NCHHSTP Update

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment

November 1, 2022

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Acting Director
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Vision: A future free of HIV, viral hepatitis, STIs, and tuberculosis

Mission: Prevent infections, morbidity, mortality, health inequities, and stigma associated with HIV, viral hepatitis, STIs, and tuberculosis in the United States

Core Values:
- Excellence
- Equity
- Diversity, Inclusion, Accessibility, and Belonging
- Integrity
- Transparency

Overarching Goals
1. Reduce Incidence of HIV, Viral Hepatitis, STIs, and TB
2. Reduce Morbidity and Mortality of HIV, Viral Hepatitis, STD, and TB Infections
3. Reduce Disparities and Promote Health Equity
4. Achieve Organizational Excellence

www.cdc.gov/nchhstp/strategicpriorities
CDC Moving Forward

In April 2022, the CDC Director launched a review of the agency:

- Scientific and Programmatic Review
- Structural Review

CDC Moving Forward launched August 17, 2022 includes four inter-related efforts aimed to better position CDC to achieve its vision:

- **Implement changes to improve** how CDC develops and delivers its data and science during public health responses, as well as normal operations
- **Stand up new internal systems, processes, and governance** within the agency to improve accountability, collaboration, communication, and timeliness within CDC and with its customers, at all levels of the organization
- **Reorganize** the agency to breakdown silos, elevate core capabilities, and better leverage resources
- **Articulate new programs, authorities, and flexibilities** that will better position CDC and public health for future response activities
Public Health Workforce Development:
CDC’s CSELS OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

CDC’s CSELS OE22-2203\(^1\) grant will provide funding to improve critical public health infrastructure needs and is supported in part by the American Rescue Plan Act\(^2\).

The cornerstone of this work will be demonstrating and improving the health department's ability to **advance health equity** and **address health disparities** for populations at higher risk and in medically underserved communities.

This program aims to:

1. Address the historic underinvestment in communities that are economically or socially marginalized, rural communities, and communities with people from racial and ethnic minority groups

2. Provide cross-cutting support to public health agencies for critical infrastructure needs related to workforce, foundational capabilities, and modernizing public health data systems

3. Provide funding to national public health partners to support this work

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Division of HIV Prevention
CDC Programmatic EHE Updates

- 100,000 free HIV self-test kits
- 250,000 HIV tests & 1,000 people newly diagnosed
- More than 18,000 PrEP prescriptions
- 108 SSPs with ~50% being mobile
- Over 200 clusters detected
New Releases

Data Releases

2020 Surveillance Report
2020 Monitoring Report
Medical Monitoring Project Report 2020 Cycle (June 2020–May 2021)
HIV Surveillance Data Tables (preliminary data)

Communication Products

Status Neutral Issue Brief
HIV and Transgender Communities Issue Brief
HIV Self-Testing Issue Brief
#Sheswell campaign

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


https://www.cdc.gov/hiv/policies/data/index.html
https://www.cdc.gov/stophivtogether/sheiswell/index.html
Funding Awarded

- Transgender Status-Neutral Community-to-Clinic Models
- Mass Mailing of HIV Self-Tests
- Enhanced Surveillance of Persons with Early and Late HIV Diagnosis
- Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States

https://www.cdc.gov/hiv/funding/index.html
DHP’s existing 2017-2020 Strategic Plan remains valid and outlines strategies and indicators that guide division activities. To build on the existing Strategic Plan, DHP developed a supplement with refreshed priorities for 2022-2025.

The 2022-2025 Strategic Plan Supplement:

- Serves as a **companion document** to the 2017-2020 Strategic Plan
- Incorporates the 2022-2025 **National HIV/AIDS Strategy**
- Integrates the **Ending the HIV Epidemic in the US Initiative Pillars**
- Aligns with the new **DHP organizational structure**
Cross-Cutting Focus Areas to Reach HIV Prevention

<table>
<thead>
<tr>
<th>Health Equity</th>
<th>Status Neutral Approach</th>
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<tbody>
<tr>
<td>The impact of racism, homophobia, transphobia, and stigma significantly exacerbates the health disparities experienced within the communities that DHP serves. DHP is committed to making health equity central to its efforts so that all people can benefit from available HIV prevention and care resources.</td>
<td>DHP’s goal of “No New HIV Infections” requires a bold and comprehensive delivery method for HIV prevention and care. Adopting a status-neutral and “whole person” approach to people in need of prevention and care services can address these similar needs, along with HIV-related stigma.</td>
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<tr>
<th>Community Engagement</th>
<th>Syndemic Approach</th>
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<td>DHP recognizes that there is an opportunity to expand how it engages with communities and to increase the number and diversity of partnerships. A comprehensive approach to community engagement and different types of partnerships can expand prevention efforts and provide more rapid and directed care to reach people who can most benefit.</td>
<td>Syndemics are epidemics – of diseases or health conditions such as viral hepatitis, STIs, drug use and mental health – that interact with each other and by that interaction increase their adverse effects on the health of communities that face systematic, structural, and other inequities. Collectively addressing these intersecting conditions and SDOHs can result in better HIV prevention and care outcomes by prioritizing the whole person.</td>
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Investment Areas Promote Equity, Engagement, and the Syndemic Approach

- Strengthening DHP’s Workforce and Organizational Capacity
- Enhancing Implementation Guidance and Technical Assistance
- Integrating Data and Data Systems
- Expanding Access to and Use of DHP Funding
- Advancing Partnerships and Increasing Collaboration
- Supporting Partner and Recipient Communication Efforts

Cross-Cutting Focus Areas

Health Equity
Community Engagement
Syndemic Approaches
Status-Neutral Approaches
The Strategic Framework Integrates EHE Pillars

NO NEW HIV INFECTIONS

Reduce HIV-related health disparities as a means to improve health and quality of life

Accelerate progress through new and enhanced investments, processes, and forms of engagement

- DIAGNOSE
- TREAT
- PREVENT
- RESPOND

Status Neutral and Syndemic Approaches

Workforce Development and Support

Health Equity and Community Engagement
Division of Adolescent and School Health
Adolescents Are Experiencing a Mental Health Crisis

- More than 1 in 3 had poor mental health during the pandemic (37%)
- Nearly half felt persistently sad or hopeless in the past year (44%)
- Two in ten seriously considered suicide in the past year (20%)
- Nearly 1 in 10 attempted suicide in the past year (9%)

Adolescent Behaviors and Experiences Survey, 2021
Safe and Supportive Environments Positively Impact Adolescent Behaviors and Experiences

Anti-harassment
School connectedness
Parent engagement
LGBTQ supportive policies and practices

More activity = greater impact

Centers for Disease Control and Prevention, Youth Risk Behavior Survey (YRBS), 2015 & 2017;
Centers for Disease Control and Prevention, School Health Profiles (Profiles), 2014 & 2016
New Data Out Now: School Health Profiles 2020

CDC’S SCHOOL HEALTH PROFILES 2020

See how hard schools worked to keep students connected during the pandemic and how much more is needed to help youth thrive.

cdc.gov/healthyouth/profiles
LGBTQ-Supportive School Policies and Practices Protect All Youth

Genders and Sexualities Alliances

Identifying safe spaces

Prohibiting harassment

Professional development for educators

Improved mental health outcomes for all youth

- ↓ depressive symptoms
- ↓ suicidal thoughts and behaviors
- ↓ suicide attempts, particularly among LGB students

Division of STD Prevention
STIs Increased Again in 2021 with Continued Disparities Among Blacks/African Americans and American Indians/Alaska Natives

### STI Rates by Race and Ethnicity

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<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
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<tr>
<td></td>
<td>Rate Per 100,000</td>
<td></td>
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</tr>
<tr>
<td>White</td>
<td>212</td>
<td>66</td>
<td>9</td>
</tr>
<tr>
<td>National</td>
<td>525</td>
<td>300</td>
<td>11</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>776</td>
<td>542</td>
<td>24</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1,164</td>
<td>1,052</td>
<td>42</td>
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**https://www.cdc.gov/std/statistics/2021/default.htm**
DSTDP Strategic Plan 2022-2026

1. Prevent New STIs
2. Improve the health of people by reducing adverse outcomes of STIs
3. Accelerate Progress in STI Research, Prevention, and Technology
4. Reduce STI-related health disparities and health inequities
5. Achieve integrated and coordinated efforts to address the STI epidemic
6. Enhance and support an effective internal workforce

External STI Research Agenda Meeting: 4 Identified Areas

1. Understand PoC test: dissemination, impact & outcomes, integration into existing care, surveillance impact, and cost implications.

2. Better understand the etiology of STI syndromes, and screening/treatment options/outcomes.

3. Improve understanding of the outcomes and impact at the individual and population level for STI screening.

Scaling Up HIV Prevention Services in 26 STD Specialty Clinics in 16 States

Percentage of STD Clinics Providing HIV-related Services

- Extragenital (pharynx and rectum) NAAT for GC/CT: 92%
- STD express visit: 88%
- Risk assessment and education for PrEP: 84%
- Linkage for PrEP: 80%
- Referral for PrEP: 68%
- Onsite PrEP Treatment (Starter or 3-Mos): 36%

HIV Pre-Exposure Prophylaxis (PrEP)

- 29,197 Persons screened for PrEP
- 15,470 Persons eligible
- 1,824 Persons prescribed PrEP

Reporting Period July – December 2021
Investing $9 Million in Funding Innovations for STI Testing & Service Delivery

$6.5 Million
STD Testing Innovations
- Rapid point-of-care syphilis diagnostic tests
- Direct molecular detection of syphilis tests

$875 K
Leveraging Pharmacy and Retail Health Clinics for Expanding STI/HIV Services and Care

$2 Million
Supplemental funding for syphilis and congenital syphilis interventions
Consideration of Potential Doxy-PEP Interim Guidance

Efficacy data applies to gay and bisexual men and transgender women.

Doxycycline 200 mg administered within 24-72 hours of condomless sex was the regimen evaluated in the NIH-funded study.

Other antibiotics should not be considered for PEP.

Inform patients about the potential STI prevention benefits of doxy-PEP & counsel patients about potential adverse side effects.

Continue to screen, test, and treat for bacterial STIs among people who may be using doxycycline as PEP or PrEP.

https://www.cdc.gov/std/treatment-guidelines/clinical-primary.htm#CautionsForDoxyPEP
Division of Viral Hepatitis
New Data Released in 2020 Viral Hepatitis Surveillance Report and Viral Hepatitis National Progress Report, 2022

Hepatitis A
During 2020, 49 states and the District of Columbia reported 9,952 hepatitis A cases corresponding to 19,900 estimated infections.

Hepatitis B
During 2020, 44 states reported 2,157 acute hepatitis B cases corresponding to an estimated 14,000 infections and 39 states reported a total of 11,635 newly identified chronic hepatitis cases.

Hepatitis C
During 2020, 44 states reported a total of 4,798 acute hepatitis C cases, corresponding to 66,700 estimated infections, and 41 states reported a total of 107,300 newly identified chronic hepatitis C cases.

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<tr>
<td>Reduce estimated new hepatitis A virus infections by ≥40%</td>
<td>6,700 (5,350)</td>
<td>4,000</td>
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<tr>
<td>Reduce estimated new hepatitis B virus infections by ≥50%</td>
<td>22,250 (20,100)</td>
<td>18,000</td>
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<td>Reduce reported rate of new hepatitis B virus infections among persons who inject drugs by ≥25%</td>
<td>1.4 (1.2)</td>
<td>1.0</td>
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<tr>
<td>Reduce reported rate of hepatitis B-related deaths by ≥25%</td>
<td>0.46 (0.42)</td>
<td>0.37</td>
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<td>Reduce reported rate of hepatitis C-related deaths among Asian and Pacific Islander persons by ≥25%</td>
<td>2.45 (2.15)</td>
<td>1.84</td>
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<tr>
<td>Reduce estimated new hepatitis C virus infections by ≥50%</td>
<td>44,700 (30,500)</td>
<td>35,000</td>
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<tr>
<td>Reduce reported rate of new hepatitis C virus infections among persons who inject drugs by ≥25%</td>
<td>2.3 (2.0)</td>
<td>1.7</td>
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<tr>
<td>Reduce reported rate of hepatitis C-related deaths by ≥25%</td>
<td>4.13 (3.57)</td>
<td>3.00</td>
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<td>Reduce reported rate of hepatitis C-related deaths among American Indian and Alaska Native persons by ≥25%</td>
<td>10.24 (8.71)</td>
<td>7.17</td>
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<tr>
<td>Reduce reported rate of hepatitis C-related deaths among non-Hispanic Black persons by ≥25%</td>
<td>7.03 (5.98)</td>
<td>4.92</td>
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*Numbers above are estimates. Baseline rate change from the observed number in 2017 to the 2025 goal. Data point.
*The number of estimated viral hepatitis infections was determined by multiplying the number of reported cases by a factor that adjusted for underascertainment and undercounting. YoY: Year-to-year; Hepatitis Surveillance Region and States, et al., 2019.
*For 100,000 population.
*Persons aged 50-64 years were not at risk for persons who inject drugs.
HepSEE Dashboard for Health Departments monitors, analyzes, and disseminates viral hepatitis data.

For internal use only; not for distribution or public use.
CDC Launches First Program Dedicated to Supporting Syringe Services Programs (SSPs)

Strengthening Syringe Services Programs (CDC-RFA-PS22-2208) awarded September 2022 for 5 years

**Aims**

- Increase access to harm reduction services for people who use drugs
- Prevent hepatitis C, hepatitis B, HIV, and other infectious diseases and complications associated with injection drug use

**Component 1: RTI International**
Support a national network of SSPs and oversee implementation and use of an annual national survey of SSPs

**Component 2: NASTAD**
Strengthen implementation of SSPs in the United States, territories and affiliated states, and tribal nations
Too Few People Treated for Hepatitis C (MMWR, August 2022)
Reducing Barriers Can Increase Treatment and Save Lives

Very Few People with Hepatitis C and Insurance Receive Treatment

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Timely Hepatitis C Treatment</th>
<th>Not Treated</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>23%</td>
<td>77%</td>
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<tr>
<td>Medicare</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Private</td>
<td>35%</td>
<td>65%</td>
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*Hepatitis C treatment started within 12 months of diagnosis during January 30, 2019 to October 31, 2020

People with Hepatitis C Face Multiple Barriers to Receiving Treatment

www.cdc.gov/vitalsigns/hepc-treatment
Division of TB Elimination
Think. Test. Treat TB

• First national communications campaign to increase testing for latent tuberculosis infection

• Partner engagement
  • National, state, and local TB partners
  • Community-based organizations and clinics
  • Professional healthcare provider organizations

• Over 55,000 visits to Think. Test. Treat TB website

• Over 35,000 materials shipped to 44 states, D.C., and 4 territories
Uniting for Ukraine

- **Supplemental appropriations** *(Public Law 117-128)*
  - Nearly $8 million awarded
  - Total amount of supplemental funds available is $29 million

- **Tuberculosis Requirement**
  - IGRA and any subsequent TB examinations within 90 days of entry to the US

https://www.cdc.gov/tb/programs/unitingforukraine.htm
Health Department Toolkits

- **Toolkit for Health Departments**
  - Patient education resources in Ukrainian and Russian
  - Links to Uniting for Ukraine resources from key partners
  - Information for TB programs, arrivals and sponsors

- **Communications and Outreach Support**
Thank you!

For more information, contact:
Advisory Committee Management Team
nchhstppolicy@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.