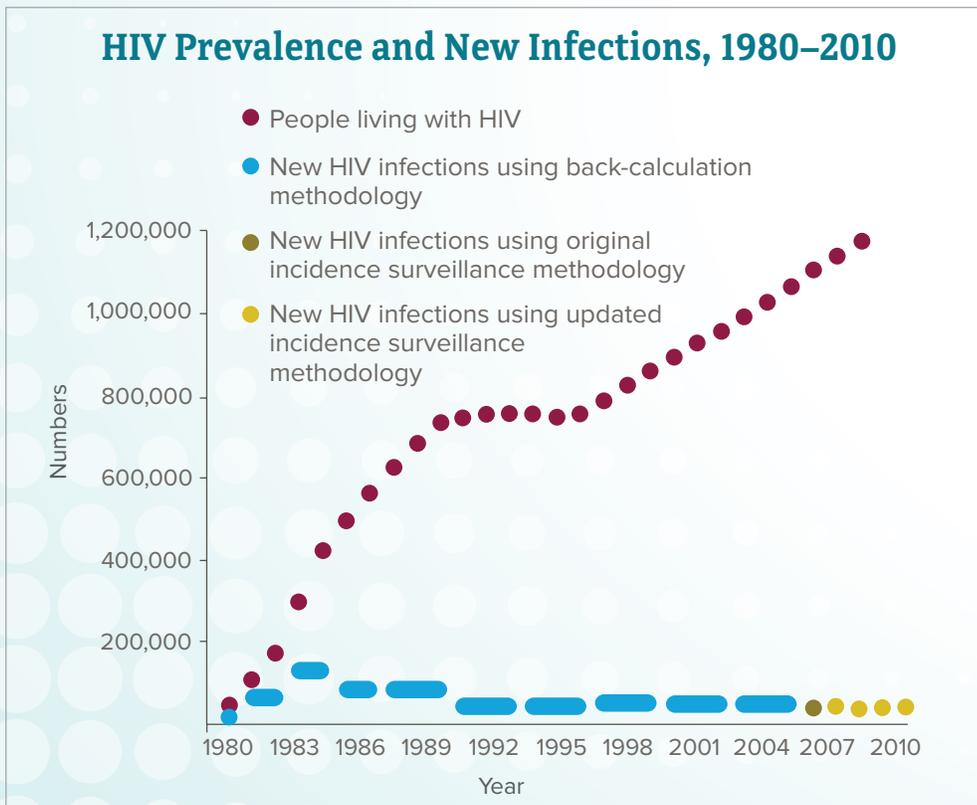
THE STATE OF THE U.S. EPIDEMIC

CDC estimates that 1.1 million people in the United States are living with HIV—and nearly one in six of those are unaware of their infection. Although prevention efforts have helped keep the rate of new infections stable in recent years, new infections continue at an unacceptably high pace, with approximately 50,000 people becoming newly infected each year.

Early diagnosis of HIV infection, prompt linkage to and sustained care, and antiretroviral therapy (ART) are associated with reduced morbidity and mortality as well as reduced transmission. However, optimal outcomes along the continuum of care have not been achieved. As of 2013, far too many people are unaware of their infections or diagnosed too late to benefit from available life-extending treatment, less than 40% of persons with HIV are in regular care, and only 25% have a suppressed viral load. In other words, more than half of the people living with HIV in the United States have not been successfully supported in navigating the entire HIV care continuum. In addition, disparities exist in access to HIV testing, care, and treatment between population groups.

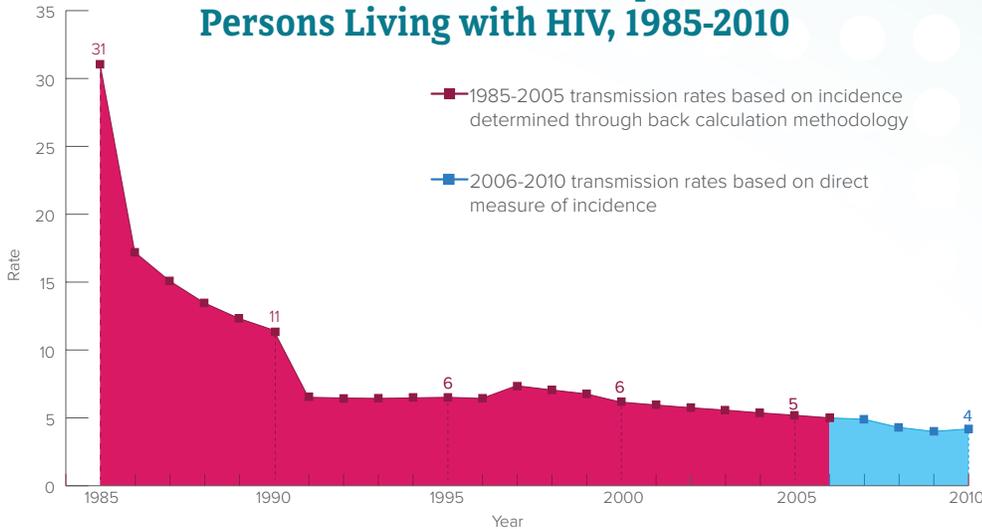
To achieve the nation's HIV prevention goals, more must be done to improve outcomes at each step of the continuum of care for persons living with HIV.

The following pages provide a snapshot of the state of the U.S. HIV epidemic today.



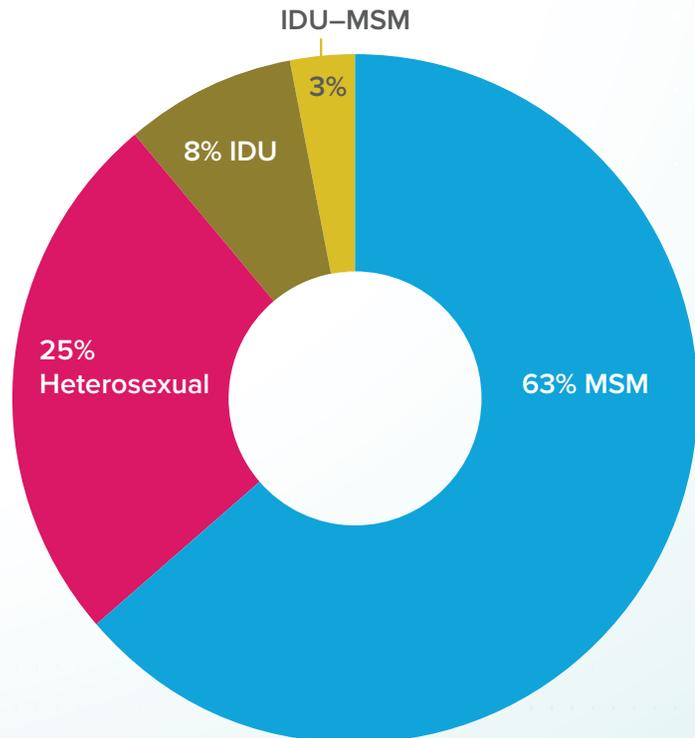
While the annual number of new infections remains stable, the number of Americans living with HIV continues to grow.

HIV Transmission Rate per 100 Persons Living with HIV, 1985-2010



CDC estimates that there are only four transmissions per year for every 100 people living with HIV in the United States. This represents an 89% decline in the transmission rate since the mid-1980s, reflecting the combined impact of testing, prevention counseling, and treatment efforts targeted to those living with HIV infection.

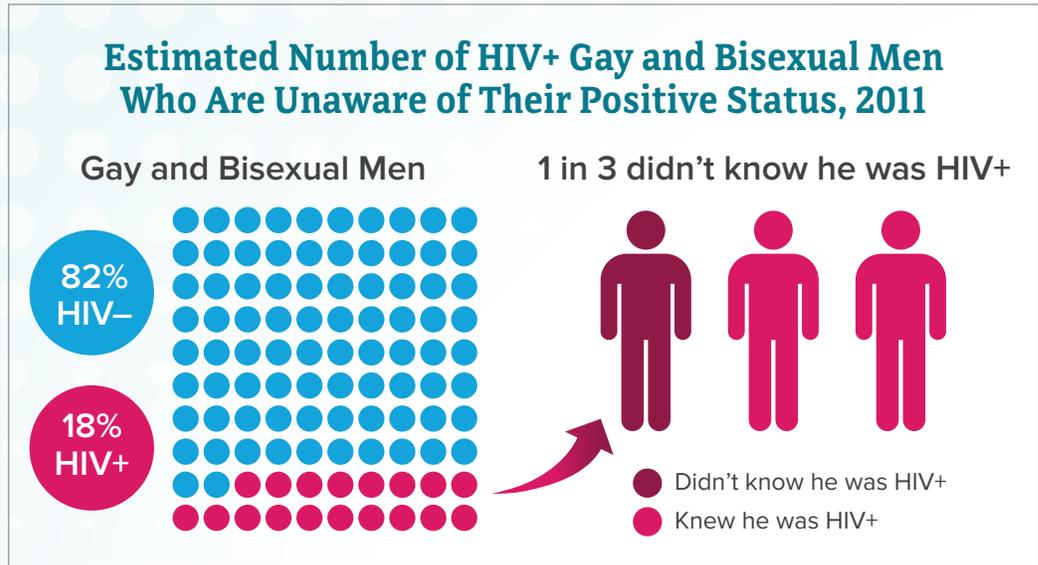
Estimated New HIV Infections by Route of Transmission, 2010



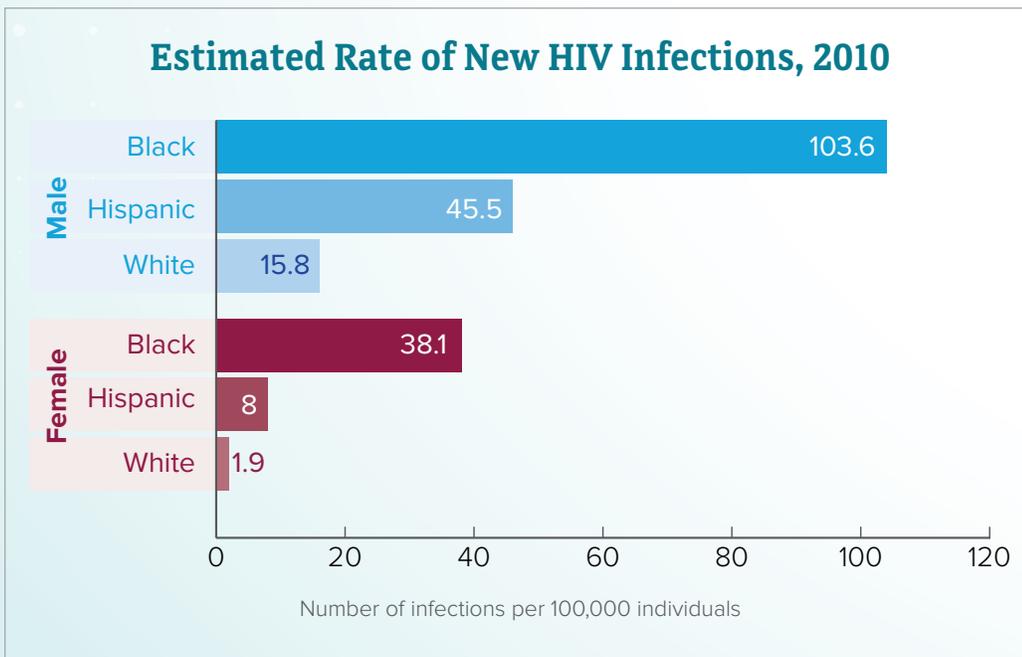
Two-thirds of new HIV infections occur among gay and bisexual men; however, a substantial proportion occur in heterosexuals and injection drugs users (IDU).

In 20 large cities, about 18% of gay and bisexual men were living with HIV in 2011. About 1 in 3 who were HIV-negative or did not know their HIV status had not been tested in the past year, even though most had been tested at least once in their lives.

Estimated Number of HIV+ Gay and Bisexual Men Who Are Unaware of Their Positive Status, 2011



Estimated Rate of New HIV Infections, 2010



People of color have substantially higher rates of new HIV infection than whites due to a number of social, economic, and epidemiologic factors.

DHAP 2013 YEAR IN REVIEW

Supporting Prevention Programs

DHAP provides cooperative agreements, technical assistance, and program and policy guidance for health departments, CBOs, and other organizations working to prevent new HIV infections across the United States and its territories.

In recent years, CDC has taken a number of key steps to advance high-impact prevention (HIP) programs, including refocusing its health department funding on HIP activities, expanding testing efforts to reach the most at-risk populations, funding innovative demonstration projects to help evaluate the impact of combination prevention in the 12 cities with the highest AIDS burden, and supporting local HIV prevention efforts to reach key populations with testing and linkage to care, support, and prevention services. In 2013, CDC took additional steps to ensure that community-based HIV prevention and capacity building assistance (CBA) efforts aligned with high-impact prevention and improved outcomes along the continuum of care.

Re-directing Resources to Support Community High-Impact Prevention

This year, CDC made several key investments aimed at maximizing the impact of HIV prevention in the United States. Most significantly, CDC re-directed \$40 million in HIV prevention funds to support Community High-Impact Prevention (CHIP), a new strategy to assist CBOs and CBA providers in targeting resources toward the prevention strategies with the highest impact.

Under this strategy, \$20 million supports the next cycle of CBA funding through a five-year program beginning in FY 2014. Newly funded CBA providers are required to provide technical assistance on high-impact strategies that help people living with HIV take care of their own health and reduce their risk of transmitting HIV to others, including sexual behavior change and adherence to antiretroviral therapy; interventions for those at high risk for acquiring HIV; and strategies improving HIV testing, linkage to, and retention in care.

The remaining \$20 million was re-directed within the current cooperative agreement that directly funds CBOs to align their prevention programs with CDC's high-impact approach in FY 2014, the final year of the current funding cycle. The new funding strategy includes important guidance for CBOs on specific strategies to prioritize in this final year. Strategies include increasing the use of evidence-based behavioral interventions targeting persons living with HIV and supporting linkage and retention in care; increasing the use of specific, scalable, high-impact interventions to avert HIV infection among people at high risk; and ceasing implementation of certain interventions and strategies that are less cost-effective.

This approach exemplifies CDC's commitment to creating sustainable, cost-effective models for HIV prevention and enables community organizations to better incorporate new science and health care opportunities into their existing programs.

DHAP Prioritizes Cost-Effective Interventions

Recent scientific advances have increased the number of tools in the DHAP prevention portfolio and improved understanding of how to maximize the effects of these tools. In 2013, the Division identified the evidence-based interventions targeting HIV-negative persons that are likely to have the greatest impact on reducing new HIV infections.

Led by a variety of CDC experts, the process involved gathering three key data elements: the cost of the intervention, the strength of the effect of the intervention, and the incidence of HIV among the target population. A formula including these three factors led to the calculation of a Prevention Benefit Index (PBI) for each intervention. The PBI was expressed in cost per HIV case averted and was then compared to the lifetime cost of HIV care. The interventions costing less than the cost of lifetime care are likely to be cost-saving and will continue to be supported.

This process reduced the list of CDC-supported evidence-based interventions from 23 to 12 and prioritized persons at highest risk for acquiring HIV. Interventions for people living with HIV will continue to be supported because multiple cost-benefit analyses have identified these interventions as highly cost-effective.

Amid the changing HIV prevention landscape, identifying which interventions will have the greatest impact possible for our prevention investment remains critical. Re-focusing efforts on scalable, effective risk-reduction interventions will continue to be an important strategy for implementing HIP.

Capacity Building Assistance is Critical to Success of HIP

To help maximize the impact of HIV prevention efforts nationwide, in September, DHAP announced its plans to invest \$115 million over 5 years to train and strengthen 21 capacity-building organizations and ensure on-the-ground prevention programs and their staff have the skills, information, and organizational support they need to best serve individuals living with, and at high risk for, HIV in their communities.

The new CBA program aligns with the goals of the National HIV/AIDS Strategy (NHAS), as well as HIP and CHIP approaches, by supporting a defined set of scalable, cost-effective activities and placing new emphasis on the delivery of high-quality prevention and care services for persons living with HIV; effective new prevention strategies for those at high-risk for HIV; policy change to advance HIV prevention goals among health departments; and collecting and using care continuum data for policy planning and program prioritization. The program also continues to emphasize key activities with demonstrated potential to reduce new infections such as HIV testing, condom distribution, and use of surveillance data to improve program efficiency and effectiveness.

Consistent with HIP, the new CBA awards are designed to enable capacity-building organizations to prioritize populations in greatest need and serve them even more effectively by increasing the availability and accessibility of culturally and linguistically appropriate prevention services.

CDC Supported Evidence-Based Interventions

People Living With HIV (PLWH)

- + CLEAR + Healthy Relationships
- + WILLOW + Partnership for Health

Interventions Adapted for PLWH

- + CONNECT for HIV discordant couples
- + START for newly released HIV positive prisoners

IDU

- + PROMISE

Women

- + PROMISE + Sister to Sister

MSM

- + d-up! + Mpowerment
- + 3MV + POL
- + PCC + PROMISE
- + RESPECT + VOICES/Voces
- + Safe in the City

High-Risk Youth

- + PROMISE

Transgender Populations

- + Any of the EBIs in CDC's Compendium of Effective Behavioral Interventions may be adapted for transgender persons

Tracking the Epidemic

DHAP coordinates national surveillance systems and surveys to track the HIV epidemic, risk behaviors, and utilization of health care and prevention services.

Surveillance is the foundation of the nation's HIV prevention efforts and HIV surveillance data provide crucial information to help guide HIV prevention efforts at the national, state, and local levels. For example, HIV case surveillance provides information on demographic characteristics (i.e., sex, race/ethnicity, age, and place of diagnosis), transmission category (mode of exposure), initial immune status, and viral load. It also allows jurisdictions to monitor HIV disease progression and utilization of care services through the ongoing collection of data on laboratory test results (viral load and CD4+ T-lymphocyte counts), and vital status. These data provide the basis for our understanding of the burden of disease and are used to guide public health action at every level.

High-Impact Surveillance and How It Works:



1

Implement policies for CD4 and viral load reporting at all levels



2

Enhance reporting from laboratories

- + Implement electronic lab reporting
- + Standardize reporting elements
- + Work with public and private labs to improve data quality



3

- + Ensure reporting from healthcare providers
- + Provide feedback to providers and patients on clinical outcomes
- + Assist providers with re-engaging patients



4

- + Implement integrated security and confidentiality policies to facilitate data sharing and ensure personally identifiable information is protected
- + Disseminate data on progress meeting indicators
- + Monitor outcomes of viral load suppression

New Surveillance Awards are HIP

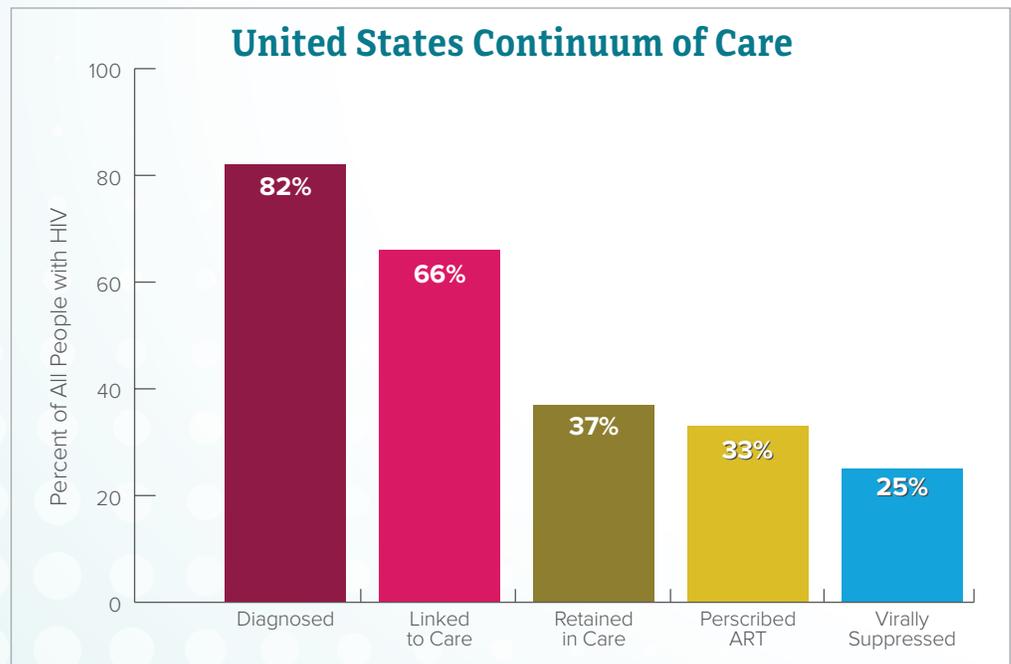
On January 1, approximately \$60 million was awarded to grantees to monitor the burden of HIV, strengthen case surveillance, and support laboratory reporting. This was the first year in a five-year HIV surveillance funding cycle with health departments across the United States and its territories.

Taking a high-impact prevention approach to surveillance activities, this cooperative agreement employs a new method for allocating surveillance resources to better match funding with the geographic burden of HIV. The funding algorithm used to determine the allocations includes a base funding amount for HIV case surveillance. Case surveillance funding above a designated base amount is allocated in proportion with the number of people reported to be living with an HIV diagnosis at the end of 2009 in each jurisdiction. This ensures that each jurisdiction can continue to effectively monitor HIV and improves upon previous methods for allocation set partly by historical precedent.

The information yielded by this surveillance program will continue to serve as the foundation of the nation's prevention efforts, guiding the work of CDC and its partners in making a difference and realizing the ambitious goals of the NHAS.

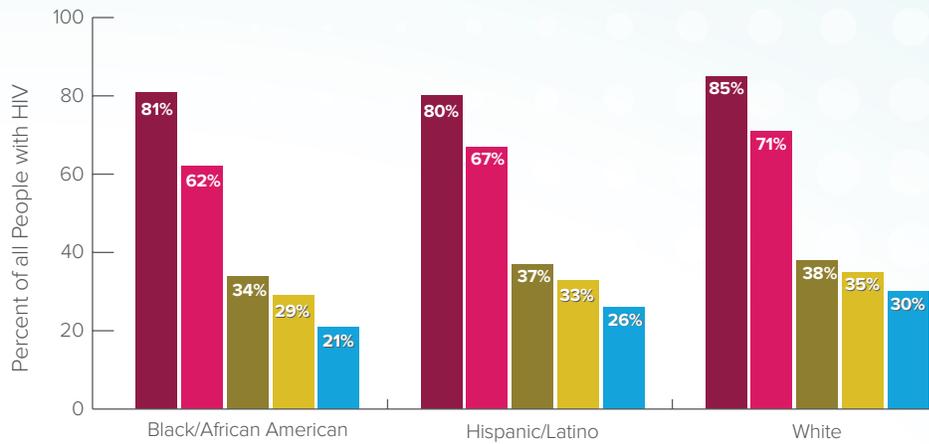
CDC Publishes Continuum of Care Data and Issues Guidance for Local Jurisdictions

In June, CDC published a comprehensive analysis providing a first-ever look at HIV care by race/ethnicity, age, risk group, and gender.



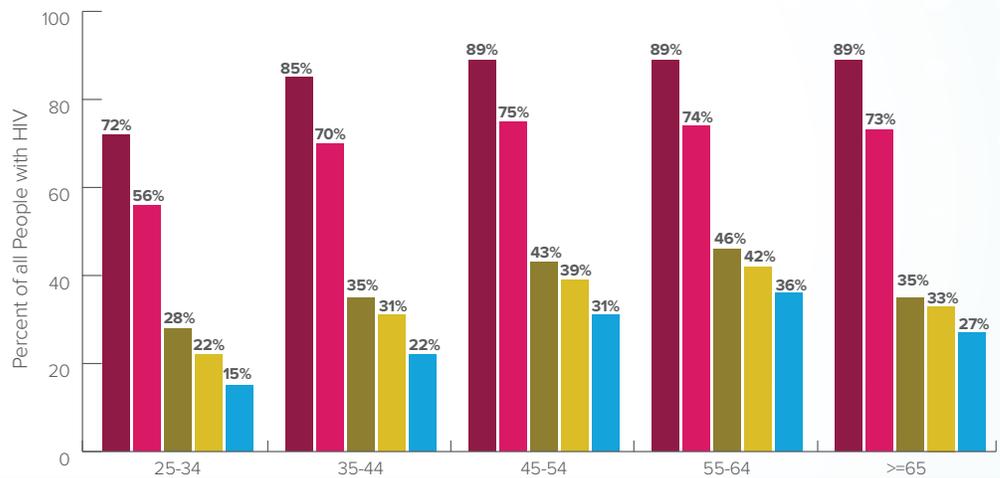
Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

Continuum of Care by Race/Ethnicity*



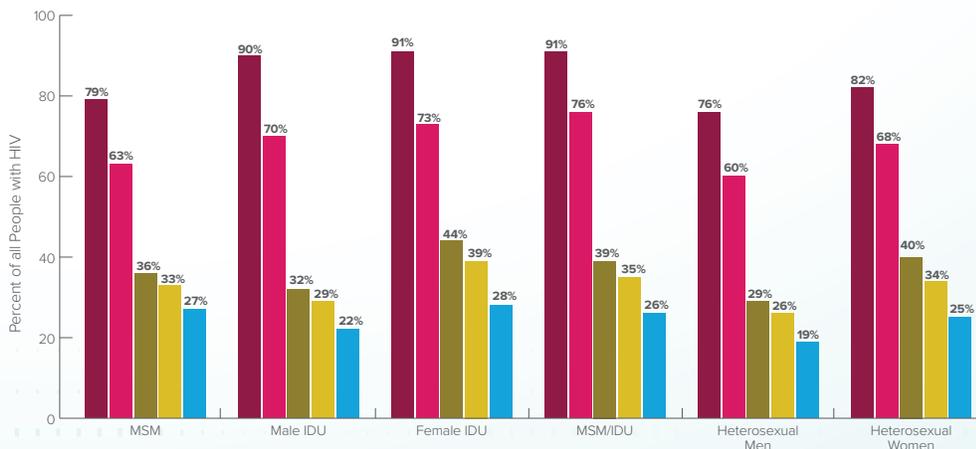
Compared with others, African Americans are least likely to be in ongoing care or to have their virus under control.

Continuum of Care by Age*



Compared with other age groups, younger Americans are least likely to be retained in care or have their virus in check; HIV care and viral suppression improve with age, except among those aged 65 and older.

Continuum of Care by Risk Group*



Across all risk groups, fewer than half are in ongoing care and roughly a quarter have achieved viral suppression.

* ■ Diagnosed ■ Linked to Care ■ Retained in Care ■ Prescribed ART ■ Virally Suppressed



The study, based on HIV prevalence data from 2009 and other data sources, includes information on the proportion of people engaged in each of the five main stages of HIV care: HIV testing and diagnosis; linkage to care for those who test positive; retention in care over time; provision of ART; and achieving viral suppression.

Data from the continuum of care can be used at the local level for direct public health action. These data can help jurisdictions monitor levels of engagement in the key services of the continuum at the individual and population levels, identify gaps in services or areas needing improvement, and work toward achieving higher levels of engagement. In November, CDC also released guidance to help jurisdictions operationalize each indicator on the continuum of care at the local level.

HIV Surveillance Report Reveals Clearer Picture of the Epidemic

For the first time, CDC's *2011 HIV Surveillance Report* presents data on diagnosed HIV infection from all 50 states, the District of Columbia, and six territories. As of April 2008, all of these areas had fully implemented name-based HIV infection reporting; data were considered mature by 2011, and reported to CDC through June 2012. This surveillance report provides the first complete picture of diagnosed HIV infection in the United States and allows trends in HIV diagnoses for the nation to be examined. Because data from all states were included, this allowed the first presentation of data by region of residence at diagnosis, providing a better understanding of the geographic distribution of diagnosed HIV infection in the United States.

CDC Responds to NHAS Call for Improved Surveillance among Key Communities

The NHAS calls for improved HIV surveillance to better characterize the HIV epidemic among specific communities: Hispanic or Latino migrant communities in the U.S.-Mexico border states such as Arizona, California, New Mexico and Texas; American Indians and Alaska Natives; and smaller populations such as Asian Americans and Native Hawaiians and other Pacific Islanders. In response to this call to action, CDC published three reports:

- + Improving HIV Surveillance and Prevention Intervention Efforts among Hispanic or Latino Migrant Communities in United States-Mexico Border States: Arizona, California, New Mexico and Texas
- + Improving HIV Surveillance among American Indians and Alaska Natives in the United States
- + Effective HIV Surveillance among Asian Americans and Native Hawaiians and Other Pacific Islanders

The reports contain population-specific recommendations and the methods used to develop the recommendations, such as literature reviews, assessments of surveillance practices, and consultations with community-based experts to identify areas for improvement in HIV case surveillance.

Improvements in standard practices for HIV case surveillance will provide data that can better characterize the epidemic among these populations and, in turn, be utilized to develop effective, scalable, and evidence-based approaches to reduce HIV infections among these groups.

The reports are available at www.cdc.gov/hiv/policies/nhas.html.

Supporting Prevention Research

DHAP supports biomedical, behavioral, operational, and implementation research to develop new HIV prevention strategies and improve existing programs.

To maximize reductions in new HIV infections, high-impact prevention strategies need to be combined in evidence-based and cost-effective ways for the populations and areas most affected by the epidemic. CDC has already taken a number of key steps to advance HIP, including implementing an improved approach to funding distribution, expanding HIV testing, and initiating demonstration projects in many of the most disproportionately affected communities in the United States. CDC also continues to support research to identify new prevention strategies as well as new ways to improve current prevention methods such as HIV testing and linkage to care, HIV medications, access to condoms, and programs for people with HIV and at high risk for HIV and their partners.

Study Finds PrEP Can Reduce HIV Risk among People Who Inject Drugs

A new study announced by CDC in June—in collaboration with the Bangkok Metropolitan Administration (BMA) and the Thailand Ministry of Public Health (MOPH)—found that a daily dose of a medication used to treat HIV infection reduced the risk of HIV acquisition among people who inject drugs by 49%. Those who took the medication most consistently had even higher levels of protection. This is the first evidence that PrEP offers significant protection to individuals exposed to HIV through injection drug use. The findings were published online in the *Lancet*.

Daily PrEP with tenofovir—alone or in combination with emtricitabine—has been proven to reduce the risk of sexual transmission of HIV among heterosexuals and MSM. This trial was the first to examine efficacy among people who inject drugs.

This is a significant step forward in HIV prevention, as it is now known that PrEP can work for all populations at increased risk for HIV. Since injection drug use accounts for a substantial portion of the HIV epidemic around the world, CDC is hopeful that PrEP can play a role in reducing the continued toll of HIV infection in this population. In conjunction with the release of the study results, in June, CDC published interim guidance for PrEP use among people who inject drugs in the *Morbidity and Mortality Weekly Report (MMWR)*.

The findings are from the Bangkok Tenofovir Study, a clinical trial launched in 2005 involving more than 2,400 men and women at Bangkok city-run drug treatment clinics. Among participants who chose to be on directly observed therapy, met pre-established criteria for high adherence (taking TDF at least 71% of days and not missing more than two consecutive days) and had detectable levels of TDF in their blood, HIV acquisition risk was reduced by 74%.

These findings add to the mounting scientific evidence that high adherence to PrEP is essential to achieve the greatest benefit. And when used correctly and consistently in conjunction with other proven prevention measures, PrEP can provide important additional protection for many people who remain at high risk for HIV, including those who inject drugs.

CDC's updated evidence-based PrEP guidelines will be published in 2014.

New Method Proven Successful in Preventing SHIV Acquisition

A recent CDC study showed a novel intravaginal ring (IVR) designed to deliver the antiretroviral tenofovir disoproxil fumarate to vaginal tissues offered complete protection in a macaque model of simian-human immunodeficiency virus (SHIV) acquisition. This is the first finding that an IVR can provide complete protection in a macaque model.

Because the IVR can be inserted once every 30 days, it should be easier for women to use as PrEP to protect against HIV rather than taking a daily tablet or using a vaginal gel before or after sex. The human version of the IVR is undergoing phase I clinical trials in the United States and Kenya.

This report was published in the Proceedings of the National Academy of Sciences and was a finalist for CDC's Charles C. Shepard Science Award, which is presented to the best manuscript on original research published by a CDC or ATSDR scientist in a reputable, peer-reviewed journal.

CDC Takes STEPS to Improve Linkage, Retention, and Re-engagement of Persons in Care

A new cooperative agreement that began in September, Science-based Translation of Effective Program Strategies (STEPS) to Care is a three-year project that aims to identify model programs for improving linkage, retention, and re-engagement of HIV-positive persons in care. Once identified, researchers will conduct rapid ethnographic assessments of strategy implementation, translate these model strategies into web-based tools, and then pilot test and evaluate the model programs in six or more HIV service provider agencies that are struggling with linkage, retention, and engagement of HIV-positive clients. If tools from successful agencies can help improve performance among less-successful agencies, then these web-based tools could be disseminated.

Through STEPS to Care, CDC expects to see an increase in the number of evidence-informed tools to help link, retain, and re-engage HIV-positive persons in care. STEPS to Care is a collaborative effort between CDC, the Education Development Center, and the New York City Department of Health and Mental Hygiene.

CDC Says: Game On!

To support HIV and STD prevention for adolescents and young adults, CDC launched the Game On! Challenge in November 2013. The project encourages the game development community to create original, innovative, and entertaining mobile app games that deliver accurate HIV and STD prevention messages and provide important resources for youth via smartphones and tablets.

Judges will review the submissions for content quality, game play, appeal, and additional considerations. Two winners will be selected. The first place winner will receive \$20,000; the second place winner will receive \$10,000. Up to five honorable mentions will be nominated. Winners will be announced in early 2014.

The Game On! Challenge is financially supported by the CDC Innovation Fund (iFund). The iFund was established to support CDC innovators of exceptional creativity who propose transformative, high-impact approaches that address CDC's Winnable Battles and strategic public health priorities. The iFund strives to accelerate and promote pilot investigations that challenge the status quo and have the potential to transform the way CDC and its partners protect and improve the public's health.



Raising Awareness

DHAP develops communication campaigns and partnerships to ensure that all people know the facts about HIV, are aware of their status, and understand how to protect themselves.

Act Against AIDS is a five-year national campaign launched in 2009 by CDC and the White House to combat complacency about HIV and AIDS in the United States. While all Americans are affected by the HIV epidemic, some populations bear an especially heavy burden and account for the largest numbers of HIV infections. *Act Against AIDS* focuses on raising awareness among all Americans and reducing the risk of infection among the most disproportionately affected populations: gay and bisexual men of all races and ethnicities, African Americans, Hispanics/Latinos, and other communities at increased risk.

Let's Stop HIV Together: Ahora en Español

Let's stop HIV together.™

As part of its *Act Against AIDS* initiative, in March, CDC launched the new Spanish-language version of *Let's Stop HIV Together – Detengamos juntos el VIH™*—to reduce HIV stigma and homophobia among Hispanics/Latinos. This new phase of the campaign features ten new Hispanic/Latino participants

and additional campaign materials in English and Spanish including Spanish-language campaign public-service announcements (PSAs), palm cards, and brochures; seven digital stories; and 17 new posters. A Spanish-language website has also been developed, and CDC has expanded outreach into Latino communities through national promotion and concentrated local promotion in Los Angeles and Miami, two communities with some of the highest HIV/AIDS prevalence rates among Hispanics/Latinos in the United States.

Community engagement events were held in Miami and Los Angeles in partnership with each city's county health department to unveil the new Spanish-language materials and mobilize each community to activate the campaign and disseminate Spanish-language resources to further reach and educate Hispanics/Latinos in these particular cities. Additional outreach efforts to promote the campaign included an integrated marketing strategy consisting of local outdoor and transit ad placement, local Spanish radio and TV public service announcement placement via Univision, and Spanish-language, geographically targeted online ad placements through Google.

Tengo novio, soy un voluntario y un artista.
Y vivo con el VIH.

Detengamos juntos el VIH.
-Christopher

Christopher (izquierda) vive con el VIH desde 2011.

Infórmese. Hágase la prueba. Participe.
www.cdc.gov/ActAgainstAIDS

CDC ACT against AIDS

New CDC Campaign Asks: What's your reason?/¿Cuál es tu razón?

To increase HIV testing among one of the disproportionately affected groups of men in the United States, in June, CDC launched a new campaign asking Latino gay and bisexual men to consider their reasons for getting tested. Developed with input from more than 150 Latino gay and bisexual men, as well as community leaders and experts, *Reasons/Razones* is a national, bilingual campaign focused on increasing HIV testing among Latino gay and bisexual men. The campaign launched first in Los Angeles, one of the cities with the most severe HIV epidemics in this population.

Reasons/Razones encourages HIV testing through a compelling series of campaign ads that feature gay and bisexual Latinos sharing their reasons for getting tested for HIV, while encouraging others to get tested as well. The campaign uses images of family, friends, and partners to emphasize a strong sense of self, family and community. Information about accessing fast, free and confidential testing is also provided. Outreach efforts to promote the campaign include online, print, and billboard advertising; social media outreach; and activities at local Gay Pride events.

The campaign helps advance the goals of the NHAS, which calls for reducing new infections, reducing stigma and discrimination against people living with HIV, and educating Americans about the threat of HIV and how to prevent it.

my REASONS
for getting an HIV test

my PARTNER

my FAMILY

my FRIENDS

What's your reason?
Get tested for HIV.

GET A FAST, FREE AND CONFIDENTIAL HIV TEST.

Visit hivtest.cdc.gov/reasons or
text your zip code to "KNOW IT" (566948)

CDC ACT UP AIDS



CDC and American Urban Radio Networks Make a Big Impression



In multiple broadcasts throughout the year, American Urban Radio Networks (AURN) aired 30-second spots highlighting CDC's Act Against AIDS Leadership Initiative (AAALI) and featuring CDC-supported messages aimed at reducing the rate of new HIV infections, increasing HIV testing,

increasing awareness of the importance of treatment for people living with HIV, and combating stigma. During these broadcasts, over 46 million national impressions* were obtained.

As the nation's only African American-owned network radio company, AURN broadcasts programming to more than 300 radio stations nationwide and has a weekly audience of more than 20 million listeners. In support of National Black HIV/AIDS Awareness Day 2013, AURN broadcast a national message to raise awareness of CDC's *Let's Stop HIV Together* campaign. The broadcast ran between January 28 and February 7, 2013 and resulted in over 2.8 million media impressions.

AURN is one of 19 AAALI partner organizations—some of the nation's foremost African American organizations—that were brought together to intensify HIV prevention efforts in black communities. In 2010, CDC expanded AAALI to include organizations focused specifically on the Latino community and on black gay, bisexual, and other MSM.

*A media impression is an industry standard that estimates the number of times a message has been seen or heard. (Note: the same person may have been exposed to the message more than once.)



National HIV Prevention Progress Report, 2013

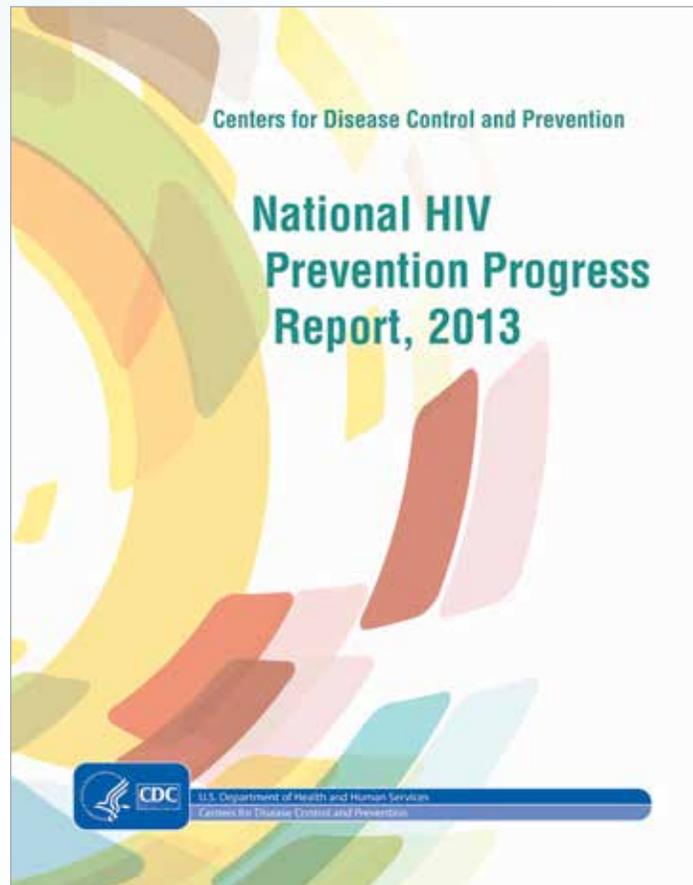
New Report Shows Progress and Challenges

Using data from CDC HIV surveillance systems, in November, CDC published online the *National HIV Prevention Progress Report, 2013* and Progress-At-A-Glance. The report shows results for 21 indicators that support planning, monitoring, and program improvement activities related to three key priorities of the NHAS.

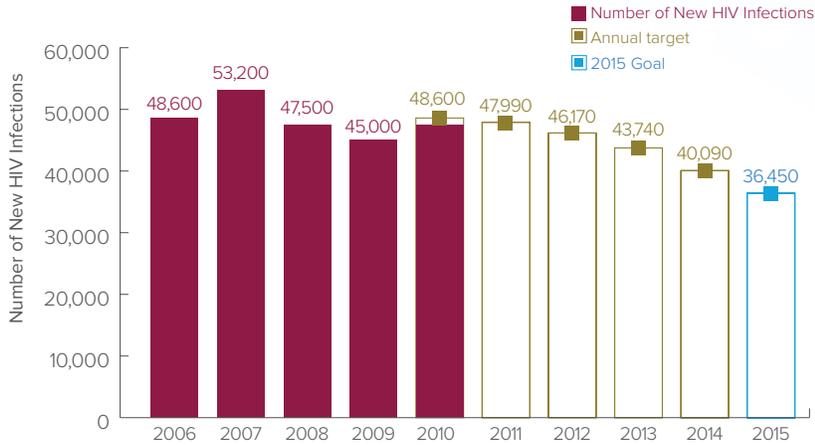
The report shows some encouraging signs of progress. Sixty-two percent of current targets were met or exceeded. Comparing 2008 to 2010, new HIV infections decreased 15% among heterosexuals, 21% among African American women, and 22% among injection drug users. There was also a promising decline in the overall HIV transmission rate, which decreased about 9% from 2006-2010. During this time, testing efforts succeeded in increasing the percentage of people living with HIV who know their serostatus from 80.9% to 84.2%, which means that five out of six people living with HIV in 2010 knew their status.

The report also draws attention to indicators for which more improvement is necessary. For example, there are an estimated 180,000 people in the United States living with undiagnosed HIV infection, racial/ethnic disparities persist, and new infections remain unacceptably high and are increasing among gay, bisexual, and other MSM. Comparing 2008 and 2010, there was a 12% increase in new infections among MSM and a 22% increase among young MSM aged 13-24 years. In 2009, three out of four persons in medical care had a suppressed viral load, but across all racial and ethnic groups, the 2015 goal was met by whites only.

The *National HIV Prevention Progress Report, 2013* provides an important opportunity to reflect on collective progress by illustrating successes as well as challenges. To reach the 2015 goals, accelerated progress will be needed nationally and locally.

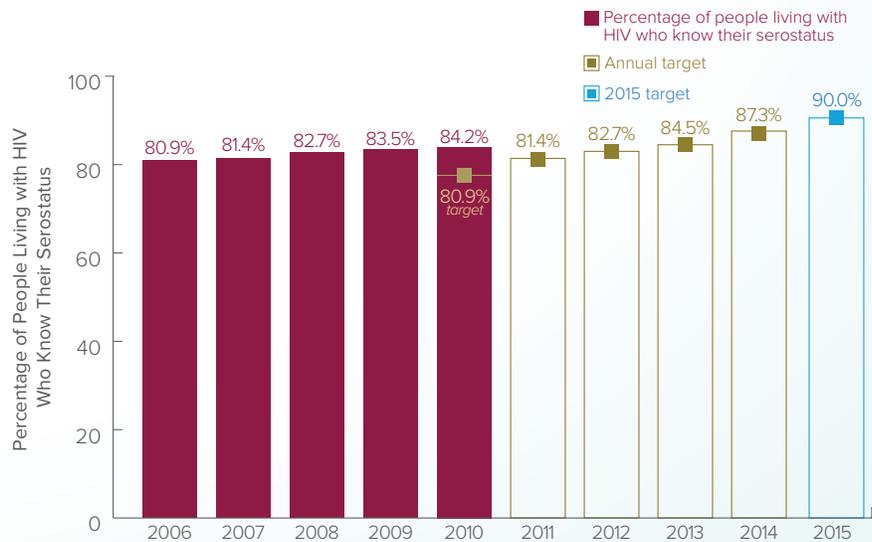


Reducing New HIV Infections



Reducing the number of new HIV infections is DHAP's number one priority. There were slightly fewer new HIV infections in 2010 compared to 2006, and the 2010 target (48,600) was met. However, the number of new HIV infections remains unacceptably high.

Increasing Knowledge of HIV+ Status



People living with HIV need to know their HIV status in order to get the right medical care, protect their health, and reduce HIV transmission to others. From 2006 to 2010, the percentage of people living with HIV who had been diagnosed (and who are assumed for this indicator to know their serostatus) increased from 80.9% to 84.2%. This means that 5 of 6 people living with HIV in 2010 knew their status.

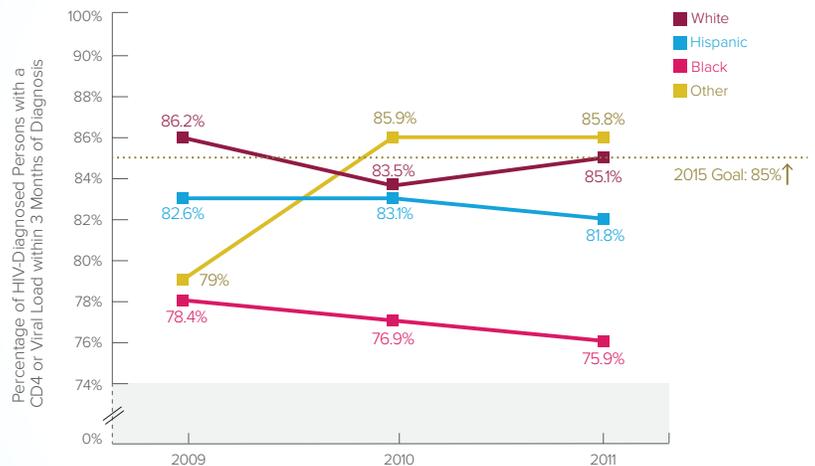
Increasing Linkage to Medical Care



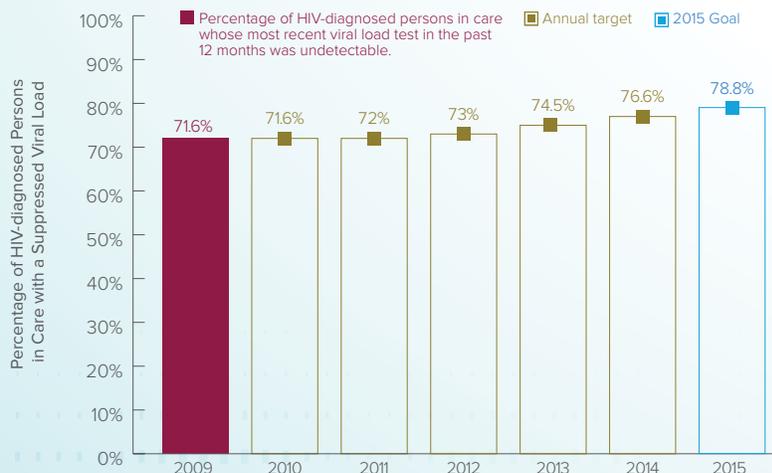
Linking persons diagnosed with HIV to HIV medical care soon after diagnosis is essential for improving their health and reducing the risk of transmission to others. People with HIV should be linked to HIV medical care as soon as possible after diagnosis. Although the 2011 target (66.0%) was met, the percentage of persons diagnosed with HIV who were linked to HIV medical care within 3 months after diagnosis remained fairly stable at 81.7% in 2009 and 79.8% in 2011.

It is essential that people of all races/ethnicities get HIV medical care within 3 months after receiving an HIV diagnosis. In 2011, more than 75% of HIV-diagnosed blacks/African Americans, Hispanics/Latinos, whites, and persons of other race/ethnicity were linked to HIV medical care within 3 months after diagnosis. The original 2015 goal of 75% was met or exceeded by all groups in 2011. Because of this, CDC increased its 2015 goal for linkage to HIV medical care to 85% for all racial/ethnic groups. This revised goal promotes health equity by setting the standard that all racial/ethnic groups should meet or exceed the overall national goal of 85% for linkage to HIV medical care.

Linkage to Care by Race/Ethnicity



Increasing Viral Suppression among Persons in HIV Medical Care

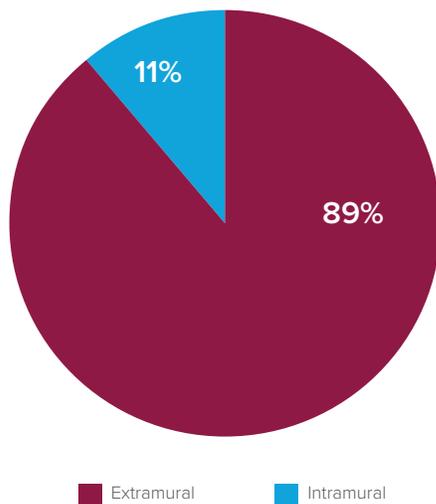


Reducing the level of HIV in a person's body to a very low or undetectable level (viral suppression) is a primary goal of HIV treatment. A person's viral load is suppressed when the results of a viral load test show that HIV is undetectable or that there are 200 or fewer copies of HIV per milliliter of plasma. In 2009, almost 3 of 4 people with HIV who were in HIV medical care (71.6%) had a suppressed viral load. No transmission risk group met the 2015 goal.

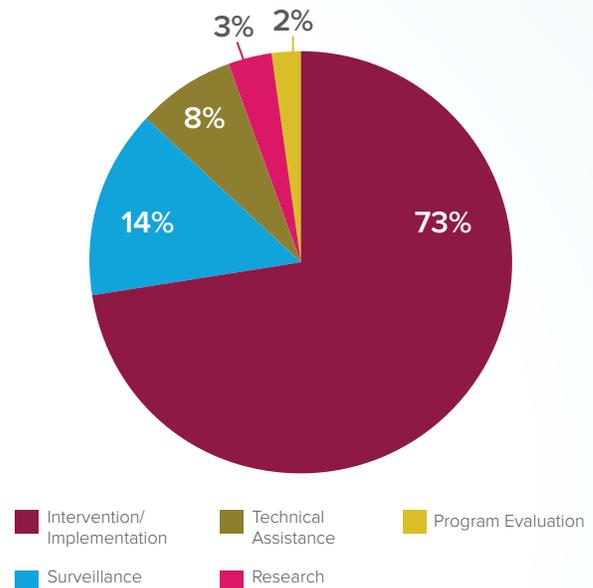
FY 2013 HIV Funding at CDC

FY 2013, CDC received \$741 million for HIV prevention including \$28 million for HIV school health. DHAP received 86% of this funding for directly or indirectly supported programs specifically focused on HIV. The remaining 14% was used to satisfy agency mandatory costs such as Public Health Service evaluation and to fund projects focused on cross-cutting topics and other related infections external to DHAP, e.g. sexually transmitted diseases, tuberculosis, viral hepatitis and other.

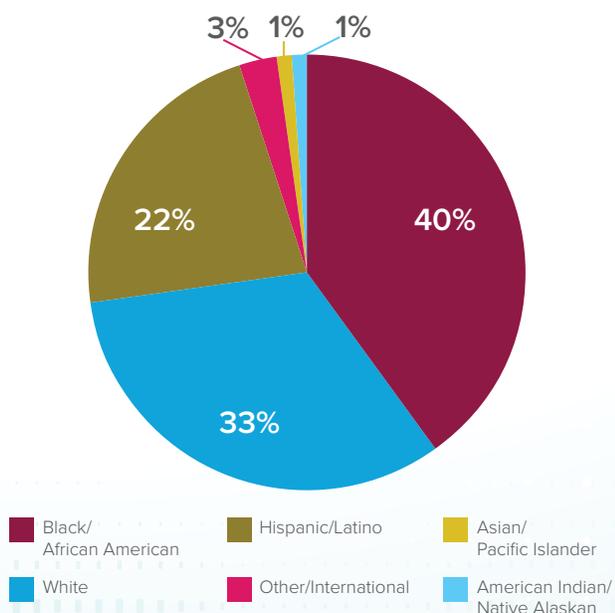
**DHAP FY 2013 Expenditures
Total: \$655 million**



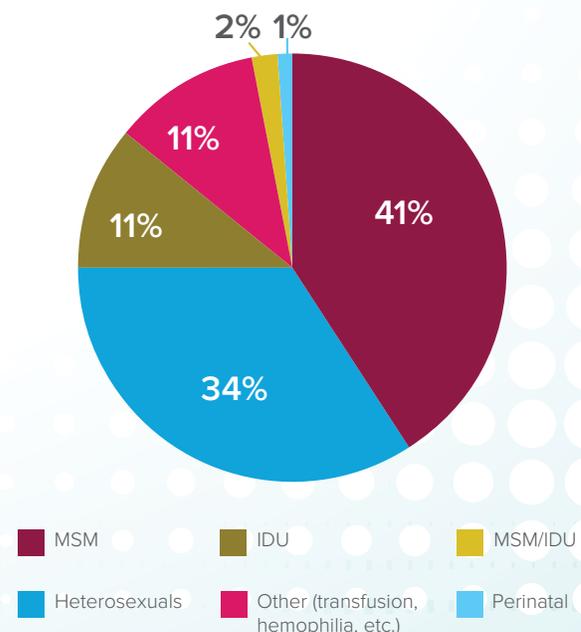
**DHAP Extramural Projects by
Mission Category, Total \$582 Million**



**DHAP Extramural Budget
by Race and Ethnicity**



**Extramural Prevention Program
Budget by Risk Category**



DHAP Leadership

Kenneth Castro, *Acting Director*

Office of the Director

Bernard Branson, *Senior Advisor for Laboratory Diagnostics*

Chris Cagle, *Associate Director for Policy, Planning and Communication*

Theresa Larkin, *Deputy Director, Public Health Operations*

Donna McCree, *Associate Director for Health Equity*

Gail Scogin, *Associate Director for Data Management*

Linda Valleroy, *Associate Director for Science*

Rich Wolitski, *Senior Advisor for Strategic Indicators*

Pascale Wortley, *Senior Advisor for Prevention through Health Care*

Behavioral and Social Science

David Purcell, *Deputy Director for Behavioral and Social Science*

Nick Deluca, *Chief, Prevention Communication Branch*

Timothy Green, *Chief, Quantitative Sciences and Data Management Branch*

Linda Koenig, *Chief, Prevention Research Branch*

Dale Stratford, *Chief, Program Evaluation Branch*

Prevention Programs

Janet Cleveland, *Deputy Director for Prevention Programs*

Wendy Lyon, *Chief, Prevention Programs Branch*

Angel Ortiz-Ricard, *Acting Chief, Capacity Building Branch*

Surveillance, Epidemiology, and Laboratory Science

Amy Lansky, *Deputy Director for Surveillance, Epidemiology, and Laboratory Science*

Irene Hall, *Chief, HIV Incidence and Case Surveillance Branch*

Michael Hendry, *Chief, Laboratory Branch*

Joseph Prejean, *Chief, Behavioral and Clinical Surveillance Branch*

CDC HIV Resources

CDC Division of HIV/AIDS Prevention

www.cdc.gov/hiv Comprehensive information on the U.S. HIV epidemic and on DHAP-supported prevention activities.

Act Against AIDS

www.cdc.gov/actagainstaids CDC's communication campaign to refocus national attention on the HIV crisis in America. The website includes information on the many targeted campaigns that are part of *Act Against AIDS*, such as *Reasons/Razones* to encourage HIV testing and *Let's Stop HIV Together* to combat stigma and complacency.

Effective HIV Prevention Interventions

www.effectiveinterventions.org CDC information on accessible, evidence-based programs to promote healthy behaviors among those at risk for transmitting or acquiring HIV, including best practices and online courses.

Gay and Bisexual Men's Health

www.cdc.gov/msmhealth A CDC resource for men who have sex with men, with information on how gay and bisexual men can protect their health through all stages of life.

National Prevention Information Network

www.cdcnpin.org The U.S. reference and referral service for information on HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis. NPIN collects and disseminates data and materials to support the work of HIV/AIDS, viral hepatitis, STD, and TB prevention organizations and workers in international, national, state, and local settings.





Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Division of HIV/AIDS Prevention

1600 Clifton Road
Atlanta, GA 30333

www.cdc.gov/hiv

July 2014