

# NCHHSTP Update

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

April 9, 2024

**Jonathan Mermin, MD, MPH**

Director, National Center for HIV, Viral Hepatitis, STD and TB Prevention



# Quick Updates

## CDC Leadership Updates

- Dr. Robyn Neblett Fanfair, Director of DHP
- Dr. Laura Hinkle Bachmann, Acting Director of DSTDP

## Membership Updates

- Welcome: Ms. Marguerite Beiser, Dr. Jorge Cestou, and Mr. Brigg Reilley
- Farewell to Dr. Jodie Dionne and Mr. Kali Lindsey

# Advancing Public Health through Policy and Partnerships

## Policy as a Public Health Intervention Cooperative Agreement (PS23-0009)

Multi-pronged and holistic approach to strengthen the ability of leaders who make decisions in public health to identify, assess, and implement evidence-based policy interventions.

### Component 1

Legal Epidemiology and  
Public Health Policy  
Research

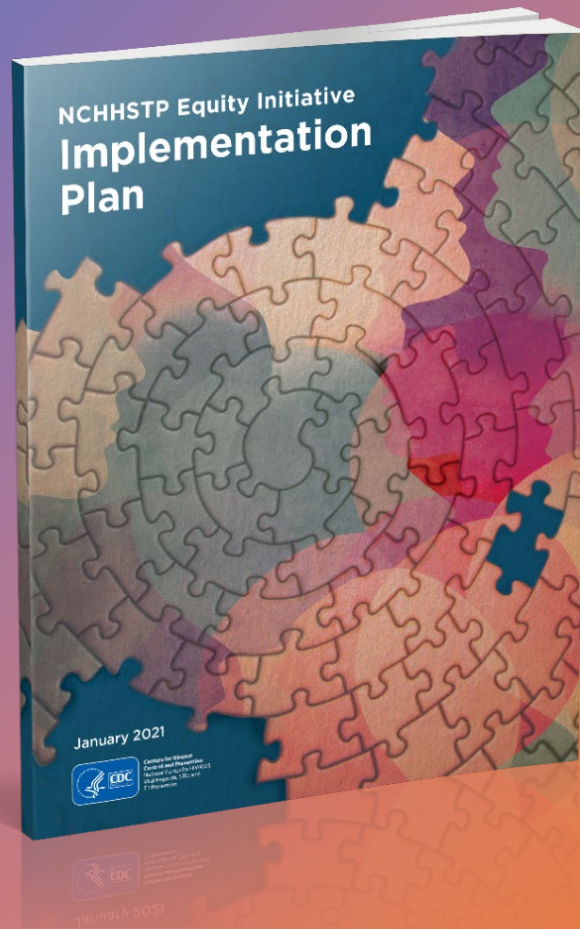


### Component 2

Development and  
Dissemination of Law  
and Policy Technical  
Assistance



# The NCHHSTP Office of Health Equity



- Celebrated a 20<sup>th</sup> Anniversary in 2023 with the release of an accomplishments video and internal CDC article
- Completed an extensive literature assessment to identify population-level, evidence-based interventions, policies, and best practices that can reduce disparities in HIV, viral hepatitis, STIs, TB and adolescent health
- Continued to lead the HHS CDC Equity Challenge Taskforce focused on inclusion of persons with lived experience of incarceration in the federal public health workforce
- Updated an Equity Dashboard with indicators and measures to monitor the Center's progress in reducing disparities

# Cross-cutting project highlights

## New NEEMA NOFO

- On April 8, 2024 applications closed for the new 5 year cycle of the *National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Epidemiologic and Economic Modeling Agreement (NEEMA) CDC-RFA-PS-24-0028<sup>1</sup>*, which is set to begin September 30, 2024.

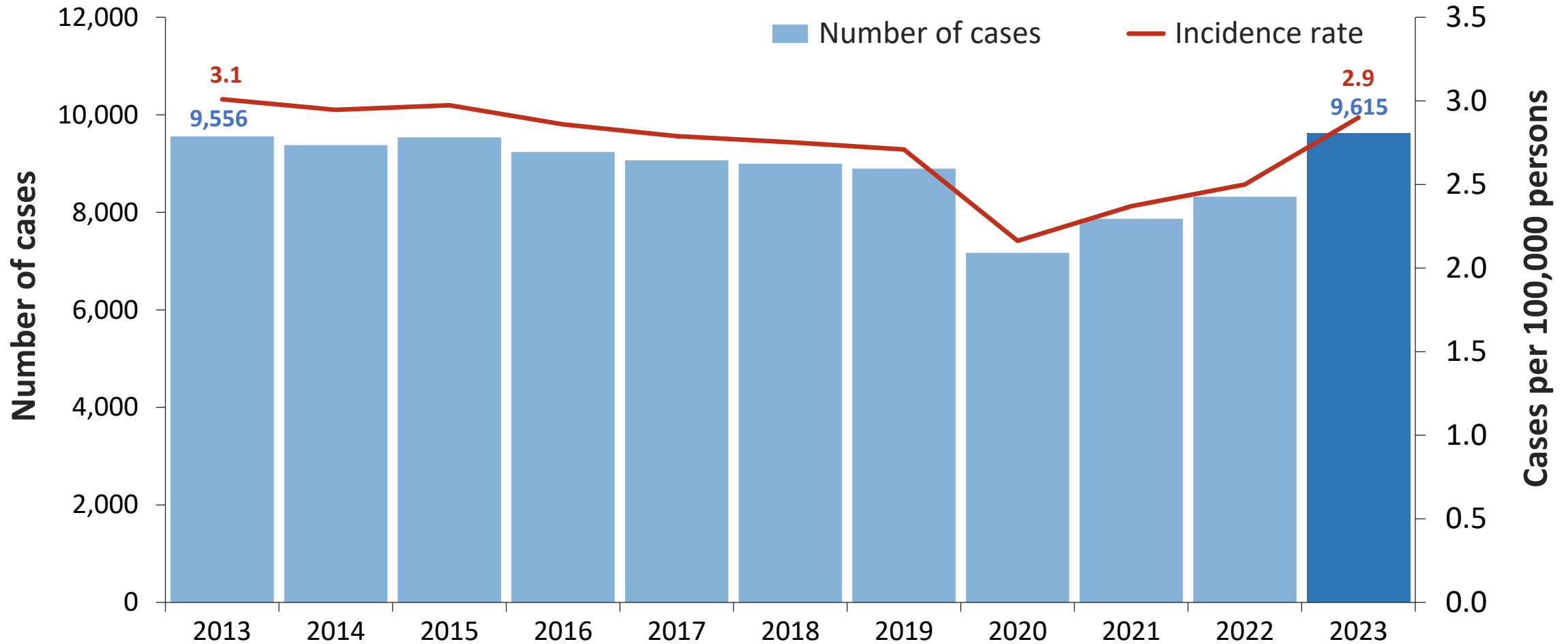
## Routine Screening Toolkit

- The Program and Performance Improvement Office, in collaboration with experts across NCHHSTP, has supported the American Medical Association (AMA) to develop release an online toolkit<sup>2</sup> to help physicians and other health care professionals increase routine screenings for HIV, STIs, viral hepatitis and latent tuberculosis (LTBI).
- The toolkit shares best practices and strategies for screening programs, specific to community health centers and emergency departments.

1. <https://www.cdc.gov/nchhstp/neema/funding-opp-announcement.html>

2. <https://www.ama-assn.org/delivering-care/public-health/routinely-screen-hiv-stis-viral-hepatitis-and-latent-tb-infection>

# Provisional 2023 TB surveillance data show rebound in TB cases following COVID-19 pandemic







# Division of STD Prevention

**Laura Hinkle Bachmann, MD, MPH,  
FIDSA, FACP  
Acting Director**



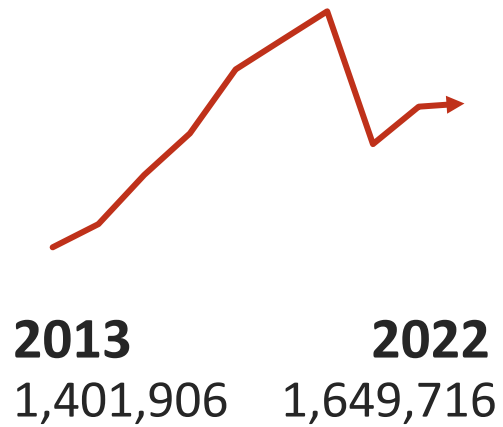


# Released Two New Reports on STI Surveillance

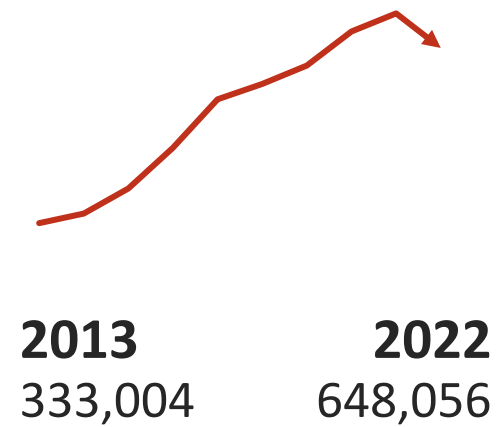


# STIs Continued To Climb in 2022

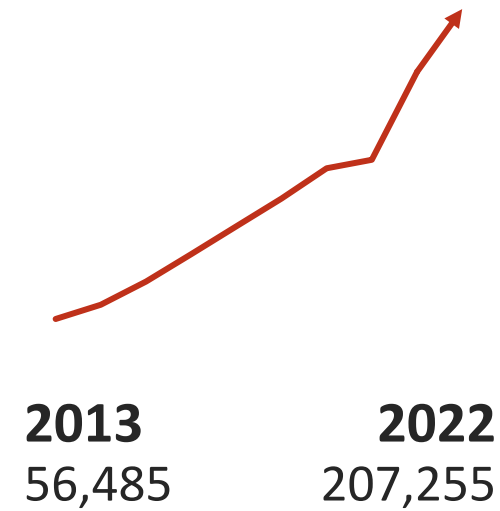
## Chlamydia Cases



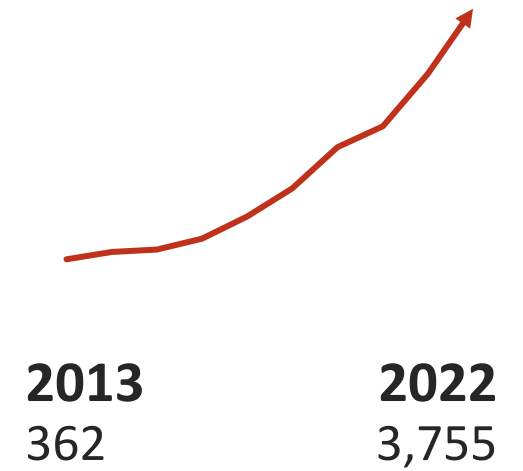
## Gonorrhea Cases



## Syphilis Cases *All Stages*

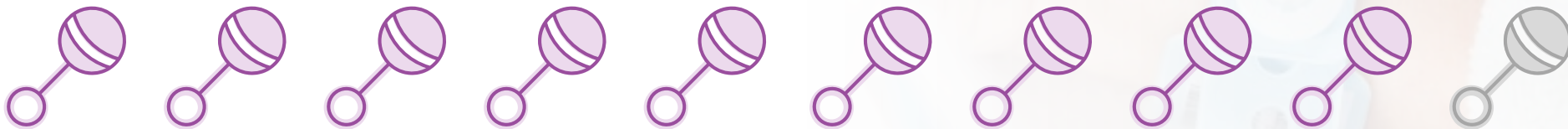


## Congenital Syphilis Cases



**9 in 10**

**Cases of Congenital Syphilis Might Have Been Prevented With Timely Testing or Adequate Treatment During Pregnancy in 2022**

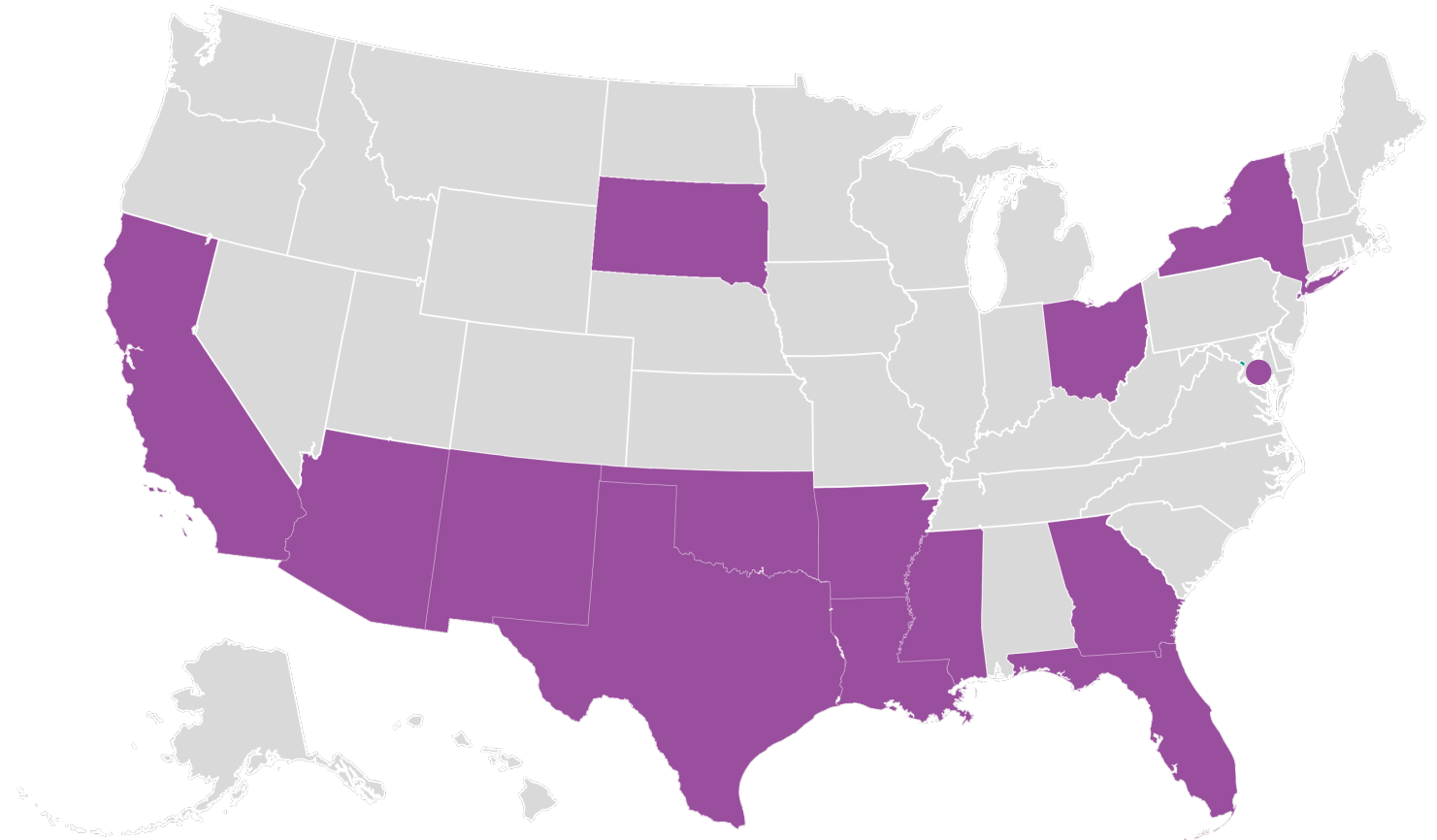


# HHS Established a Multi-agency National Syphilis and Congenital Syphilis Syndemic Task Force

## Goals

- 1 Reduce rates of primary and secondary syphilis and congenital syphilis
- 2 Reduce syphilis health disparities

**Jurisdictions: 14**



# National Syphilis and Congenital Syphilis Syndemic Task Force

## Actions to Date

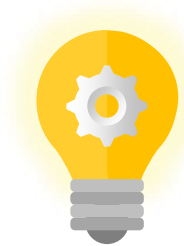
Conduct briefings with external partners for collaboration opportunities



Support a temporary import of Extencilline to address Bicillin® L-A shortage



Convene workshops to address disparities and focus on research strategies



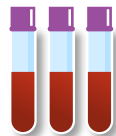
Work with agencies to issue funding flexibility letters to grantees for syphilis care



# Newly Released and Upcoming Guidelines on STI Testing and Treatment

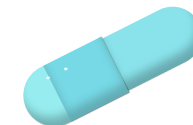
## **CDC Laboratory Recommendations for Syphilis Testing, United States, 2024**

February 8, 2024



## **Doxycycline Post-Exposure Prophylaxis Guidance**

Expected 2024 Release



# Continued Investments in STI Prevention and Control

## Combatting Antimicrobial Resistant (AR) Gonorrhea and Other STIs (CARGOS)

Formerly GISP/eGISP and SURRG

- ✓ Laboratory testing
- ✓ Preparedness and outbreak response activities
- ✓ Monitoring, detection, and response to AR in STIs
- ✓ Epi-lab-health information technology

## Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (SHIPS)

Formerly Part C of the Ending the HIV Epidemic in the U.S. Initiative



Strengthening clinic infrastructure and improving service delivery



Fostering strategic partnerships in support of EHE



# Division of HIV Prevention



**Robyn Neblett Fanfair, MD, MPH**  
**Director**





# New NOFO!

## PS24-0020: Capacity Building Assistance (CBA) for HIV Prevention Programs to End the HIV Epidemic in the United States

**Supports the network of funded providers under this NOFO, established and referenced as the CBA Provider Network (CPN), to implement the following six inter-related program components:**

- Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdiction
- Component B: Instructor-led Training for High-Impact HIV Prevention Programs
- Component C: eLearning Training for High-Impact HIV Prevention Programs
- Component D: Technical Assistance for High-Impact HIV Prevention Programs
- Component E: Organization/Workforce Development and Management for Community-Based Organizations
- Component F: CPN Resource and Coordination Center



## New NOFO!

### PS24 0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments

- 5-year NOFO covering FY24 – FY29
- 60 Health Departments eligible for funding
- At Level Funding:
  - Approximate yearly investment: \$485M
  - Total 5-year investment: \$2,425,036,270

# Core Strategies

## Diagnose

Increase knowledge of status to 95% by ensuring all people with HIV receive a diagnosis as early as possible.

## Treat

Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly (increase linkage to care up to 95%) and effectively to achieve viral suppression up to 95%.

## Prevent

Prevent new HIV transmission by increasing PrEP coverage to 50%, increasing PEP services and supporting HIV prevention, including prevention of perinatal transmission, harm reduction and syringe services program (SSP) efforts.

## Respond

Respond quickly to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them.

## Surveillance

Conduct HIV surveillance activities as described in the Technical Guidance for HIV surveillance programs to ensure accurate, timely, complete, and actionable data.

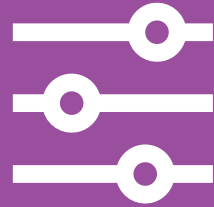
## Community Engagement

Support community engagement and HIV planning.

# Changes for Improved Impact

## Increase Flexibility

Implementing lessons learned from EHE successes and increasing flexibility for HDs to address specific community needs and innovate.

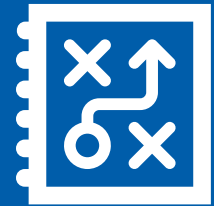


## Increase Funding Floor

Funding floor has been increased for all jurisdictions from \$1M to \$1.2M.

## Continuity of Services

Added ability for CDC to fund other organizations to ensure continuity of critical programs if HD is unable or unwilling to receive CDC funding.

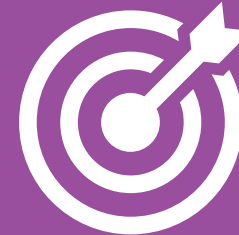


## Strategic Alignment

Required activities reflect National, HHS, and CDC strategic priorities – including community engagement, health equity, syndemics, and whole person approaches to HIV prevention.

## Reduce Burden

Reduce grantee reporting burden, moving to later in fiscal year to allow fewer funding packages, etc.



## Funding Syndemics

Applicants can use to 10% of the requested total funding amount to enhance syndemic efforts

# EHE Results from CDC-funded Programs 2021 – 2023

518,000 free HIV self-test kits

831,000 HIV tests & 3,000 people newly diagnosed\*

More than 55,000 persons prescribed PrEP\*

261 SSPs, more than 60% are mobile^

Over 200 clusters detected

**Ending  
the  
HIV  
Epidemic**

\*These data reflect efforts between Jan 2021 and June 2023

^Information regarding SSPs is current as of 2022

# CDC EHE Results – Diagnose 2021 – 2023

CDC recipients used EHE funding to test over **831,000** persons for HIV infection, and **3,000** people were newly diagnosed

CDC is distributing free HIV self-test kits to populations disproportionately affected by HIV. After delivering **100,000** self-tests in the pilot, over **367,000** tests were delivered in 2023.

**Health Departments\***

CDC Health Department recipients also distributed over **51,000** self-tests locally



**Self Testing**  
Innovation in Action

\*These data reflect efforts between Jan 2021 and June 2023



# CDC EHE Results – Prevent 2021 – 2023

Between Jan 2021  
and June 2023,  
CDC EHE-funded  
programs  
prescribed PrEP for  
more than **55,000**  
persons

CDC EHE funded  
programs have  
connected with  
over **260 SSPs**  
- 60% of which  
provide mobile  
services



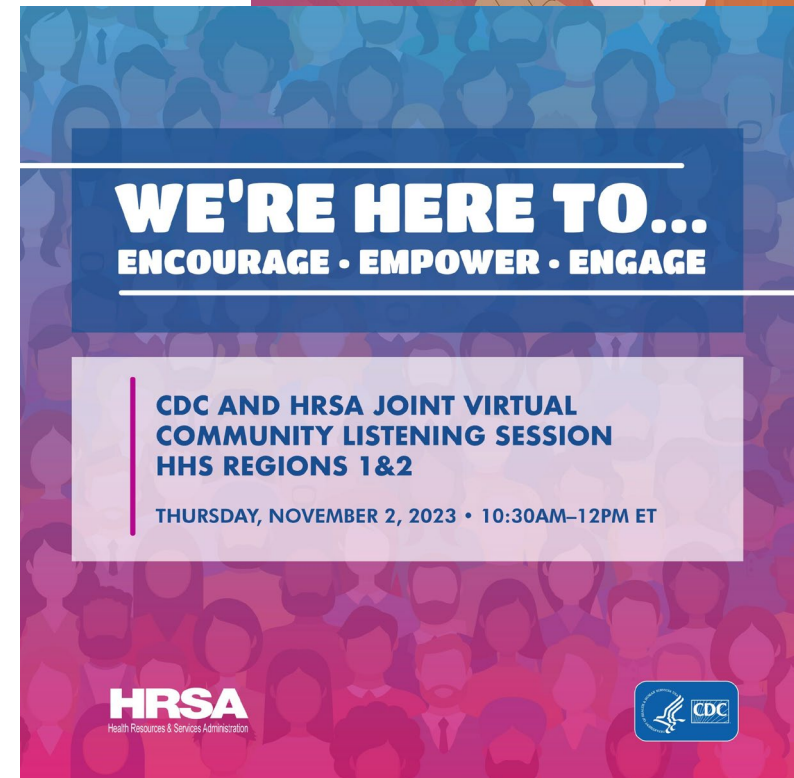
**93** fixed  
locations



**168** mobile or  
outreach  
locations

# CDC Community Engagement Sessions

- Engaged **1,684** people through **16** in-person meetings, including an in-person Spanish language session, across **10** regions



# Ongoing Community Engagement



## 2024 ENGAGEMENT SESSIONS:

**JAN. 31**

**CDC Conversations with  
Community:**

Houston, Texas

**FEB. 21**

**CDC Conversations with  
Community:**

Baton Rouge, LA

**MARCH. 27**

**CDC Conversations with  
Community:**

Memphis, Tennessee

**MAY. 22**

**CDC Conversations with  
Community:**

Miami, Florida





# Division of Viral Hepatitis

**Neil Gupta, MD, MPH**  
**Captain, US Public Health Service**  
**Chief, Epidemiology and Surveillance**  
**Branch**



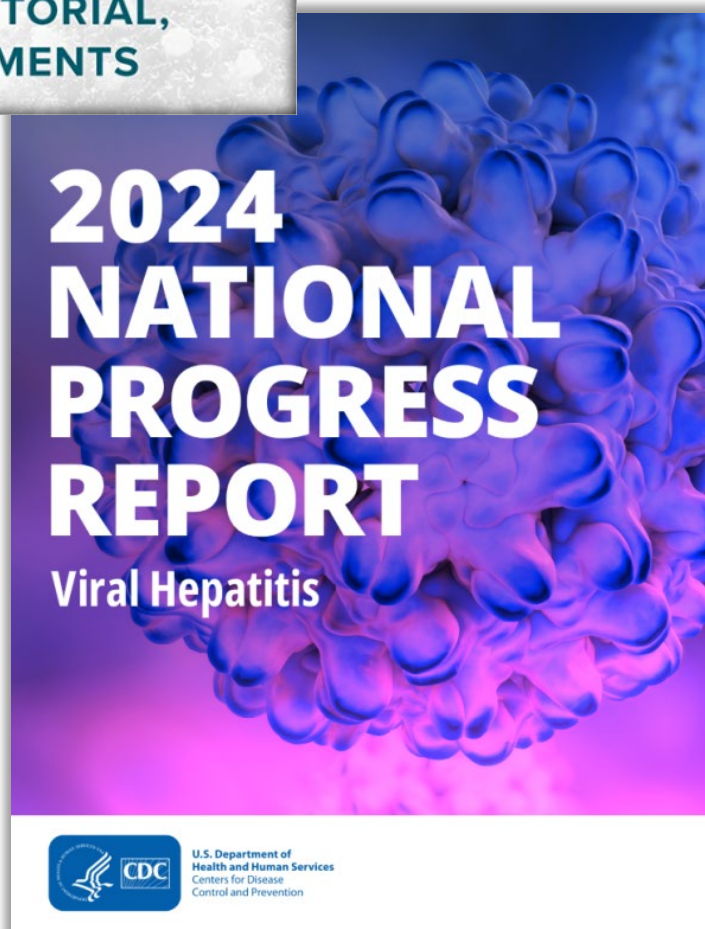


# Viral hepatitis surveillance & progress reports released in April 2024



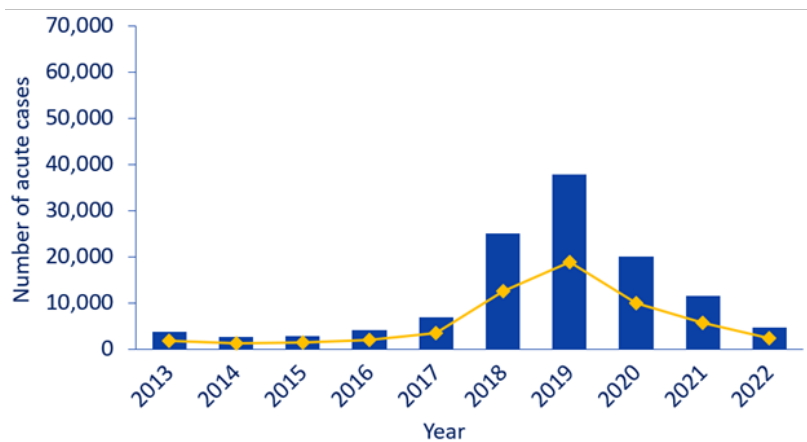
## VIRAL HEPATITIS SURVEILLANCE AND CASE MANAGEMENT

GUIDANCE FOR STATE, TERRITORIAL,  
AND LOCAL HEALTH DEPARTMENTS

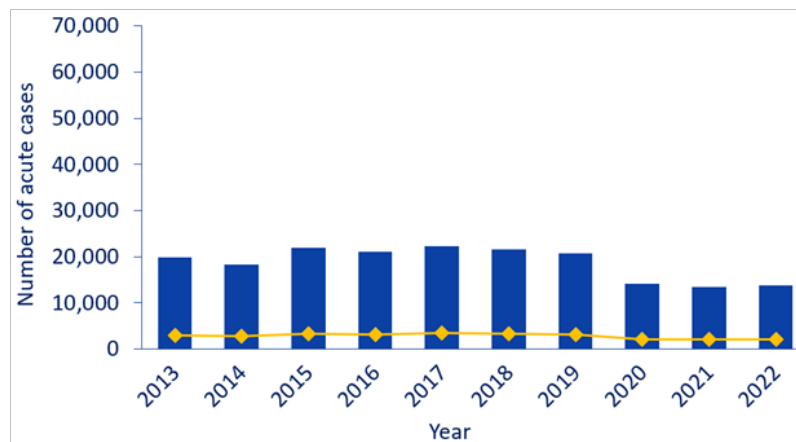


# New data signal progress in reducing acute viral hepatitis

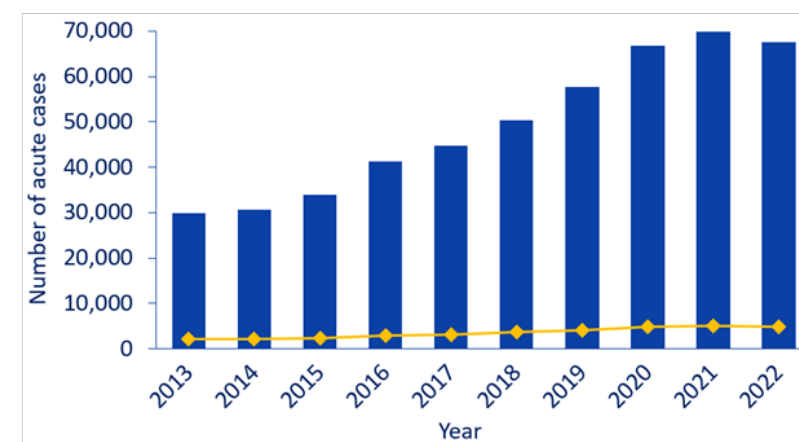
## Hepatitis A



## Acute Hepatitis B



## Acute Hepatitis C



■ Estimated acute infections  
◆ Reported acute cases

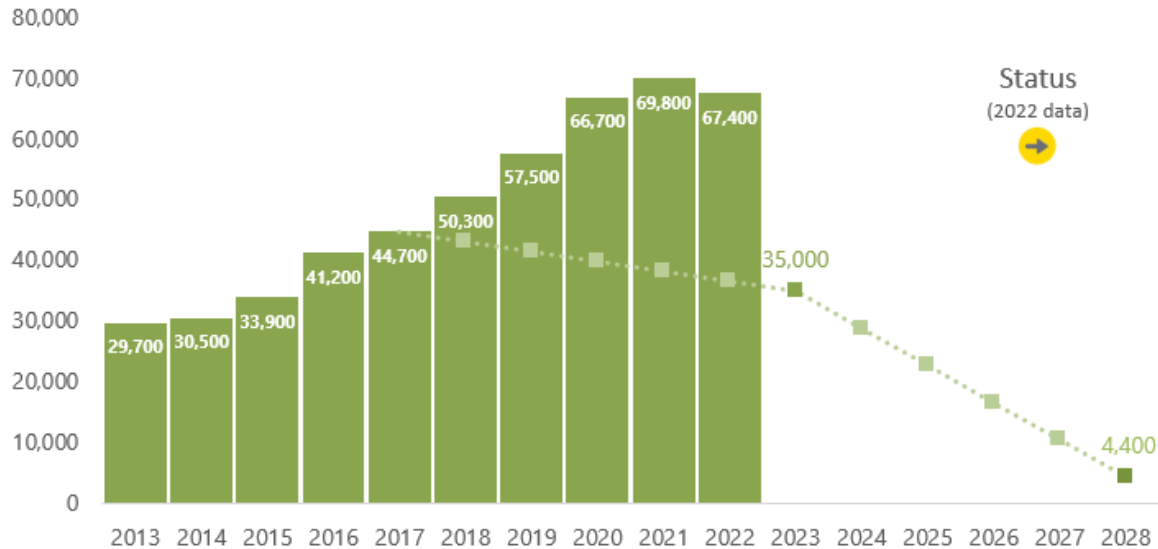
**Source:** CDC, National Notifiable Diseases Surveillance System. The number of estimated viral hepatitis cases was determined by multiplying the number of reported cases by a factor that adjusted for under-ascertainment and under-reporting (Klevens, et al).



# Hepatitis C virus infections and related deaths decline; accelerated progress required to meet 2030 goals

## National Progress Report 2030 Goal Reduce estimated\* new hepatitis C virus infections by $\geq 90\%$ (incremental 2025 goal of $\geq 20\%$ reduction)

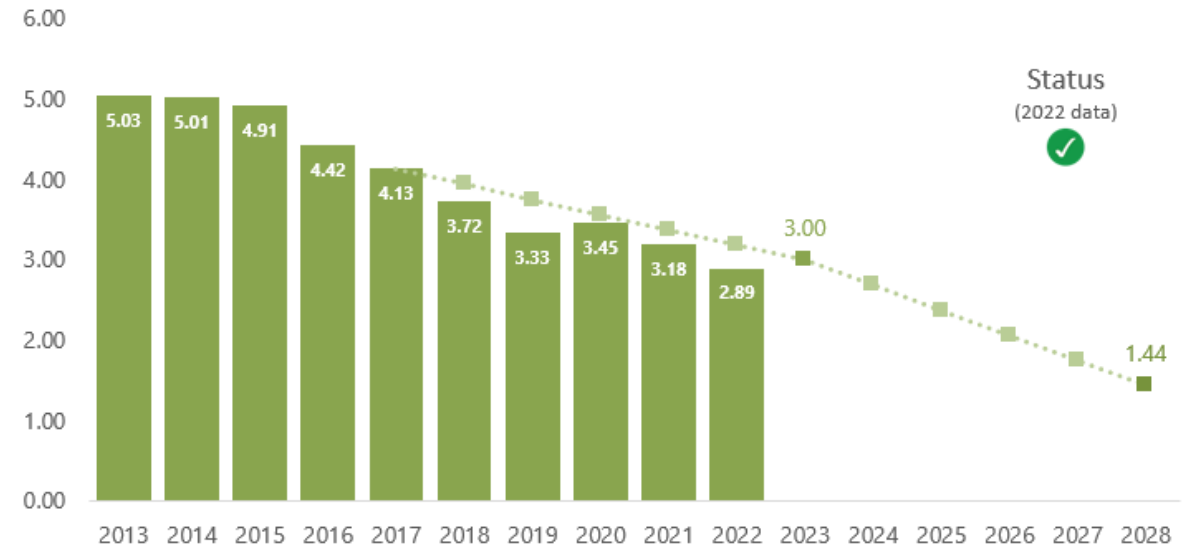
Estimated\* new hepatitis C virus infections and annual targets for the United States by year



Status: Moving *toward* annual target, but annual target was not fully met

## National Progress Report 2030 Goal Reduce reported rate\* of hepatitis C-related deaths by $\geq 65\%$ (incremental 2025 goal of $\geq 20\%$ reduction)

Age-adjusted rate\* of hepatitis C-related deaths† and annual targets for the United States by year



Status: Met or exceeded current annual target

# Jurisdictional support for viral hepatitis improving; great needs remain


## Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

- Completing 3<sup>rd</sup> year of 5-year funding cycle
- Hosting national meeting with jurisdictional partners April 16-17, 2024
- Sharing successes through rapid feedback reports and jurisdictional profiles

**Recipient Feedback Report**  
**YEAR 2**

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103)

Project Year 2: 10/1/21-9/30/22  
Report date: 5/30/23



Centers for Disease Control and Prevention  
National Center for HIV/AIDS, STD, and TB Prevention

**New York City** | CDC-funded Integrated Viral Hepatitis Surveillance and Prevention | Year 3

New York City Dept. of Health & Mental Hygiene is a funded recipient of CDC's Integrated Viral Hepatitis Surveillance and Prevention (IVHSP) project (2021-2026). This investment supports 59 state, city, county, and territorial health departments to enhance their viral hepatitis surveillance and prevention activities, laboratory testing, and public health reporting (\$23.6M total annual funding).

JURISDICTION BACKGROUND			
2022 NEW YORK CITY POPULATION <sup>1</sup> 8,335,897 (2.5% of U.S. population)		YEAR 3 PROJECT PERIOD 10/1/22-9/30/23	
2021 VIRAL HEPATITIS INCIDENCE <sup>2</sup>			
HEPATITIS TYPE	NEW CASE RATE PER 100K PPL.		NEW CASE COUNT
	NVIC	U.S.	NVIC U.S.
Hep A	1.1	1.7	90 5,728
Acute hep B	0.5	0.6	43 2,045
Acute hep C	1.5	1.6	130 5,023

YEAR 3 NEW YORK CITY IVHSP AWARD <sup>3</sup>		
ACTIVITY	AWARD AMOUNT	NUMBER OF FTEs
Viral hepatitis surveillance	\$200,000	1.13
Viral hepatitis prevention	\$115,000	0.92
Special projects	\$286,228	1.00
<b>Total</b>	<b>\$601,228</b>	

**JURISDICTION POLICIES<sup>4</sup>**

- HEPATITIS C TREATMENT:** No Medicaid restrictions for disease severity, substance use, prescribers; no prior authorizations; retreatment restrictions in place
- ESPs:** Explicitly authorized by law; a 1 SSPs in operation; registration required; local jurisdiction approval not required
- PERINATAL:** Hepatitis B and hepatitis C cases are reportable

**KEY PARTNERS<sup>5</sup>**

- New York State Department of Health
- Hep Free NYC
- Harm Reduction Coalition
- Charles B Wang Community Health Center
- ACI Chemical Dependency Treatment Center

**VIRAL HEPATITIS SURVEILLANCE<sup>6</sup>**

Year 3 Highlights:

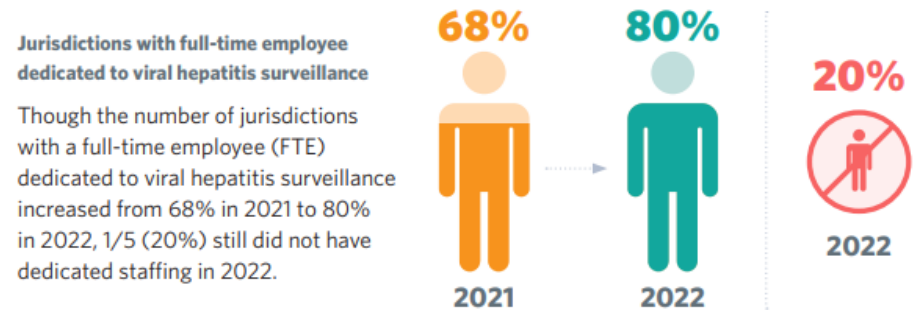
- Improved cluster detection, case disposition, and assisted other jurisdictions in their investigations by sending serum from all hepatitis A cases to New York State Wadsworth Center Laboratory for molecular testing
- Published hepatitis A, B, and C in New York City 2022 Annual Report

GOAL	STATUS	PROGRESS
<b>ESTABLISH OUTBREAK DETECTION AND RESPONSE FRAMEWORK</b>	Completed	Status of hepatitis A, hepatitis B, and hepatitis C outbreak plans
<b>IMPROVE MONITORING OF DISEASE BURDEN, TRENDS, AND OUTCOMES</b>	Yes	Enter 85%+ of all test results received into surveillance systems ≤ 60 days
	100%	% of case reports in chronic hepatitis C surveillance registry
	Completed	Develop hepatitis C clearance cascade

## 2022 Viral Hepatitis Surveillance Status Report

HepVu  NASTAD 

An assessment of the status of viral hepatitis surveillance practices across U.S. jurisdictions in 2022.



### Jurisdictions believe they need 3-5 FTEs to conduct viral hepatitis surveillance

To conduct viral hepatitis surveillance activities specified under CDC IVHSP, jurisdictions report that on average, they believe 3-5 full-time employees (FTE) are necessary.



Jurisdictions reported major challenges with hiring and retaining surveillance staff. Staff turnover was a significant impediment to conducting basic viral hepatitis surveillance activities in 2022.

# Ongoing efforts to establish national hepatitis C elimination initiative

VIEWPOINT

## A National Hepatitis C Elimination Program in the United States

### A Historic Opportunity

(Fleurence, RL, Collins FS, JAMA, 2023)

It is rare to have the opportunity, using a simple and safe oral medication, to eliminate a lethal disease. But that is the situation facing the United States with hepatitis C.

- **Diagnosis**

- Implementation of universal screening recommendations
- Accelerate availability of viral point-of-care testing (supporting test-and-treat)

- **Treatment**

- Federal drug procurement (under- / un-insured)
- Integrate testing and treatment in primary care and other settings where people with hepatitis C receive care

- **Comprehensive public health implementation**

- Awareness campaigns, healthcare provider trainings
- Service integration (universal screening and treatment using innovative delivery systems tailored to settings where people with hepatitis C receive prevention and treatment services)
- Prevention activities (discovery, implementation)

# DASH Update for CHAC



Dr. Kathleen Ethier, Director

**Centers for Disease Control and Prevention**

National Center for Chronic Disease Prevention and Health Promotion

Division of Adolescent and School Health



# Updated Mission and Vision for DASH 2.0

**Vision:** We envision a future where young people are empowered with the knowledge, skills, and resources to support health and well-being.

**Mission:** To work with and through schools to understand and improve the health and well-being of all students. We do this by strengthening school-based education, health services, healthy school environments, and community connections.



# Key Program Activities for 2024

- Full stand-up of Health Schools Program (DP23-0002) to improve physical activity, nutrition, and management of chronic conditions
- Fund next NOFO to implement the What Works in Schools program
- Continue creating a more cohesive approach to school health



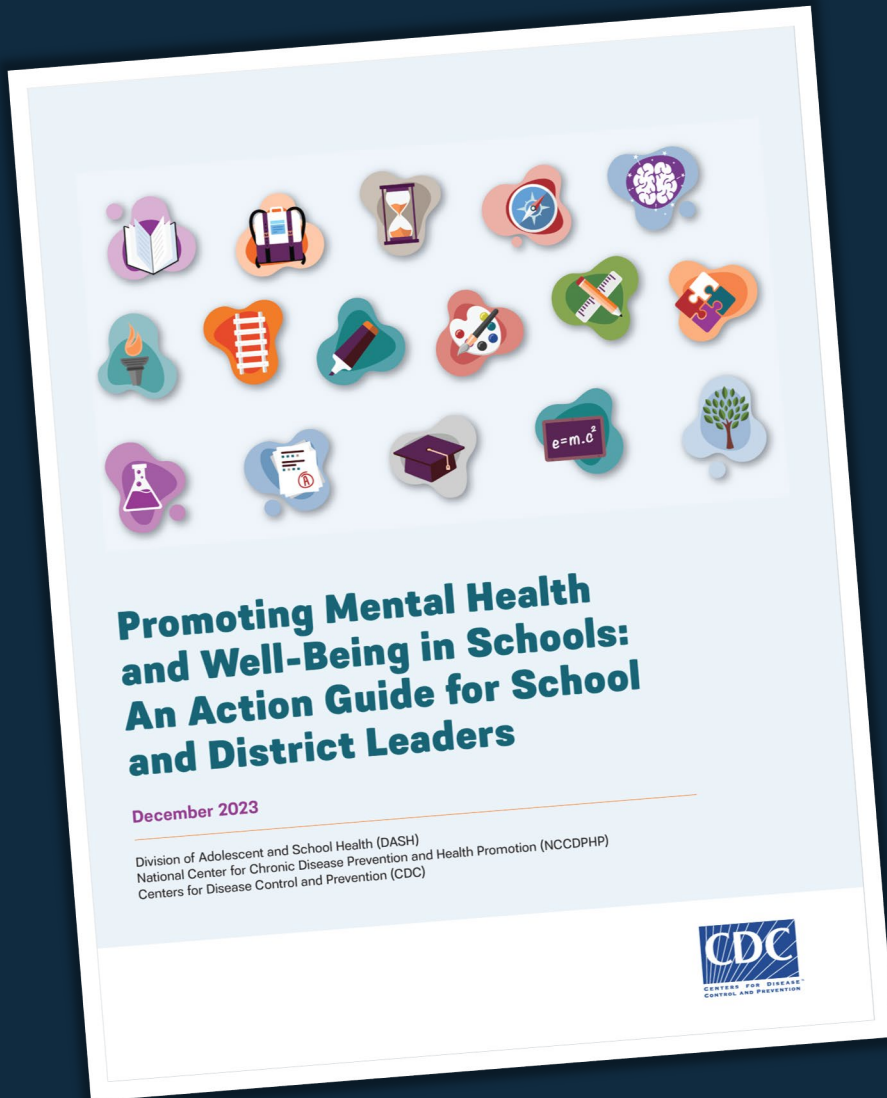
# Key Surveillance and Research Activities for 2024

- Release 2023 Youth Risk Behavior Survey (YRBS) Data Summary & Trends Report and YRBS data
- Improve interoperability of YRBS, Profiles and other datasets
- Launch research NOFO to examine What Works in Schools program expansion for schools serving rural and American Indian or Alaska Native youth
- Translate recent research findings to inform implementation of innovative school-based strategies





# New Resource: Mental Health Action Guide for School and District Leaders



In the first two months after the release:



Received nearly **50,000 cumulative page views** on action guide webpages.



Gave nearly **20 presentations** to partners on action guide.



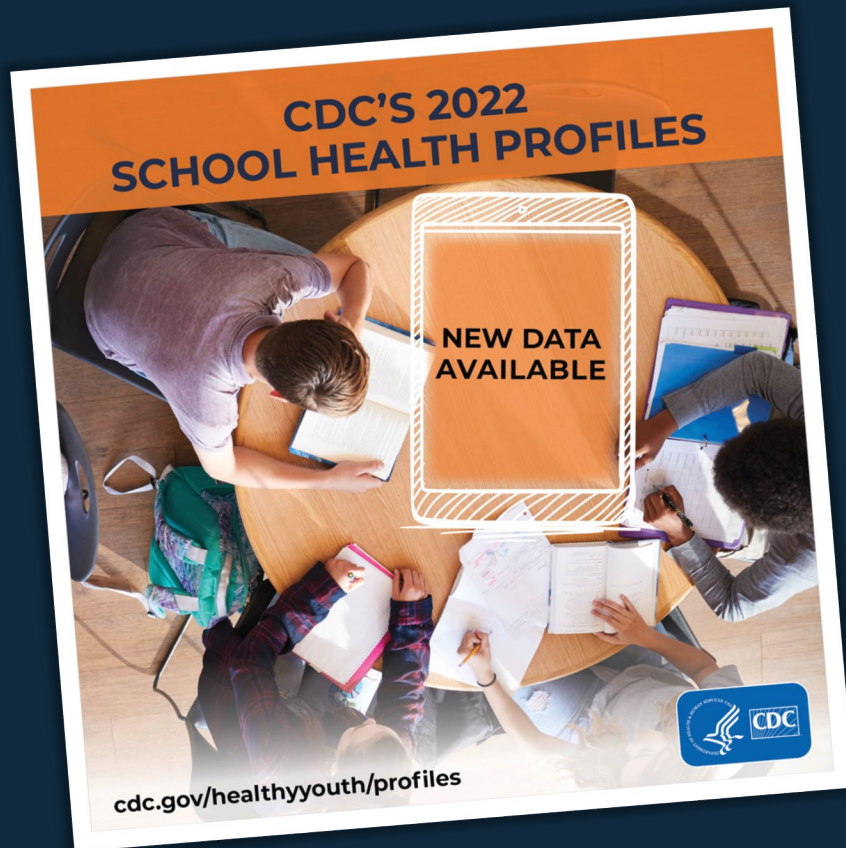
Detailed PDF **downloaded more than 3,000 times**.



**27 federal** and **5 partner** accounts posted social media content on action guide, generating over **17.4 million impressions**.



# New Data Release: 2022 Profiles and Profiles Explorer



- 2022 Profiles data highlights policies and practices schools are implementing to support adolescent health, including mental health
- Profiles Explorer allows users to explore nationwide, state, and district data in pre-created tables and maps.



# Thank you!

**For more information, contact:  
Advisory Committee Management Team  
[nchhstppolicy@cdc.gov](mailto: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.

