

# CDC's Approach to High-Impact HIV Prevention in the Era of Expanding Prevention Options



**David W. Purcell, JD, PhD**

**Deputy Director for Behavioral and Social Science  
Division of HIV/AIDS Prevention**

**National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention  
Atlanta, GA**

***23<sup>rd</sup> Annual Illinois State HIV/STD Conference  
October 29, 2014***

# **DISCLOSURE STATEMENTS**

**I have never had any relevant personal financial relationships with any manufacturers of products or services that will be discussed in my presentation**

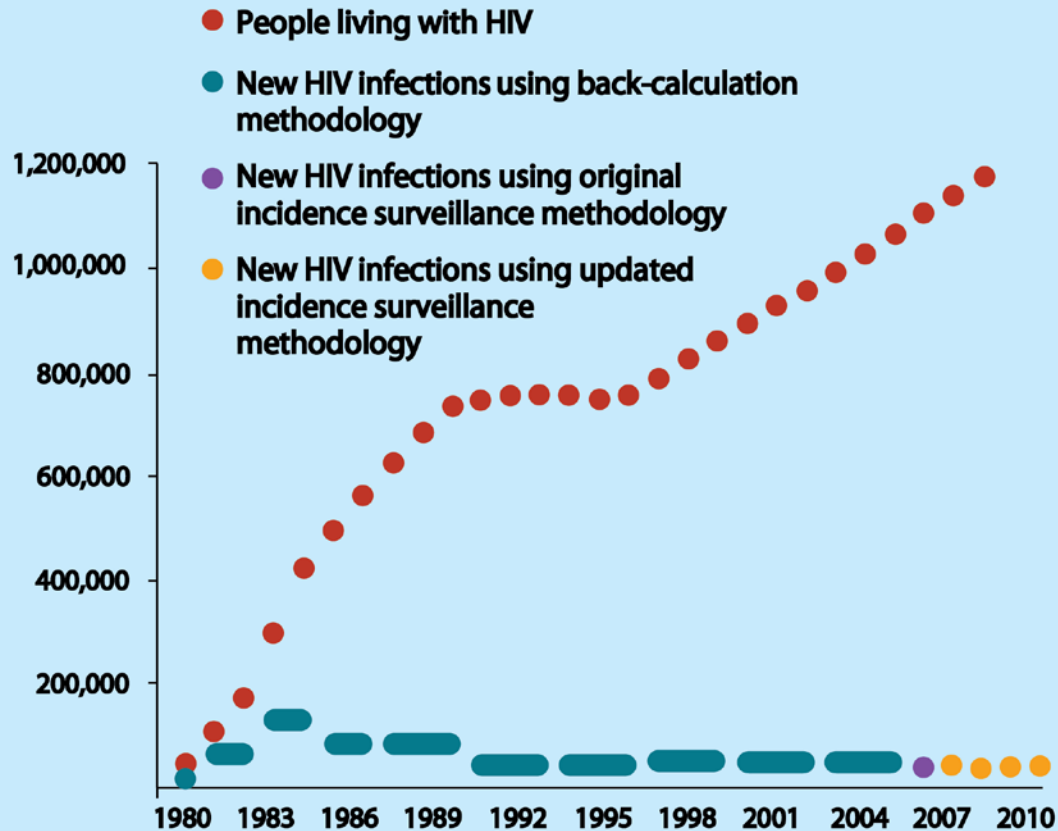
**The findings and conclusions in this report are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention**

# Overview

- Brief HIV epidemiology
- Context for HIV prevention
- High Impact Prevention (HIP)
  - HIV prevention programs
  - Monitoring progress of prevention activities
  - Resource allocation modeling
  - Behavioral interventions
  - Communications campaigns
  - PrEP

# **BRIEF HIV EPIDEMIOLOGY**

# HIV Prevalence and Incidence United States, 1980 - 2010



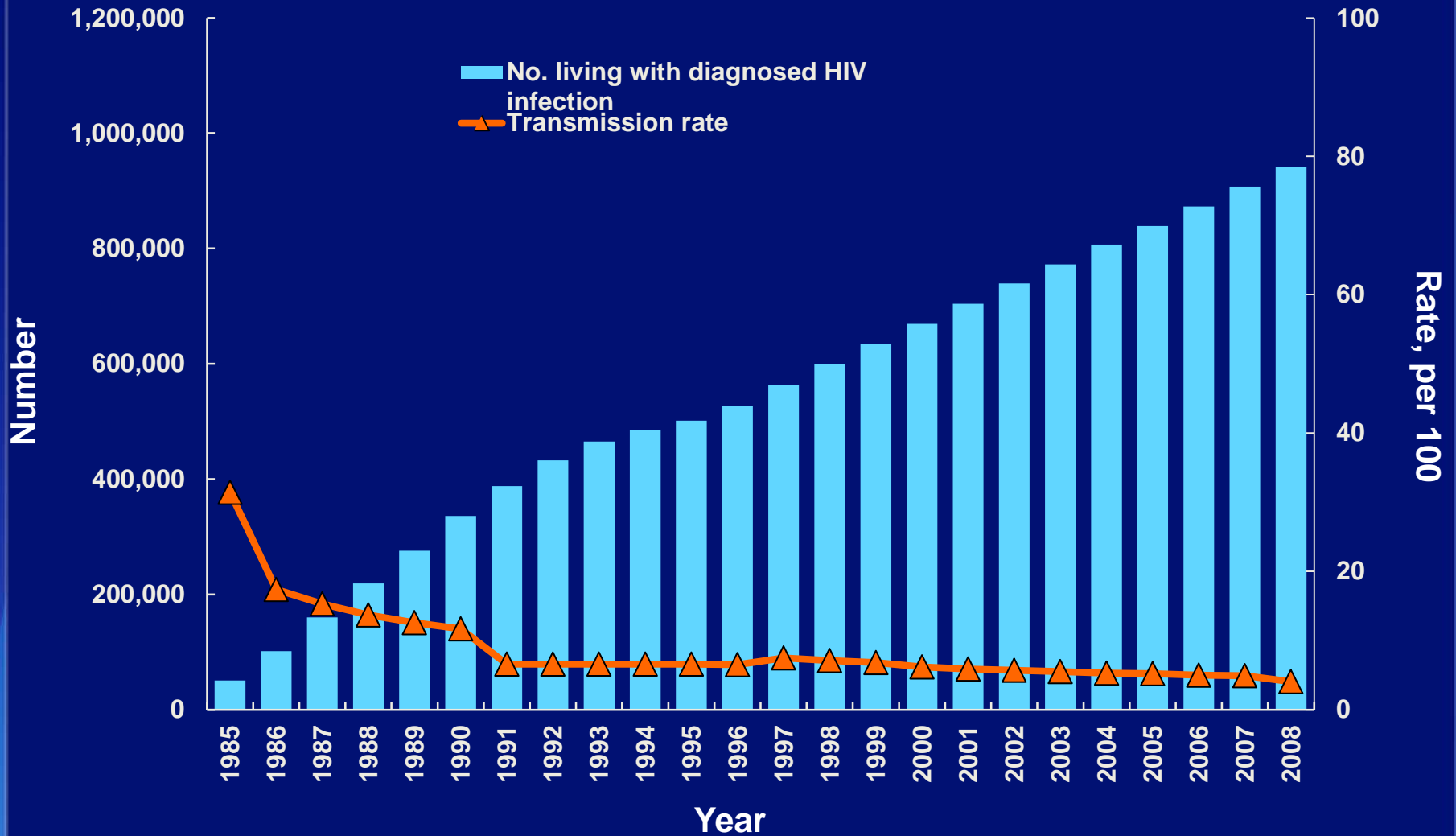
**Number of people living with HIV (prevalence) has grown because incidence is relatively stable and survival has increased**

Hall HI et al. JAMA. 2008 Aug 6;300(5):520-9.

Prejean J et al. PLoS One. 2011;6(8):e17502.

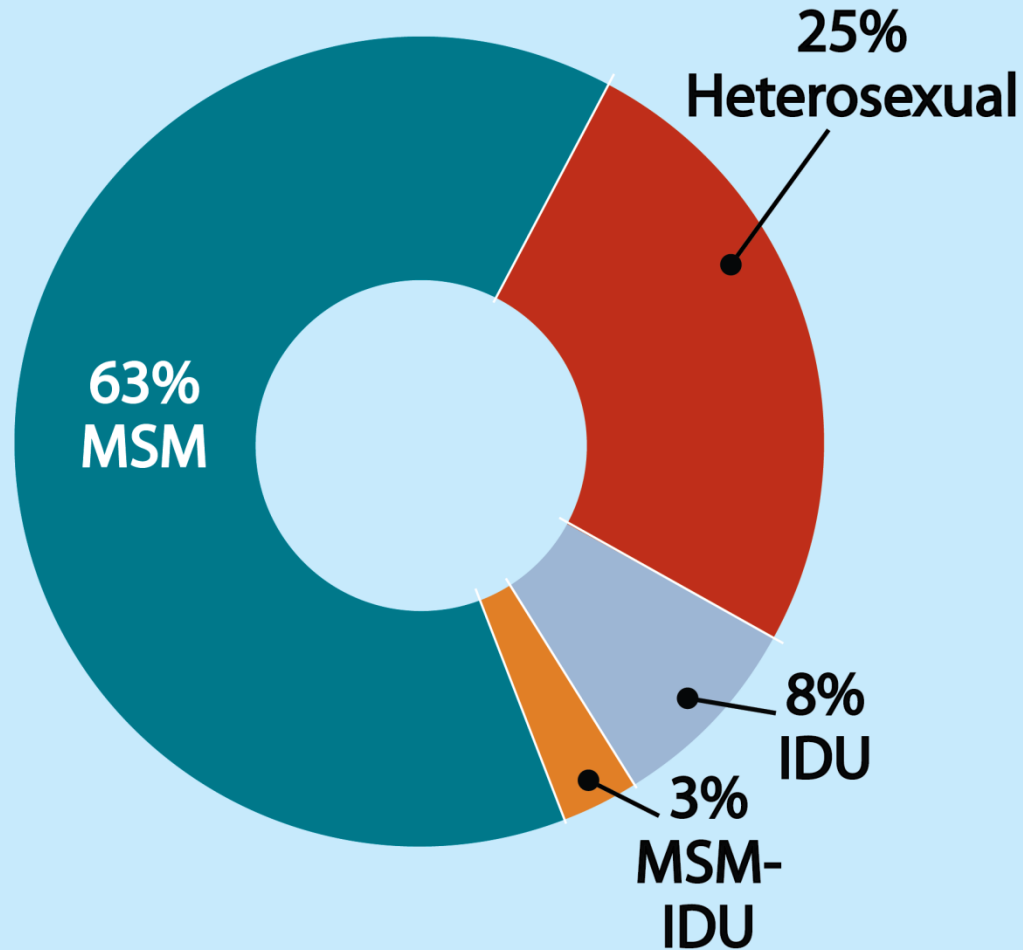
MMWR Morb Mortal Wkly Rep. 2012 Mar 2;61(8):133-8.

# Estimated HIV Transmission Rate



CDC. MMWR 2012;61(Suppl; June 15, 2012):57-64. Holtgrave et al. Updated Annual HIV Transmission Rates in the United States, 1978-2006. J Acquir Immune Defic Syndr 2009;50(2):236-38; Holtgrave et al. HIV Transmission Rates in the United States, 2006-2008. The Open AIDS Journal 2012;6:20-22.

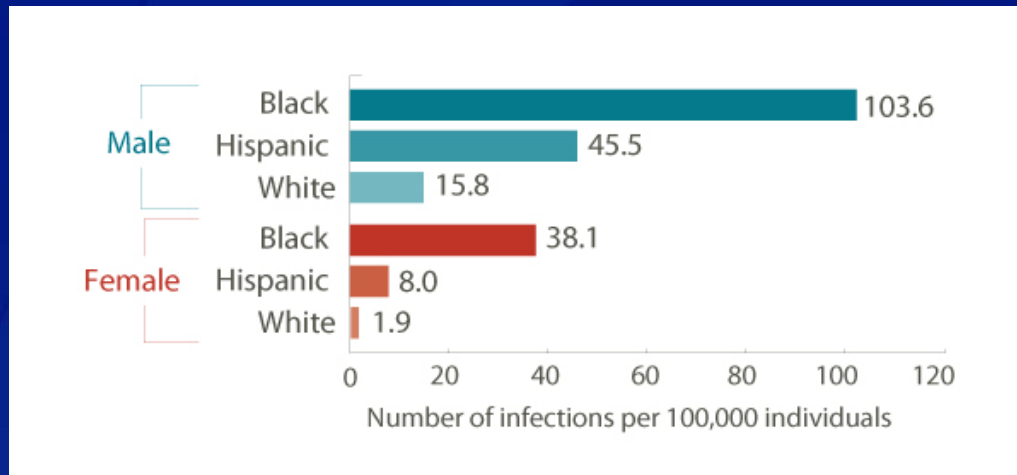
## Estimated New HIV Infections by Route of Transmission, 2010



Two-thirds of new HIV infections occur among MSM

# Health Inequities

- ❑ African Americans are 8 times and Latinos 3 times more likely to have HIV than whites



- ❑ HIV prevalence is associated with population density, region of residence, poverty, education, employment, and homelessness
- ❑ MSM >40 times HIV prevalence compared to other men and women given 2% estimated population prevalence

CDC, HIV Surveillance Report, 2009; [www.cdc.gov/hiv/surveillance/resources/reports](http://www.cdc.gov/hiv/surveillance/resources/reports).

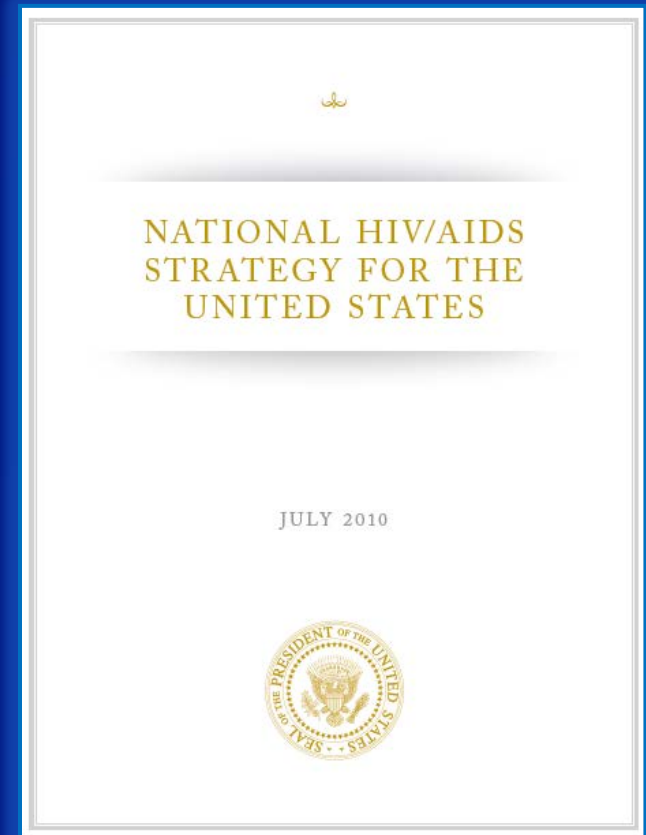
Denning, International AIDS Society, 2010; Purcell DW et al. The Open AIDS Journal, 2012, 6 (Suppl 1: M6) 98-107.

# CONTEXT FOR PREVENTION

# The National HIV/AIDS Strategy (NHAS) Announced in July 2010

## The goals of NHAS:

1. Decrease incidence of HIV
2. Increase access to care and improving health outcomes for people with HIV
3. Reduce HIV-related health disparities
4. Achieve a more coordinated national response



The White House  
Office of the Press Secretary

For Immediate Release

July 15, 2013

## **Executive Order -- HIV Care Continuum Initiative**

EXECUTIVE ORDER



### **Accelerating Improvements in HIV Prevention and Care in the United States through the HIV Care Continuum Initiative Monday, July 15, 2013**

*“We’ve got to keep pushing. We’ve got to make access to health care more available and affordable for folks living with HIV.”*

*— President Obama, June 13, 2013*



# Recent Events Affecting HIV Prevention

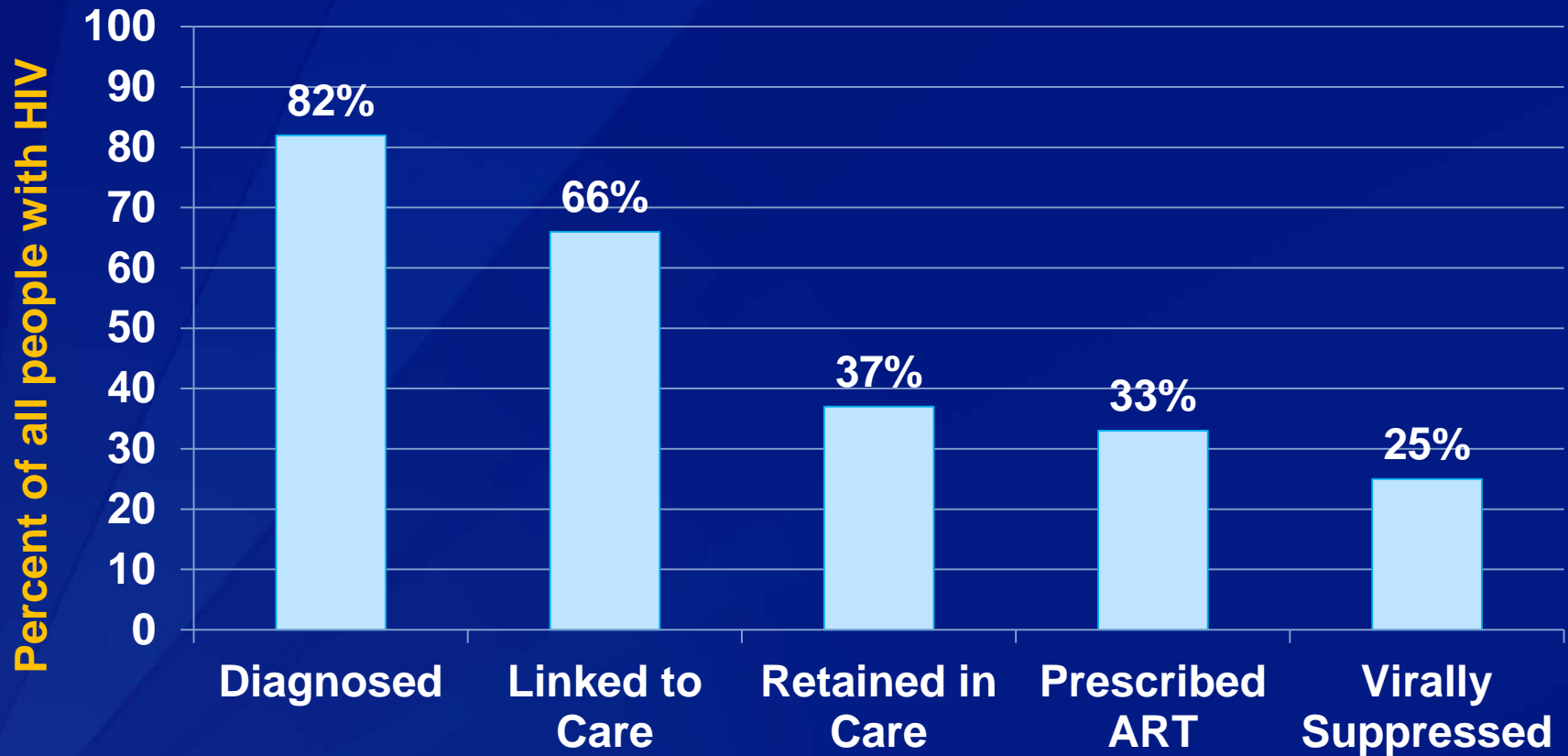
- NHAS (2010) & HIV Care Continuum Initiative (2013)
  - Increased focus on the care continuum (case finding, linkage to care, retention in care, and ART adherence)
- Scientific breakthroughs:
  - ART dramatically reduces transmission of HIV
  - Efficacy of pre-exposure prophylaxis (PrEP)
  - HIV testing advances allowing for earlier detection
- Introduction of an approved over-the-counter oral HIV test
- Affordable Care Act expanding coverage to tens of thousands with HIV and millions at risk for HIV

# Challenging Times for HIV Prevention

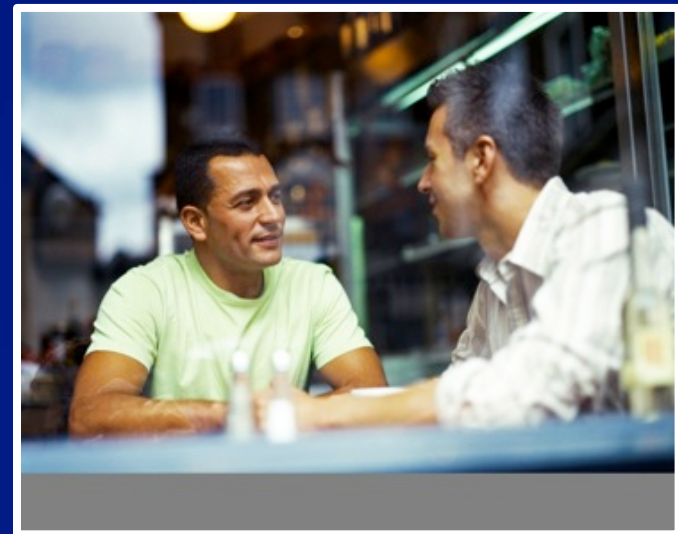
- Federal deficit ~ from 500M to \$1.1 trillion for FY 2012-FY14
- 3-year freeze on federal discretionary spending
- Several years of reductions in public health services
  - Loss of 46,000 state and local positions
  - Staff furloughs, hiring freezes, pay cuts
- Many community organizations closed, merging, or struggling

# The Continuum of HIV Care

*Of the 1.1 million Americans living with HIV, only 25% are virally suppressed*



# Given the Epi & Context, How Can We Reach our Prevention Goals?



# **HIGH IMPACT PREVENTION (HIP)**

## Prevention with Positives

HIV testing, linkage to care  
and prevention services

Antiretroviral therapy

Retention in care and  
adherence

Partner services

Risk reduction interventions  
and condoms

STD screening and treatment

Perinatal transmission  
interventions

## Prevention with Negatives

Condom distribution

Behavioral risk reduction  
interventions and condoms

Pre-exposure prophylaxis  
(PrEP)

Microbicides

Syringe services

Male circumcision

STD screening and treatment

Post-exposure prophylaxis  
(PEP)

## Not focused on HIV status

Social mobilization

Condom availability

Substance use, mental health, and social support

# High-Impact Prevention (HIP)

Applying the science of implementation to maximize impact

- Primary goal is to prevent the largest possible number of new HIV infections and reduce disparities
- Framework for using data to maximize impact of available resources and technologies
- Directs effort and resources to the right places, populations, and strategies

## High-Impact HIV Prevention

CDC's Approach to  
Reducing HIV Infections  
in the United States

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

# How CDC-DHAP is Working to Achieve HIP and NHAS Vision?

- Supporting state, local, community HIV prevention programs with funding and technical assistance
- Tracking epidemic and success of service provision through HIV surveillance and program monitoring
- Identifying new prevention interventions and improving operational implementation of existing strategies
- Epidemic and economic modeling to improve decision-making
- National campaigns and prevention efforts



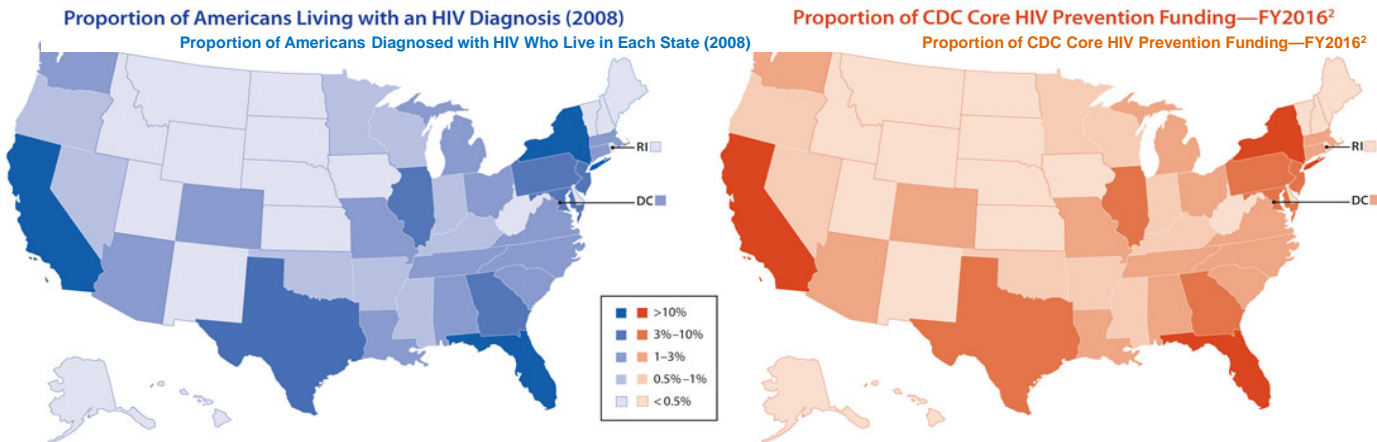
# **HIV PREVENTION PROGRAMS**

# Health Department FOA (2012-2016): Better Aligning Resources

- ❑ \$336M/year to 61 state and city HDs
- ❑ Money allocated by HIV prevalence (diagnoses) not cumulative AIDS cases

## Matching Prevention Funds to the Epidemic<sup>1</sup>

When CDC's new approach is fully implemented, HIV prevention resources will closely match the geographic burden of HIV.



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

<sup>2</sup> New funding allocation methodology will be fully implemented by FY2016; this breakdown assumes level overall funding.

# Health Department FOA: Focusing on High Impact Interventions

- ❑ HDs must focus on interventions that will have the greatest impact on the epidemic
- ❑ Four required components for 75% of resources:
  - ❑ HIV testing
  - ❑ Prevention for people living with HIV
  - ❑ Condom distribution
  - ❑ Structural/policy barriers
- ❑ Increase use of surveillance data to inform program activities
- ❑ Allows flexibility based on local epidemic

# HHS HD Demonstration Projects to Examine Models of HIP

- ECHPP (2010-13) → Chicago
  - Demonstration project of principles in NHAS in 12 cities with most cases of HIV, (44% of the epidemic)
  - Planning across funding streams and 24 interventions
- CAPUS (2012-15) – 8 states (Illinois)
  - Identify HIV-positive persons, and link, retain, and re-engage them in care by enhancing the surveillance-program feedback loop
  - Address social determinants of health affecting the continuum of care
- P4C (2014-17) – 4 states
  - HDs will work with HRSA-BPHC funded HCs to increase routine testing and enhance COC for PLWH

# Integrated Prevention and Care Planning



DEPARTMENT OF HEALTH & HUMAN SERVICES

May 22, 2013

Dear Ryan White HIV/AIDS Program and CDC HIV Prevention Colleague:

The Centers for Disease Control and Prevention (CDC) and the Health Resources Administration (HRSA) are pleased to support integrated HIV prevention at groups and activities. Integrated planning, reports, and activities will help reach the goals of the National HIV/AIDS Strategy.

HIV prevention planning groups supported by CDC review existing resources, current activities, and impacted populations for HIV prevention services and jurisdictional HIV prevention plan that guides HIV prevention activities. The HIV/AIDS Program planning groups supported by HRSA are required to assess services and recommend allocation of resources to address the HIV service with HIV (PLWH). Implementing a comprehensive HIV prevention, care and body provides an opportunity for integration, synergy, and efficiency in response to jurisdictional needs and federal requirements, and these have been successful in local health departments.

Good planning is imperative for effective local and state decision making to prevent and care that are responsive to the needs of persons at risk for HIV (PLWH). Activities to collaborate and/or develop a joint planning body are supported by HRSA. Community involvement is an essential component for planning effective HIV prevention and care programs in this country. Integrated planning includes but are not limited to, needs assessment activities, information sharing, representation on prevention and care planning bodies, coordinated/combined meetings, and merged planning bodies. Planning groups are encouraged to take approaches to HIV planning in a manner that increases access to and effective care and treatment services within the jurisdictions.

We look forward to our continued work with all our partners and stakeholders in prevention and care and treatment planning and our continued work to accomplish the goals of the National HIV/AIDS Strategy.

Sincerely,

Jonathan H. Mermin, M.D. M.P.H. /s/

Jonathan H. Mermin, M.D. M.P.H.  
Director  
Division of HIV/AIDS Prevention  
National Center for HIV/AIDS  
Viral Hepatitis, STD, and TB Prevention

Laura W. Cheever, M.D., ScM

Laura W. Cheever, M.D., ScM  
Acting Associate Administrator  
Chief Medical Officer  
HIV/AIDS Bureau  
Health Resources and Services Administration



DEPARTMENT OF HEALTH & HUMAN SERVICES

February 24, 2014

Dear Ryan White HIV/AIDS Program and CDC HIV Prevention Colleagues:

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) are pleased to support integrated HIV prevention and care planning groups and activities. Integrated planning, reports, and activities will help further progress in reaching the goals of the National HIV/AIDS Strategy and improving outcomes on the HIV Continuum of Care.

HRSA and CDC have determined that the Ryan White HIV/AIDS Program (RWHAP) Parts A and B Comprehensive Plans and the CDC Jurisdictional HIV Prevention Plan will be due in September 2016. Also due at that time will be the RWHAP Part B Statewide Coordinated Statement of Need (SCSN). HRSA and CDC are working to align the guidance(s) for the RWHAP Comprehensive Plans/SCSN and the Jurisdictional HIV Prevention Plan to enable the submission of an integrated HIV Plan that is responsive to the requirements of both HRSA and CDC.

HRSA and CDC encourage RWHAP and HIV prevention programs at the local and state level to integrate planning activities. These encompass comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and merged planning bodies. Planning groups are encouraged to streamline their approaches to HIV planning so that it increases access to and effectiveness of prevention, care and treatment services within the jurisdictions.

Good planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and people living with HIV. Activities to collaborate and/or develop a joint planning body are supported by both HRSA and CDC. Community involvement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

We look forward to continued work with all our partners and stakeholders involved in HIV prevention and care and treatment planning to accomplish the goals of the National HIV/AIDS Strategy and the HIV Continuum of Care Initiative.

Sincerely,

/Laura W. Cheever/  
Laura W. Cheever, M.D., ScM  
Associate Administrator and  
Chief Medical Officer  
HIV/AIDS Bureau  
Health Resources and Services  
Administration

/Kenneth G. Castro/  
RADM Kenneth G. Castro, M.D.  
Assistant Surgeon General, U.S. Public Health  
Service Commanding Flag Officer,  
CDC/ATSDR Commissioned Corps Acting  
Director, Division of HIV/AIDS Prevention  
National Center for HIV/AIDS, Viral Hepatitis,



# CDC's CBO FOAs

- ❑ CDC's Flagship CBO FOA (2010 – 2015)
  - 131 directly funded CBOs → testing and EBIs
  - \$41 million/year
  - CBOs were redirected in year 5 to focus on HIP/COC
  
- Young MSM and Transgender of Color FOA (2011– 2016)
  - 34 CBOs (30 for MSM; 6 focused on transgender persons) implementing:
    - HIV testing with Personalized Cognitive Counseling (PCC)
    - Behavioral interventions and support services
  - \$11 million per year/ \$55M total funding
  - Approximately 90,000 tests with minimum 4% positivity rate
  
- CDC new flagship CBO FOA embraces HIP
  - Applications due November 14, 2014

# New Capacity-Building Assistance (CBA)

- ❑ \$23 mill/year over a 5-year project cycle (2014 – 2018)
- ❑ 21 organizations awarded funds to provide capacity building to CBOs, HDs and health care settings
  - 8 CBA providers funded for capacity building with HDs
  - 11 CBA providers funded for capacity building with CBOs
  - 3 CBA providers funded for health care organizations
- ❑ Focus is on High-Impact HIV Prevention (HIP) and supportive activities

## Public health strategy to use HIV surveillance data to identify persons not in care and offer care facilitation services

- ❑ Goals to increase the number of:
  - HIV-diagnosed persons who are engaged in care
  - HIV-diagnosed persons with an undetectable viral load
- ❑ Implementation
  - Most health departments' Data to Care programs fall into one of three overarching models for linkage and re-engagement
    - Health department-initiated outreach
    - Healthcare provider-initiated outreach
    - A combination of both approaches

D2C products are available under  
“Public Health Strategies” on  
[www.effectiveinterventions.org](http://www.effectiveinterventions.org)

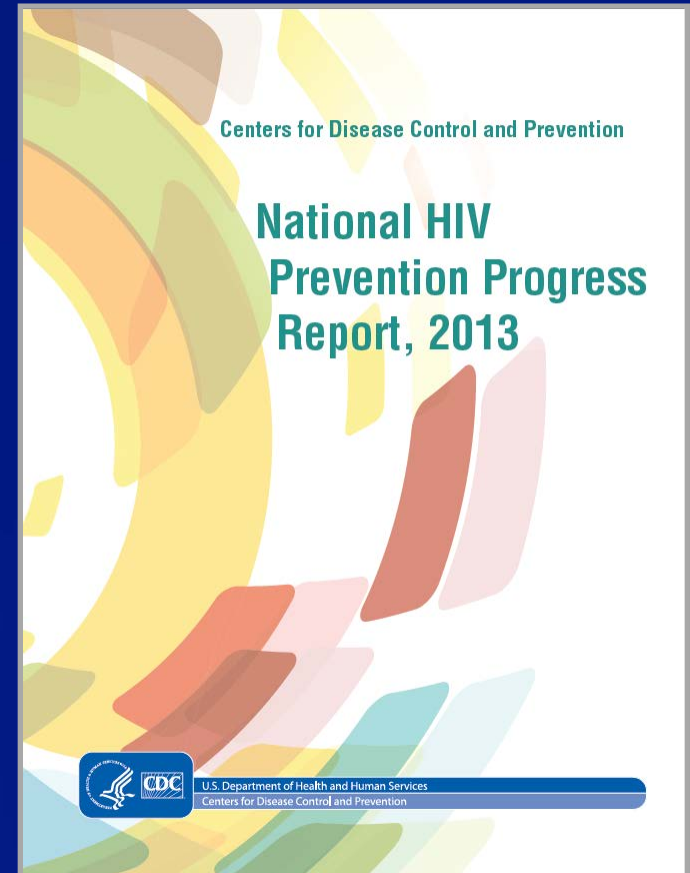


# **MONITORING PROGRESS OF PREVENTION PROGRAMS**

Nationally and locally

# National HIV Prevention Progress Report

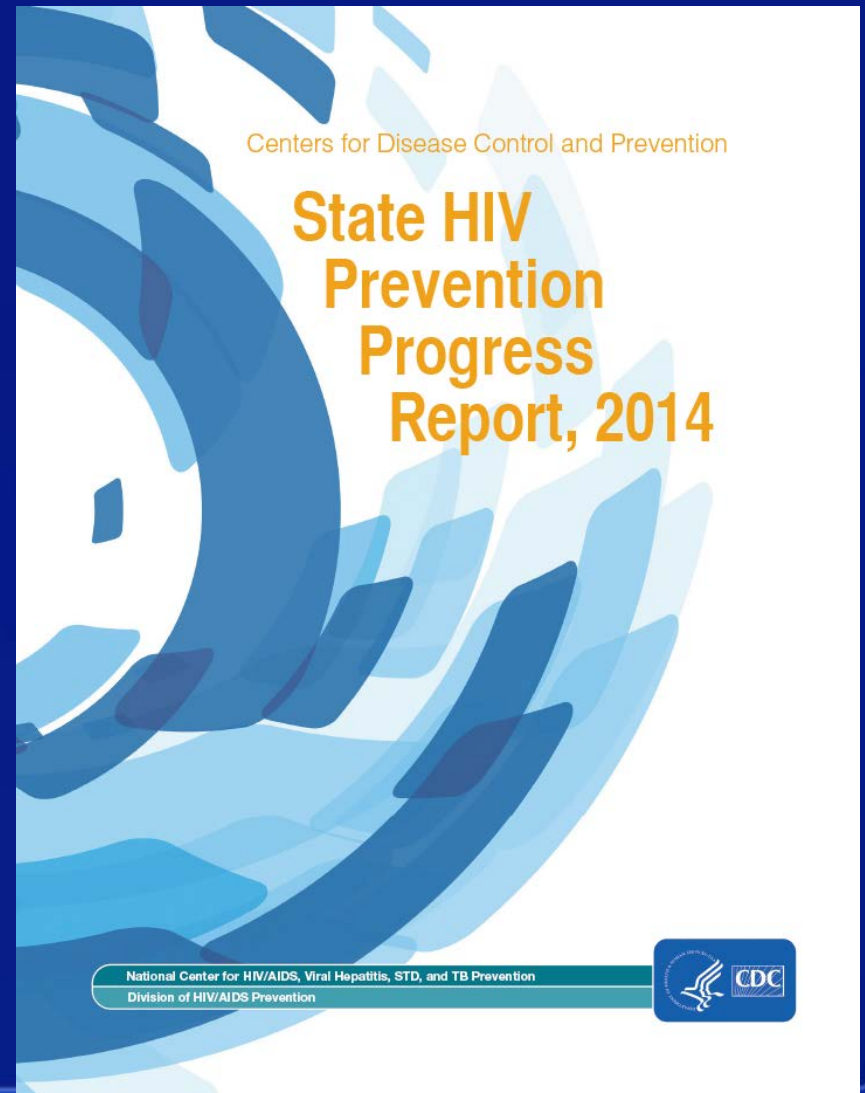
- Released December 2013
- Synthesizes data from three CDC surveillance systems to describe progress on key DHAP indicators
- First report represents baseline and available results for 2011



Available at: [www.cdc.gov/hiv/policies/npr](http://www.cdc.gov/hiv/policies/npr)

# State HIV Prevention Progress Report (SPR), 2014

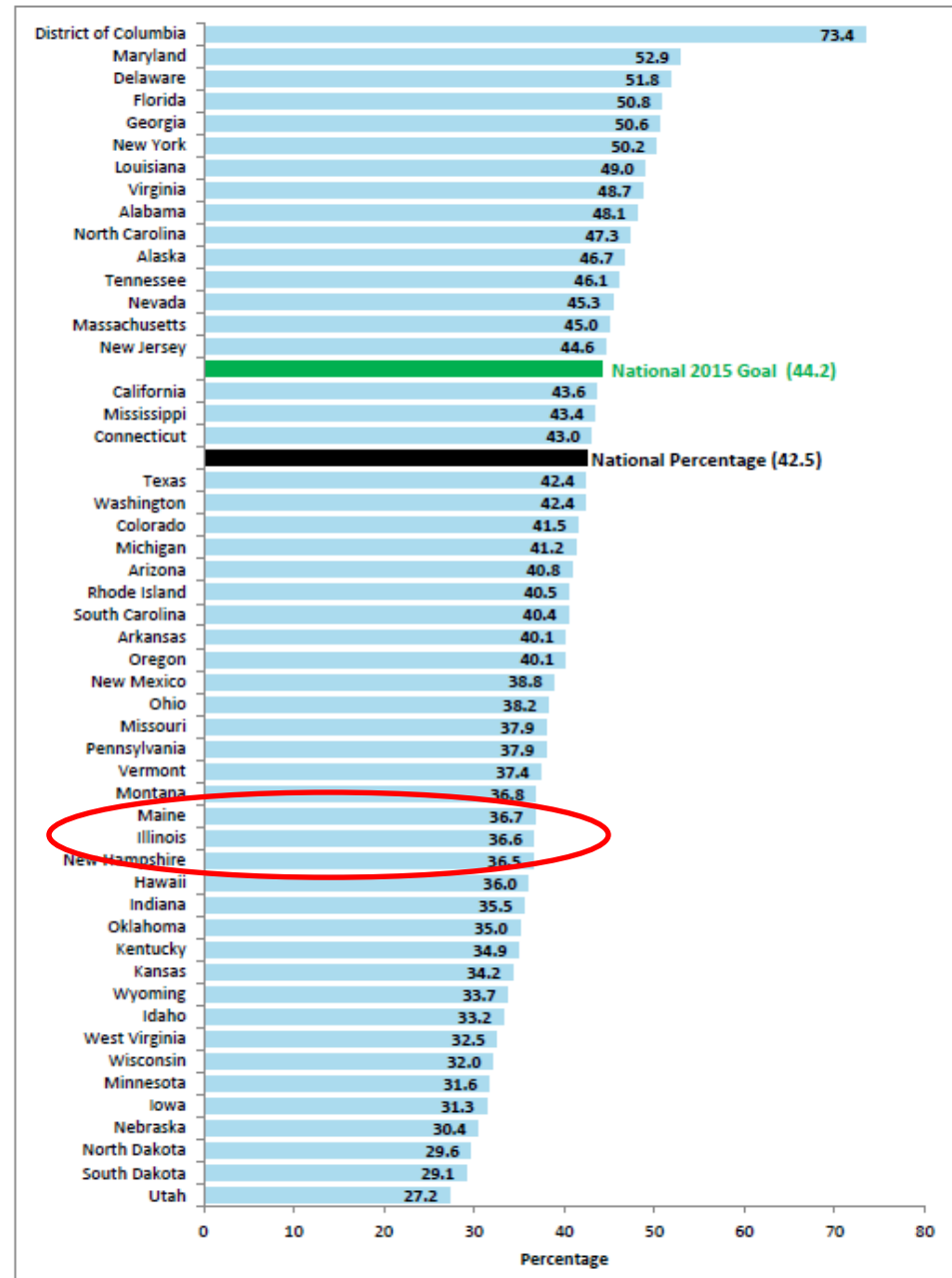
- **State-level data on 6 key indicators**
- **Complements the CDC National HIV Prevention Progress Report**
- **Aligned with NHAS goals**
- **Progress for the nation depends on the progress within each state**



# HIV Testing (ever)

- National 2015 Goal  
44.2%
- National Average  
42.5%
- Illinois  
36.6%

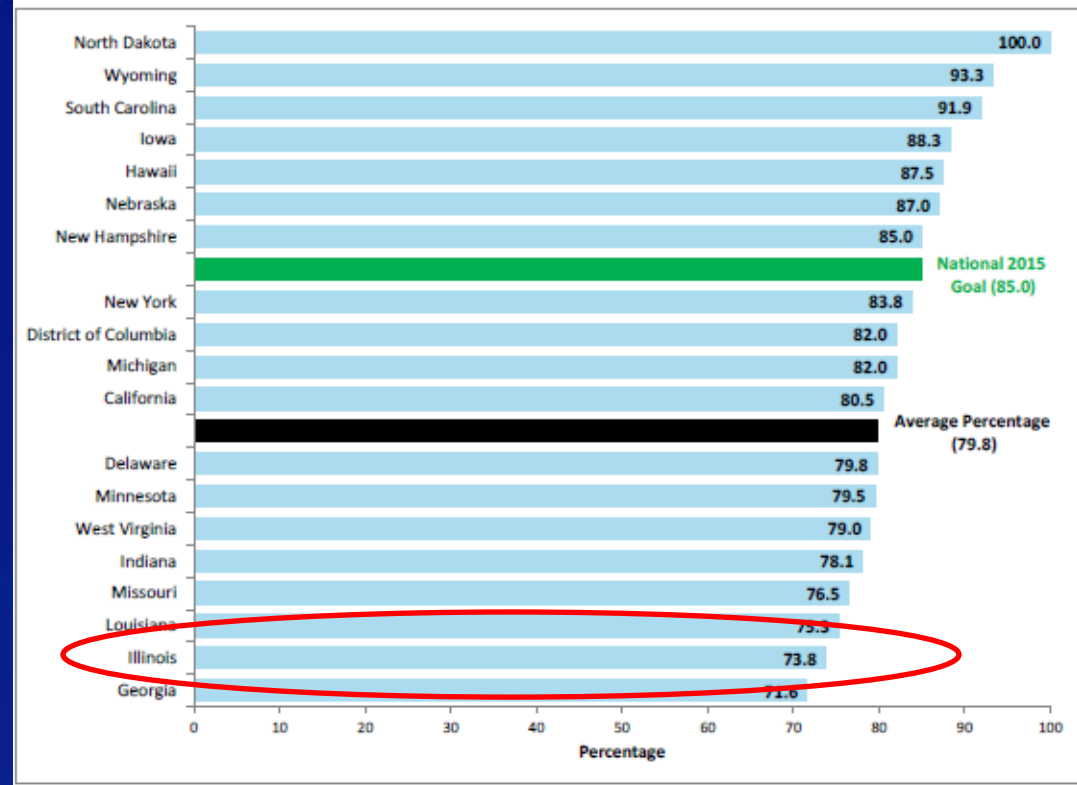
Figure 2. HIV testing (ever): persons aged 18-65 years, by state, 2011



# Linkage to HIV medical care

- National 2015 Goal  
85.0%
- National Average  
79.8%
- Illinois  
73.8%

Figure 18. Linkage to HIV medical care within 3 months after diagnosis, 18 states and the District of Columbia, 2011



# CDC Rapid Feedback Reports (RFRs)

- Brief, regular RFRs for programmatic FOAs
  - Health department prevention
  - Young MSM and transgender persons of color
- A few easily understood indicators
- Feedback on progress towards goals and comparison to other grantees
- Provided to grantees only

# Category A – Young Men of Color Who Have Sex with Men, by Agency (Agencies depicted by rows. Data from Year 1 Annual Progress Reports)

Figure 1a. Number of Clients Tested for HIV

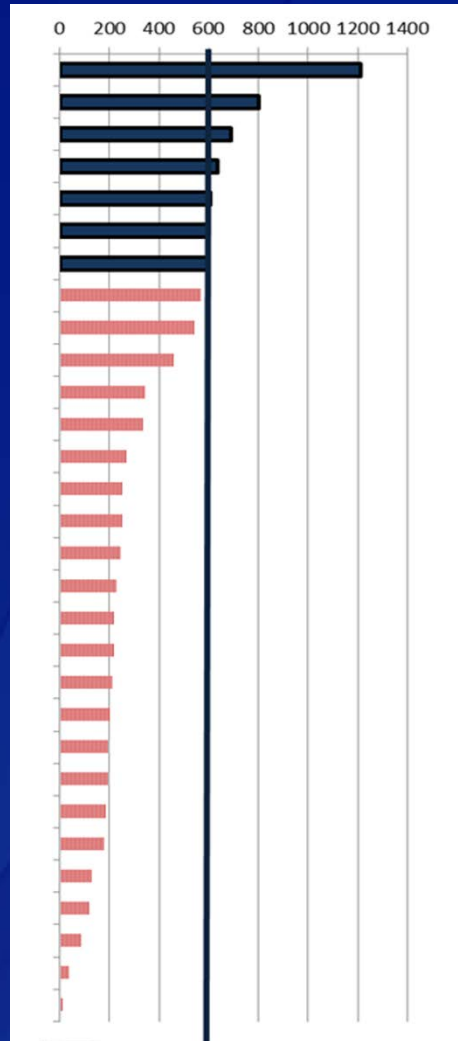


Figure 1b. Percent of Clients with a New Confirmed Positive Result

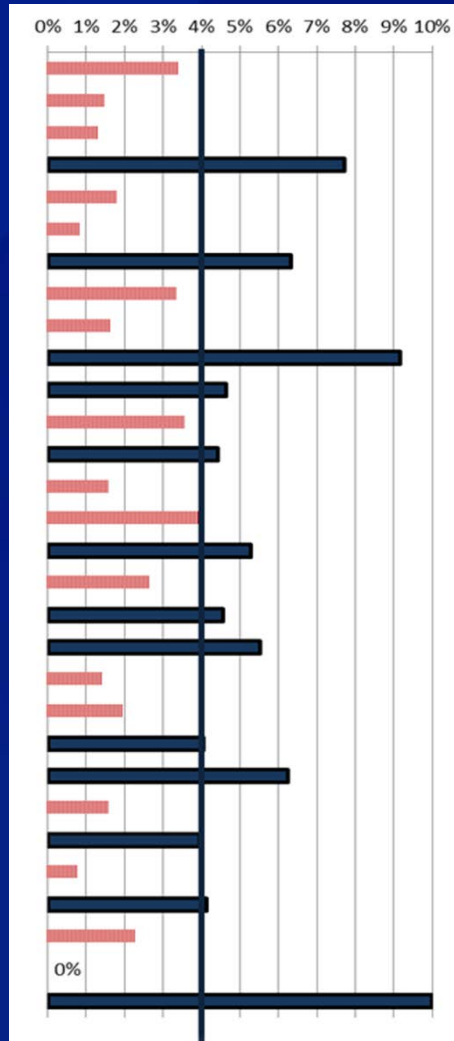
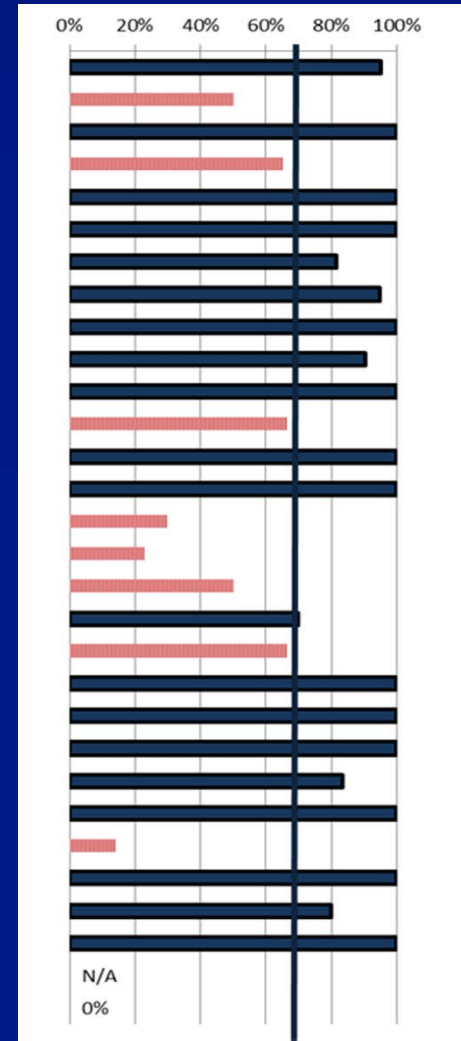


Figure 1c. Percent of New Positives Linked to HIV Medical Care



Agencies that met or exceeded the target are depicted in black, agencies that did not meet the target are indicated in light red. The vertical line represents the minimum targets for: tests conducted (600); % of tests with a new confirmed positive result (4%); and % of new positive clients linked to HIV medical care (70%).

# RESOURCE ALLOCATION

# Mathematical Modeling

- Increased emphasis on determining how best to spend scarce resources
  - National models suggest significant resources to gay and bisexual men and PLWH
  - Faster implementation of HIP saves lives and \$
- Developed resource allocation model in ECHPP with Philadelphia
- Worked with HHS on RAMP to pilot the ECHPP model with 3 other sites (including Chicago)

# Cost per Infection Averted (\$)

Untargeted interventions	Cost per new infection averted (rank)		
Testing in clinical settings	51,293 (3)		
Partner services	99,105 (7)		
Linkage to care	114,644 (8)		
Retention in care	75,665 (5)		
Adherence to ART	42,753 (2)		
Targeted Interventions	HRH	IDU	MSM
Testing in non-clinical settings	866,272 (12)	53,935 (4)	17,965 (1)
Behavioral intervention for HIV+ people	594,796 (10)	700,005 (11)	97,410 (6)
Behavioral intervention for HIV- people	15,642,127 (14)	2,931,406 (13)	327,210 (9)

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Targeted Interventions	18 HRH	290 IDU	870 MSM
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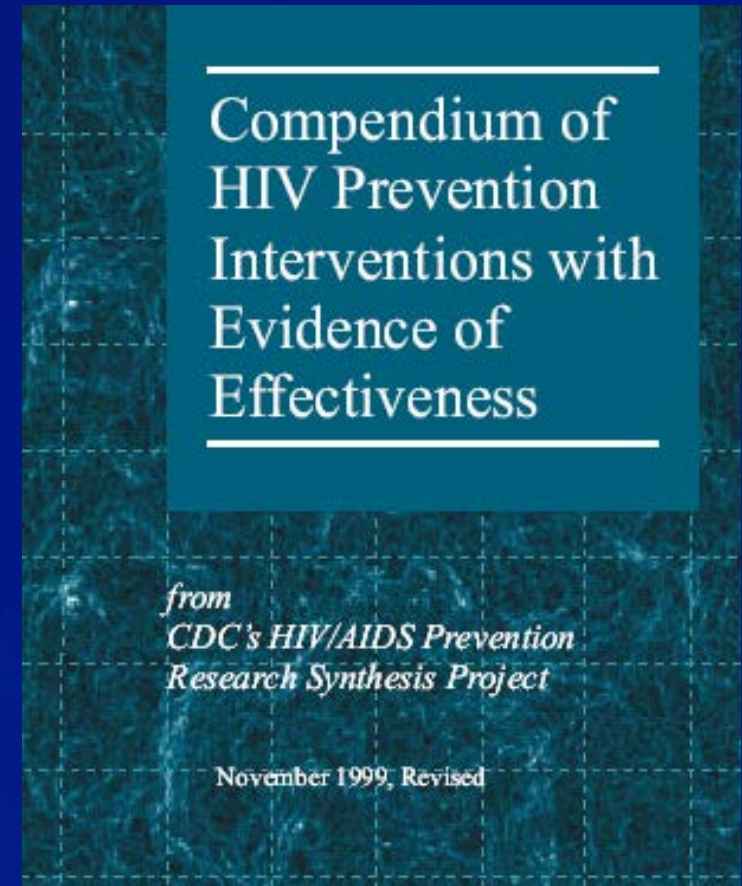
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All values less than \$253,000 and up to \$402,000 are cost saving to the health care system (depending on time of diagnosis)

# **BEHAVIORAL INTERVENTIONS**

# Compendium

- Original *Compendium* (1999)
  - 24 interventions
  - Literature between 1988-1996
- *Compendium Update* (2002)
  - 8 interventions
  - Literature up to 2000
- Represented the first attempt to organize the behavioral intervention literature for CDC grantees – focus on efficacy of interventions to reduce sexual and injection risk



# The Updated Compendium (2014)

- Risk Reduction Chapter:

- 84 EBIs

- Adherence Chapter:

- 10 EBIs

- All ILI or GLI

- **NEW** LRC Chapter:

- (two levels of evidence)

- 4 EBIs

- “Evidence based”

- 5 EIs

- “Evidence informed”

## Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

- **NEW** Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter
- Medication Adherence (MA) Chapter
- Risk Reduction (RR) Chapter

The Evidence-Based Interventions (EBIs) and Best Practices in the *Compendium* are identified by the [CDC's Prevention Research Synthesis \(PRS\) Project](#) through a series of ongoing systematic reviews. Each eligible intervention is evaluated against explicit *a priori* criteria ([LRC criteria](#); [MA criteria](#); [RR criteria](#)) and has shown sufficient evidence that the intervention works. The PRS project will regularly update this *Compendium* as new EBIs and Best Practices are identified.

The *Compendium* comprises three chapters. A complete listing of each chapter can be accessed below.

The **NEW Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter** of the *Compendium* includes **9** best practices (4 EBIs; 5 evidence-informed interventions, EIs). (Updated on August 1, 2014)

The **Medication Adherence (MA) Chapter** of the *Compendium* includes **10** EBIs. (Updated on April 11, 2014)

The **Risk Reduction (RR) Chapter** of the *Compendium* includes **84** behavioral EBIs. (Updated on April 11, 2014)

[www.cdc.gov/hiv/prevention/research/compendium](http://www.cdc.gov/hiv/prevention/research/compendium)

# Diffusion of Effective Behavioral Interventions (DEBI) Project has disseminated 27 interventions for sex and drug risk reduction

AIM	Modelo de Intervención Psicomédica (MIP)	Safe in the City
CONNECT	Mpowerment	SEPA
¡Cuidate!	Nia	SHIELD
d-up!	POL	Sister to Sister
3MV	Partnership for Health	START
CLEAR	Personalized Cognitive Counseling	Street Smart
Focus on Youth + ImPACT	PROMISE	VOICES/VOCES
Healthy Relationships	RESPECT	Safety Counts
SIHLE	SISTA	WILLOW

## Quantifying the Prevention Benefits of EBIs: Prevention Benefit Index (PBI)

- In 2013, CDC estimated a PBI for our 23 primary prevention sex/drug EBIs (e.g., those targeted to HIV-negative persons) considering:
  - Real-world intervention delivery costs per person served
  - Incidence of the target population
  - Intervention effect size

$$\frac{(\text{Cost-per-client-served}) \times 100,000}{(\text{HIV incidence rate of target population}^a) \times (1-\text{Effect Size})}$$

<sup>a</sup> *Incidence rate per 100,000*

# Prevention Benefit Index (PBI)

- PBI compared to lifetime costs of HIV (\$402,000)
- EBIs supported by CDC for HIV-negative persons were reduced from 23 to 12 with PBIs less than 402k
- All populations with an EBI retained at least one EBI
- Our behavioral intervention portfolio now focuses on those EBIs with the greatest likelihood of reducing sexual and drug risk of HIV-negative persons at the lowest costs

# CDC Supported EBIs by population

- **PLWH**
  - CLEAR
  - Healthy Relationships
  - Partnership for Health
  - WILLOW
- **Adapted for PLWH**
  - CONNECT
  - START
- **IDU**
  - PROMISE
- **Women**
  - PROMISE
  - Sister to Sister
- **MSM**
  - d-up!
  - Mpowerment
  - 3MV
  - POL
  - PCC
  - PROMISE
  - VOICES/VOCES
- **General**
  - Safe in the City
  - **RESPECT**
- **High-risk youth**
  - PROMISE
- **Transgender persons**
  - Can adapt select interventions

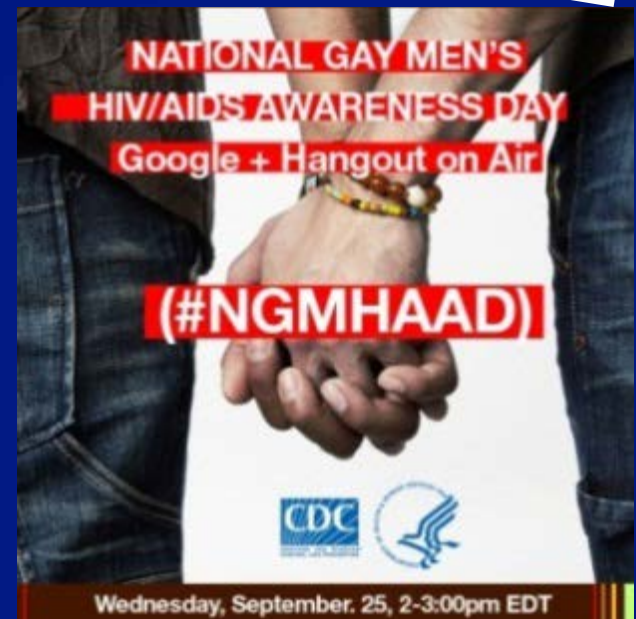
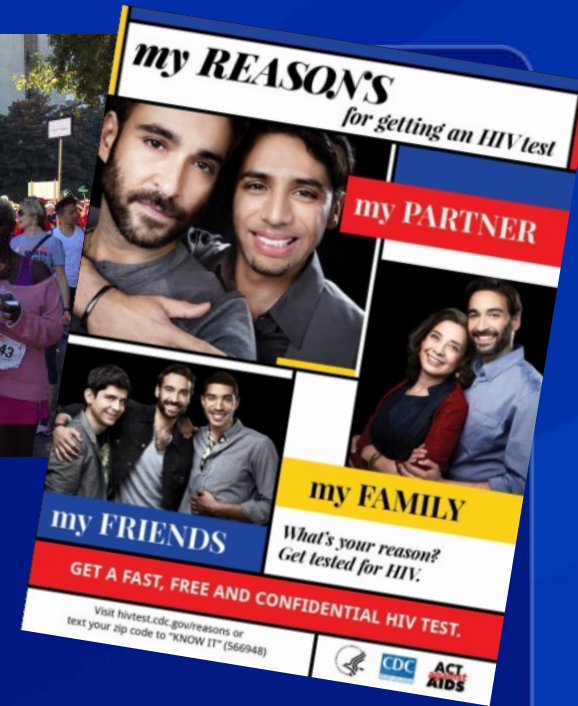
# Current EBIs are Being Updated to Include New Prevention Information

- ❑ Nearly all EBIs were designed and tested before the prevention advances of the past 5 years
  
- ❑ CDC is currently updating EBIs to included information about:
  - The importance of treatment for HIV-positive persons
  - The prevention benefits of treatment
  - The prevention benefits of PrEP and PEP

# COMMUNICATION CAMPAIGNS

# Raising Awareness

- Campaign Materials
- Awareness Day Materials
- Websites/Fact Sheets
- *CDC Info*
- Weekly Electronic Publications
- Conference Exhibiting



**DHAP INSIDER** **UPDATE**  
Division of HIV/AIDS Prevention  
June 21, 2013

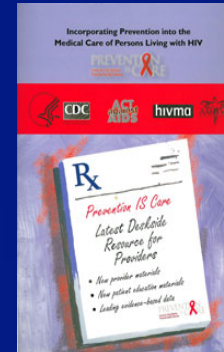
**CDC Division of HIV/AIDS Prevention**

**Vision:** A future FREE of HIV

**Mission:** To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States

Supports the National HIV/AIDS Strategy (NHAS) and the Division of HIV/AIDS Prevention Strategic Plan through communication and education campaigns for multiple audiences including:

- General public
- Populations most affected by HIV
- Health care providers



# HIV Treatment Works

Campaign launched September 2014

## Target Audience:

People living with HIV (PLWH)

## Goals:

- Increase engagement and retention in care and adherence to antiretroviral treatment for PLWH.
- Increase information seeking about HIV care and treatment among PLWH.
- Support informed treatment and care decision making for PLWH



**HIV  
TREATMENT  
WORKS**

“HIV, you didn’t take my voice.  
You gave me my voice.”

Sharon – Bangor, ME  
Living with HIV since 2003.

As a member of the Penobscot Nation, I put a face on HIV and give it a voice in my community. I started taking HIV meds two weeks after I was diagnosed. Since then, my doctor and I have become a great team. It’s made all the difference. My viral load is undetectable and I feel good. Now, as an HIV educator and public speaker, I encourage others to get in care and on treatment as soon as possible. I’m living proof it works.

**Get in care. Stay in care. Live well.**  
[cdc.gov/ActAgainstAIDS/HIVTreatmentWorks](http://cdc.gov/ActAgainstAIDS/HIVTreatmentWorks)

A photograph of a woman with long dark hair, wearing a light blue patterned top, dancing joyfully with a man whose back is to the camera. They are on a balcony with a brick wall and trees in the background. The scene is lit with warm, golden light, suggesting late afternoon or early evening.

# HIV TREATMENT WORKS

“Hear this, HIV:  
I’m going to take care of me so  
I can take care of those I love.”

Angie – Loganville, GA  
Living with HIV since 1995.

I break into dance whenever the mood and music move me. I won't let my HIV rob me of anything in life. I know that staying in care and on treatment helps me to be the best mother, wife and HIV peer-educator I can be. I tell other HIV-positive women: All the fear that you have can be overcome. Every day I wash down my pills with a prayer. I'll continue to do so until my dying day – and HIV will not be the cause of it.

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"Think you can slow me down, HIV?  
Not in this lifetime."  
Yuri - Miami, FL  
Living with HIV.

**HIV  
TREATMENT  
WORKS**

I refuse to let HIV get in the way of my busy schedule. I even have a cellphone app that reminds me to take my HIV meds. When I'm not working, I keep busy with boot camps, swimming, weight-lifting, meditation, traveling and - oh yeah - karaoke. I know that the more control I have over my HIV, the less power I give to the virus. I take control by taking my HIV medication every day.

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"HIV: This is not the end.  
Just the start of a new way  
of life."  
Jennifer - Asheville, NC  
Living with HIV since 1997.

**HIV  
TREATMENT  
WORKS**

When I learned I had HIV, the doctors told me I had just six weeks to live. As a transgender woman, it was hard to find a doctor who understood my needs, but I kept looking and finally found someone. Seventeen years later, I take just one pill a day - with very few side effects. I also run my own organization called Trans-Health Coordinators that helps healthcare providers learn how to care for the unique needs of transgender people. Staying healthy leaves me with plenty of energy to pursue my other passions, too, like painting, gardening and operating a mountain guest house.

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"HIV, taking my meds makes you undetectable.  
And that makes me unstoppable."  
Aaron - St Louis, MO  
Living with HIV since 2011.

**HIV  
TREATMENT  
WORKS**

This is my disease. It's in my body and I need to know everything I can to fight it. I stay informed. I talk to my doctor. I talk to my pharmacists. And I share my story through my own YouTube channel called My HIV Journey. Three years ago, when I met my partner Phil, I told him I was HIV-positive in our first conversation. He said, "That's OK. There are lots of ways to protect ourselves." Phil takes PrEP and I take my meds every day. In this relationship, HIV ends with me.

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**HIV  
TREATMENT  
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**HIV  
TREATMENT  
WORKS**

"I may have gotten you, HIV.  
But you will never, ever get the best of me."  
Shermain - Memphis, TN  
Born with HIV in 1990.

I was diagnosed with HIV when I was just four months old. I do everything in my power to take good care of my health and keep from passing the virus on to my baby. The best chance of my son being born without HIV is for me to take my medicine every day. He's my motivation. Being in care and staying on treatment means my baby has a 99% chance of being born HIV-free.

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[cdc.gov/ActAgainstAIDS/HIVTreatmentWorks](http://cdc.gov/ActAgainstAIDS/HIVTreatmentWorks)

"I'm here.  
I'm living.  
I'm happy.  
So take that, HIV."  
Cedric - Bryant, AR  
Living with HIV since 2015.

**HIV  
TREATMENT  
WORKS**

After my diagnosis, it took me a while to accept the fact that being positive is not the end of the world. It's just the beginning of a whole new way of life. The first meds I was prescribed gave me some bad side effects. But I worked with my doctors to find a new one that was better for me. Now I feel great and my viral count is undetectable. That list of things you wanted to accomplish before you were diagnosed? It's still possible if you stay in care and work with your doctor to find the treatment that's best for you.

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# Start *Talking*. Stop *HIV*.

*A new phase of the AAA initiative targeting one of the hardest-hit populations: gay and bisexual men*

- A national HIV prevention communication campaign **created by and for gay and bisexual men**
- Seeks to reduce new HIV infections among gay and bisexual men by promoting open communication about a range of HIV prevention strategies for sexual partners



A photograph of two men sitting on a couch, facing each other and talking. The man on the left has a beard and glasses, wearing a light blue shirt. The man on the right is wearing a plaid shirt. In the background, there is a pizza box with the text "PIZZA Taste The Differ" visible.

# Start Talking. Stop HIV.

A campaign encouraging gay and bisexual men to talk openly about HIV.

## Target Audience:

- Openly gay and bisexual men
- Ages 18-64, with an emphasis on those 18-29



# Campaign Goals

- Increase HIV-related communication
- Increase knowledge about HIV prevention strategies (e.g., Condoms, ART, PrEP, PEP) for intimate partners
- Increase HIV-related information-seeking behaviors
- Increase positive norms about HIV-related communication



**Start *Talking.* Stop *HIV.***



# Campaign Messaging and Call to Action

Protect yourself and your partner. Talk about **testing**, your **status**, **condoms**, and new options like **medicines** that prevent and treat HIV. Get the facts, and tips on how to start the conversation, at [cdc.gov/ActAgainstAIDS/StartTalking](http://cdc.gov/ActAgainstAIDS/StartTalking).

**Start Talking. Stop HIV.**



**ACT  
against  
AIDS**

Follow us online at:  [facebook.com/StartTalkingHIV](https://facebook.com/StartTalkingHIV)  @TalkHIV

**Start Talking. Stop HIV.**



**ACT  
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AIDS**

**PrEP**

# PrEP Clinical Practice Guidelines: Key Recommendations

- ❑ **Daily, oral PrEP with Truvada<sup>®</sup>:**
  - Is recommended as one prevention option for:
    - Sexually-active MSM
    - Heterosexually active men and women
    - Injection drug users (persons who inject drugs)
  
- ❑ **Should be discussed with HIV discordant couples for use during conception and pregnancy**
  
- ❑ **Use should be weighed carefully for adolescent minors and transgender persons due lack of data**

<http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>

Truvada<sup>®</sup> is a fixed-dose combination tablet containing emtricitabine 200mg and tenofovir 300mg. The use of trade names is for identification purposes, and does not constitute endorsement by the USPHS/HHS

# Daily Oral PrEP Efficacy by Adherence

Intervention	mITT	Drug detected
MSM (iPrEx, TDF/FTC)	44%	92%
Heterosexuals (Partners PrEP, TDF/FTC)	75%	90%
IDU (Bangkok Tenofovir Study, TDF)	49%	70%

Grant RM et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *NEJM*. 2010;363(27):2587-2599.

Baeten JM et al. Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women. *NEJM*. 2012;367(5):399-410.

Choopanya K et al. Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand. *Lancet* 2013;381(9883):2083-2090.

# Other Findings from PrEP Trials

## ❑ **No evidence of:**

- Serious clinical risk
- Increase in risk behaviors (risk compensation)

## ❑ **Adherence matters:**

- Daily PrEP medication can provide high levels of prevention effectiveness but only if taken consistently
- PrEP medication has some “forgiveness” if occasional doses are missed
- There is no evidence that PrEP medication is effective when taken sporadically or intermittently

# Potential PrEP Providers

STD care providers

Primary care providers

HIV uninfected at substantial risk

HIV care providers

Drug Treatment Providers

# Why is PrEP Alone Not Enough?

- PrEP medication does not reduce the risk of other adverse health outcomes
  - STIs
  - Unwanted pregnancies
  - Health consequences of injection drug use
- For HIV prevention
  - Combining methods improves protection
    - When medication doses are missed
    - When medication alone doesn't completely block HIV transmission

# What CDC-DHAP is Doing Next

- PrEpline; warmline and website for clinical consultation about PrEP started Oct 2014
  - **855-448-7737 (855-HIV-PrEP)** [11am-6pm M-F]
- SHIPP and Context Matters Studies
  - Evaluating PrEP delivery in four community health centers
  - Chicago, Newark, Houston, Philadelphia
  - All persons with indications for PrEP (MSM, HET, IDU)
- Measuring PrEP knowledge, issues, and practices among health care providers, public health practitioners, and potential users
- Monitoring PrEP uptake with national electronic databases of commercially insured and Medicaid patients

# Some Illinois PrEP Activities

- SHIPP/Context Matters site in Chicago
- Chicago HD has established a multi-sectoral PrEP Working Group
- Chicago HD STD program is beginning a PrEP pilot study in collaboration with one STD clinic and Howard Brown Health Center

# Conclusions

- ❑ High impact prevention directs our efforts and resources to the right places, populations, and strategies
  
- ❑ There are a number of new prevention options
  - We have many types of interventions that work
  - Combining at a systems-level is an emerging science
  - For individuals, they work better when combined together
  - Increasing awareness and achieving broader uptake among stakeholders are key public health challenges
  
- ❑ A high-impact lens is crucial for developing a prevention strategy that will make a difference at the national, local, and individual level

# CDC/DHAP



## Thank you

**David W. Purcell, JD, PhD**  
**[dpurcell@cdc.gov](mailto:dpurcell@cdc.gov)**

**Division of HIV Prevention**  
**Centers for Disease Control and Prevention**  
**Corporate Square, Atlanta GA**  
**MS D-21**

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



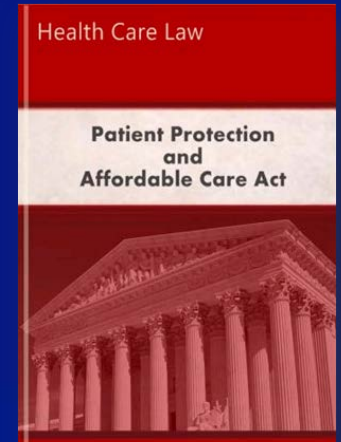
# Affordable Care Act

## HHS Guidelines for Treatment Services:

- ❑ ART recommended regardless of CD4 lymphocytes
  - Incorporates clinical and prevention benefits
  - Aiming for synergy in prevention & care

## Three Example Activities:

- ❑ **Care and Prevention in the U.S. (CAPUS)**
- ❑ **FY2014 Billing Redirection:** Increase capacity for reimbursement of services such as HIV and STD testing
- ❑ **Persons Living with HIV (PLWH):** Draft comprehensive set of prevention and care recommendations for persons with HIV



# Affordable Care Act

## Major HIV Prevention Opportunities

### Preventive Services

- ❑ Services rated A or B by USPSTF are covered with no co-pay by Medicaid expansion plans and most private plans:
  - HIV screening for people aged 15-64 years and testing of persons at increased risk (USPSTF A Rating)
  - Behavioral counseling for STI/HIV prevention
  
- ❑ Medicaid Final Rule includes preventive services “recommended” by licensed practitioners
  - Potential flexibility for reimbursement

