



# Controlling HIV National and Subnational Experiences—United States

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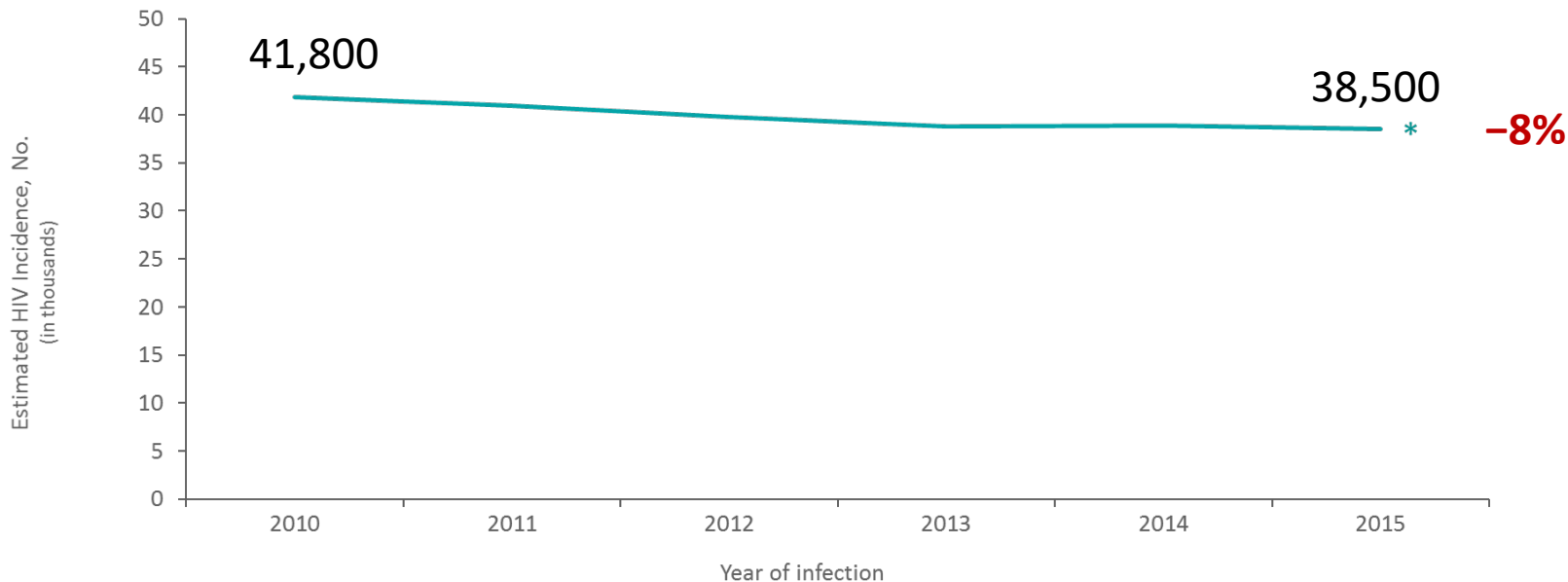
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## Estimated HIV Incidence among Persons Aged ≥13 Years, 2010–2015—United States



***Prevented 15,800 cases at estimated cost savings for medical care of \$7.6 billion\*\****

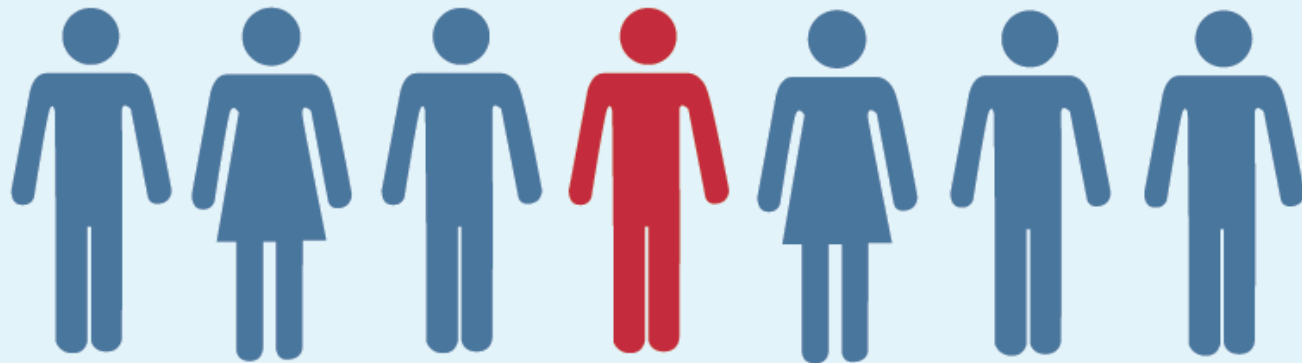
Note. Estimates were derived from a CD4 depletion model using HIV surveillance data.

\*Difference from the 2010 estimate was deemed statistically significant ( $P < .05$ ).

\*\*Farnham PG et al. Updates of Lifetime Costs of Care and Quality of Life Estimates for HIV-Infected Persons in the United States: Late Versus Early Diagnosis and Entry Into Care. *JAIDS* 2013; 64: 183-189. Estimates updated to 2017 dollars.

In 2015, an estimated **1.1 million** people were **living with HIV** in the US.

**1** in **7** of them *did not know.*



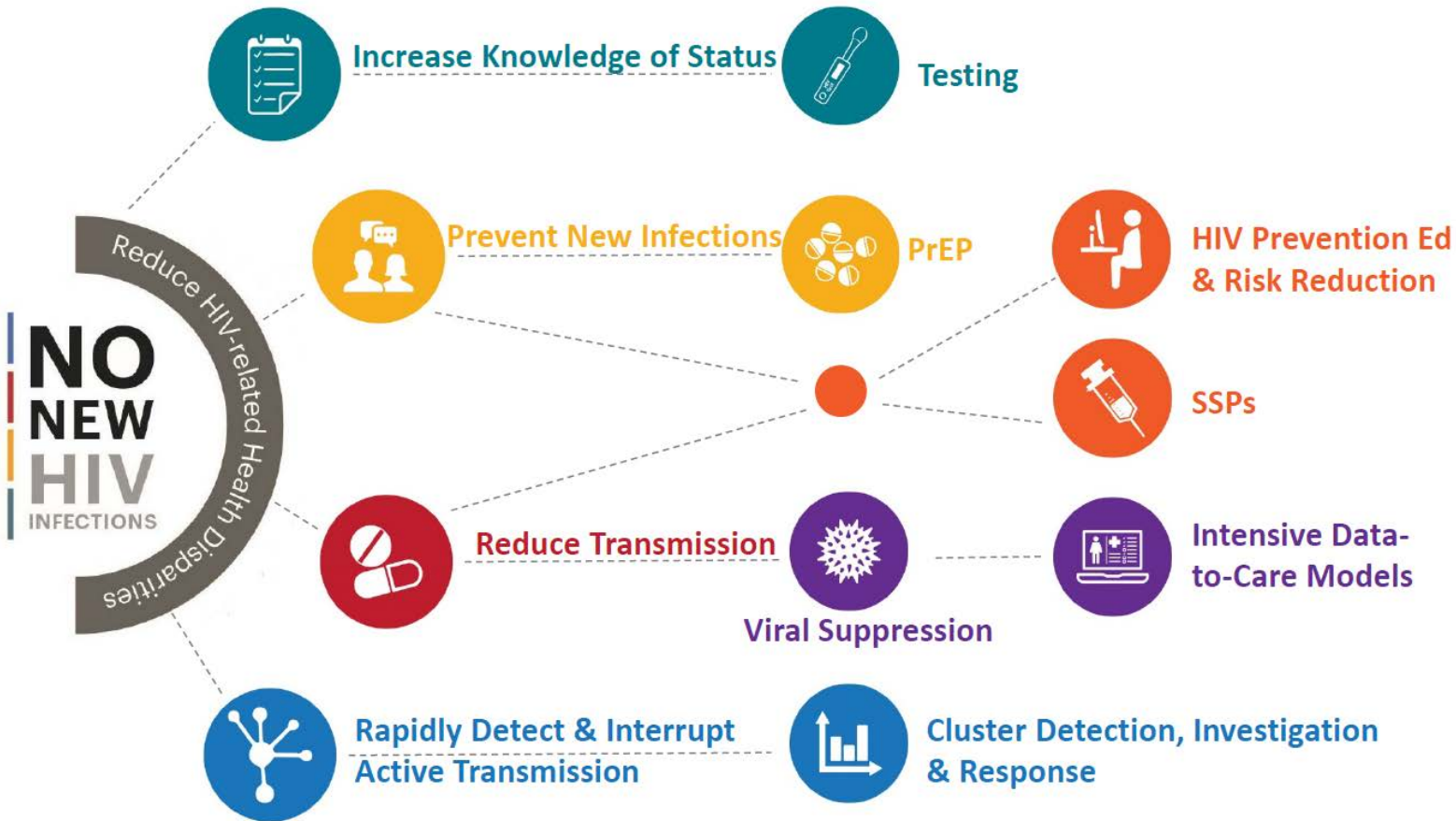
# Disparities Persist in Populations and Regions

HIV incidence decreased among heterosexuals but remained **stable among MSM**

Continued high incidence among **black MSM** and **increasing** incidence among **Hispanic/Latino MSM** and **25–34 year olds**

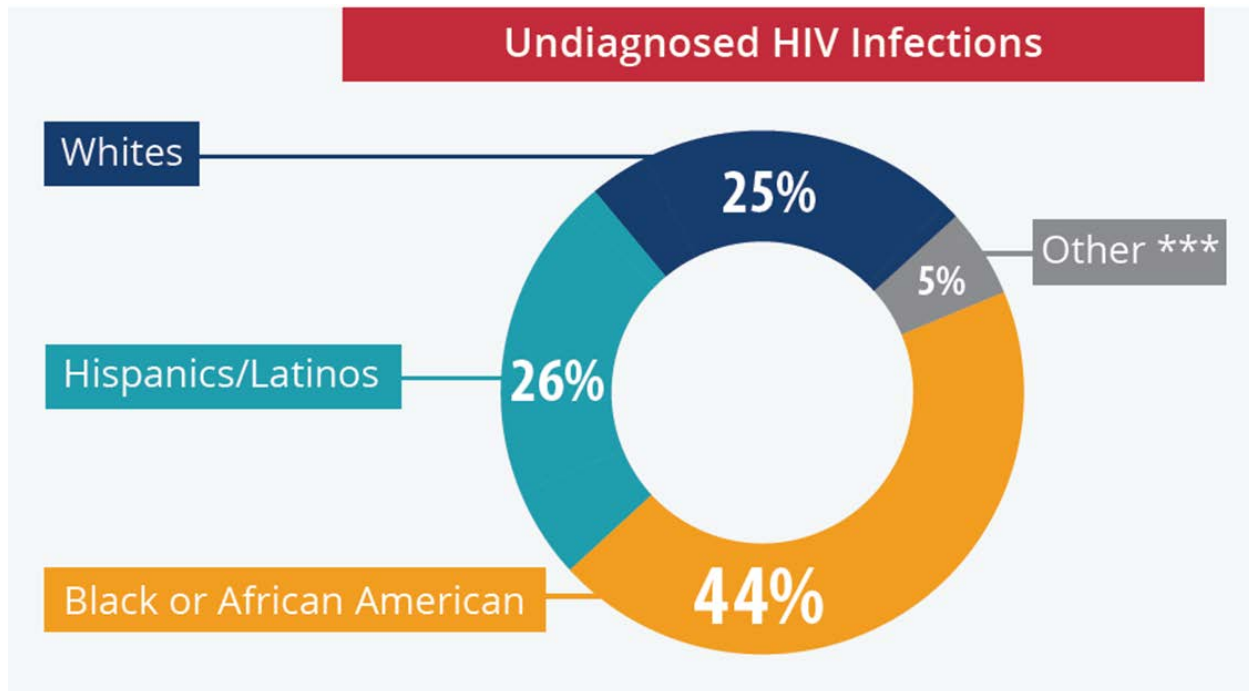
High percentage of undiagnosed infections among **black, Hispanic/Latino, and young MSM**

**Southern states** bear the greatest burden of HIV



# Knowledge of Status - 2015

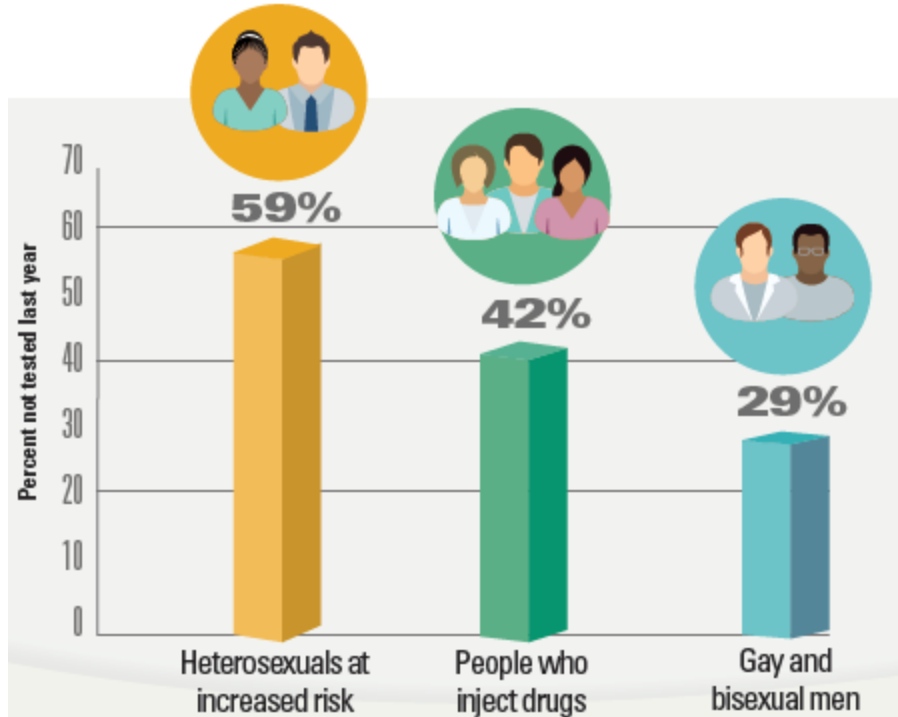
86% knew their HIV Status, >160,000 undiagnosed infections



\*\*\*American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Multiple races

# Improving HIV Testing

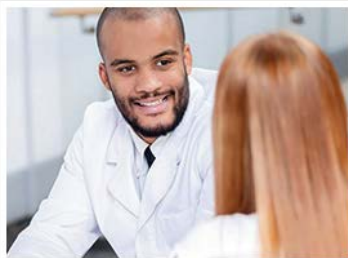
Many People at high risk for HIV aren't getting tested every year



## CDC Efforts:

- Funds 3 million HIV tests each year
- Publishes guidelines for screening & testing
- Engages medical professionals

# HIV Screening. Standard Care.™



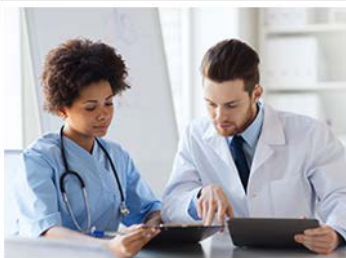
DOWNLOAD FREE HSSC CAMPAIGN MATERIALS

Improve HIV outcomes for patients with tailored material for clinicians and patients.



EARN FREE CME/CE

Incorporate the latest HIV screening guidelines into your practice with free continuing medical education opportunities from CDC.



RESOURCES FOR CLINICIANS AND PATIENTS

The HSSC campaign provides tools for implementing HIV screening, and resources for patients who would like more information.

## Provider Guidance, Tools & Education

PREVENTION  
IS CARE  
*Care IS Prevention*





# PrEP: Pre-exposure Prophylaxis for HIV Prevention



**1.1 M**

Persons who might benefit from PrEP








**8%**

Persons prescribed PrEP in 2015

**14% of white, 3% of  
Hispanic, 1% of black  
persons**

With indication prescribed PrEP

## CDC efforts:

-  PrEP Guidelines
-  PrEPline
-  Screening tools
-  Clinical decision tools
-  Provider education
-  ID best practices
-  Increase awareness

# Receipt of HIV Medical Care and Viral Suppression among Persons Aged ≥13 Years Living with Diagnosed HIV Infection, 2014—37 States and the District of Columbia



Note. Receipt of medical care was defined as  $\geq 1$  test (CD4 or VL) in 2014. Viral suppression was defined as  $< 200$  copies/mL on the most recent VL test in 2014.

# Data to Care

## Using HIV Surveillance Data to Support the HIV Care Continuum

Identify persons out of care<sup>a</sup> and/or with high viral load

Surveillance data  
and linkage to  
other data

Patient and/or  
provider contact

Linkage

Medical care

Support services

HIV prevention  
services (e.g.,  
partner services)

Monitor health outcomes  
and continuum of care

Surveillance data



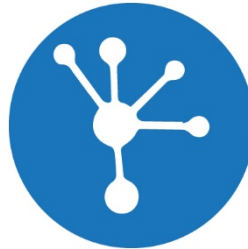
<sup>a</sup>No CD4/VL in specified time period

Identify  
growing  
clusters



To

Find recent  
and rapid HIV  
transmission



To

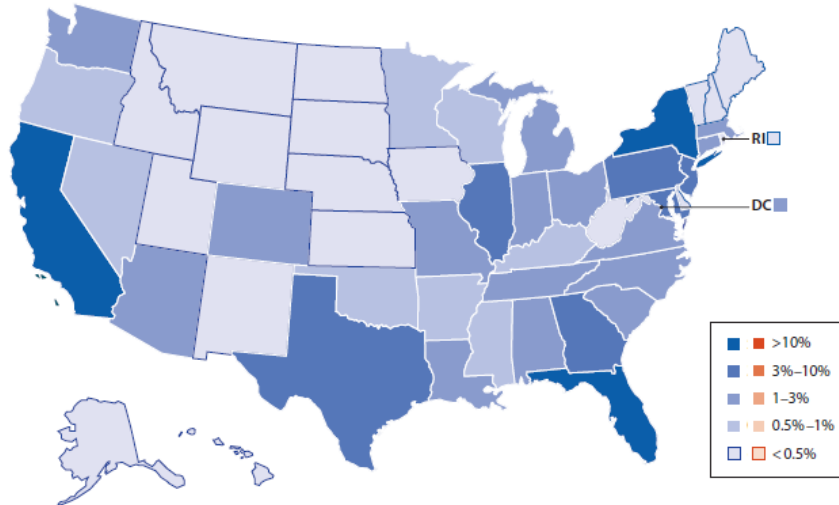
Intervene  
and interrupt  
transmission



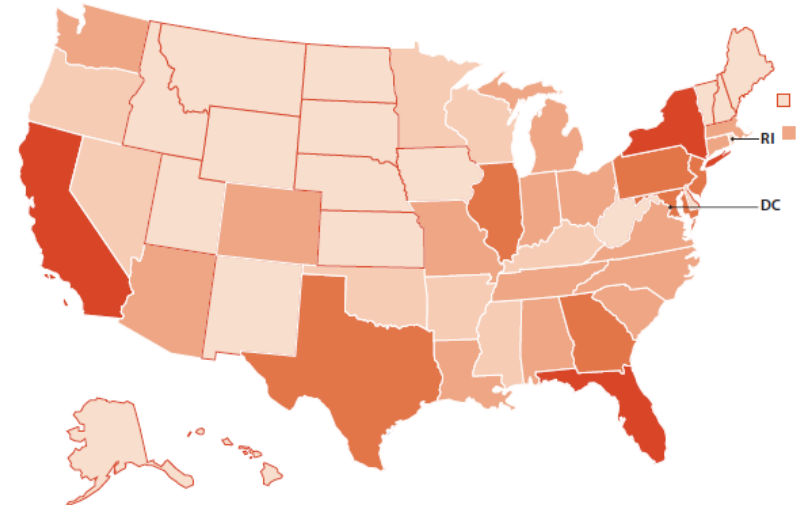
## Cluster Detection, Investigation & Response

# Integrated HIV Surveillance and Prevention Programs for Health Departments

Proportion of Americans Living with an HIV Diagnosis (2014)<sup>2</sup>



Proportion of CDC HIV Surveillance and Prevention Funding (2018)



<sup>1</sup>Maps do not include U.S. territories receiving CDC HIV surveillance and prevention funding.

<sup>2</sup>Prevalence is based on most recent known address for each person living with HIV rather than residence at the time their infection was first diagnosed, to account for geographic mobility.

