

The Impact of COVID-19 on HIV Prevention and Treatment in the U.S.

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COVID-19 Challenges for HIV Prevention Efforts*



Most jurisdictions stayed on track with essential HIV surveillance activities**



Nearly all jurisdictions scaled back HIV testing (non-healthcare and healthcare)



Many jurisdictions scaled up HIV self-testing & mobile HIV testing activities



Programmatic Activities were significantly affected due to program staff engaged in COVID-19 response

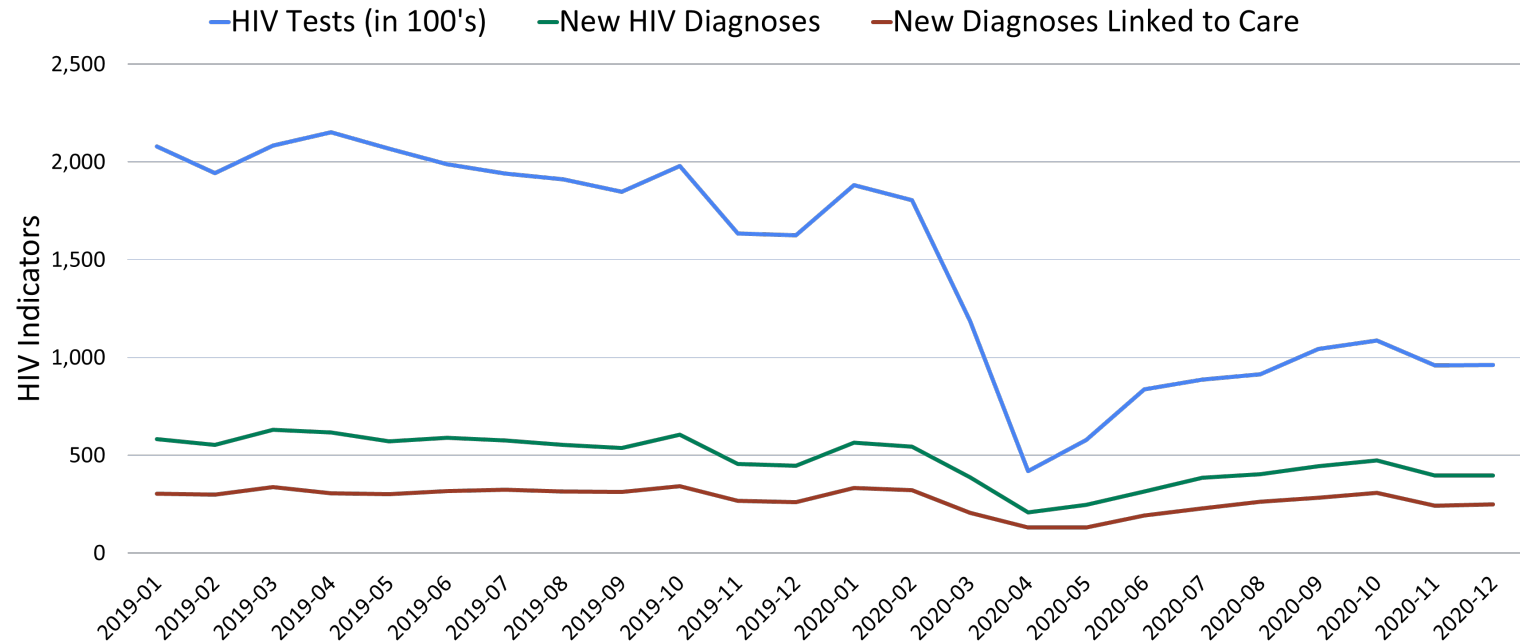
*This summary is based on responses by Health departments funded via PS18-1802 and should be considered provisional. Please note that March assessment was conducted through monitoring efforts and June results were collected systematically.

** Essential Surveillance activities as defined by CDC

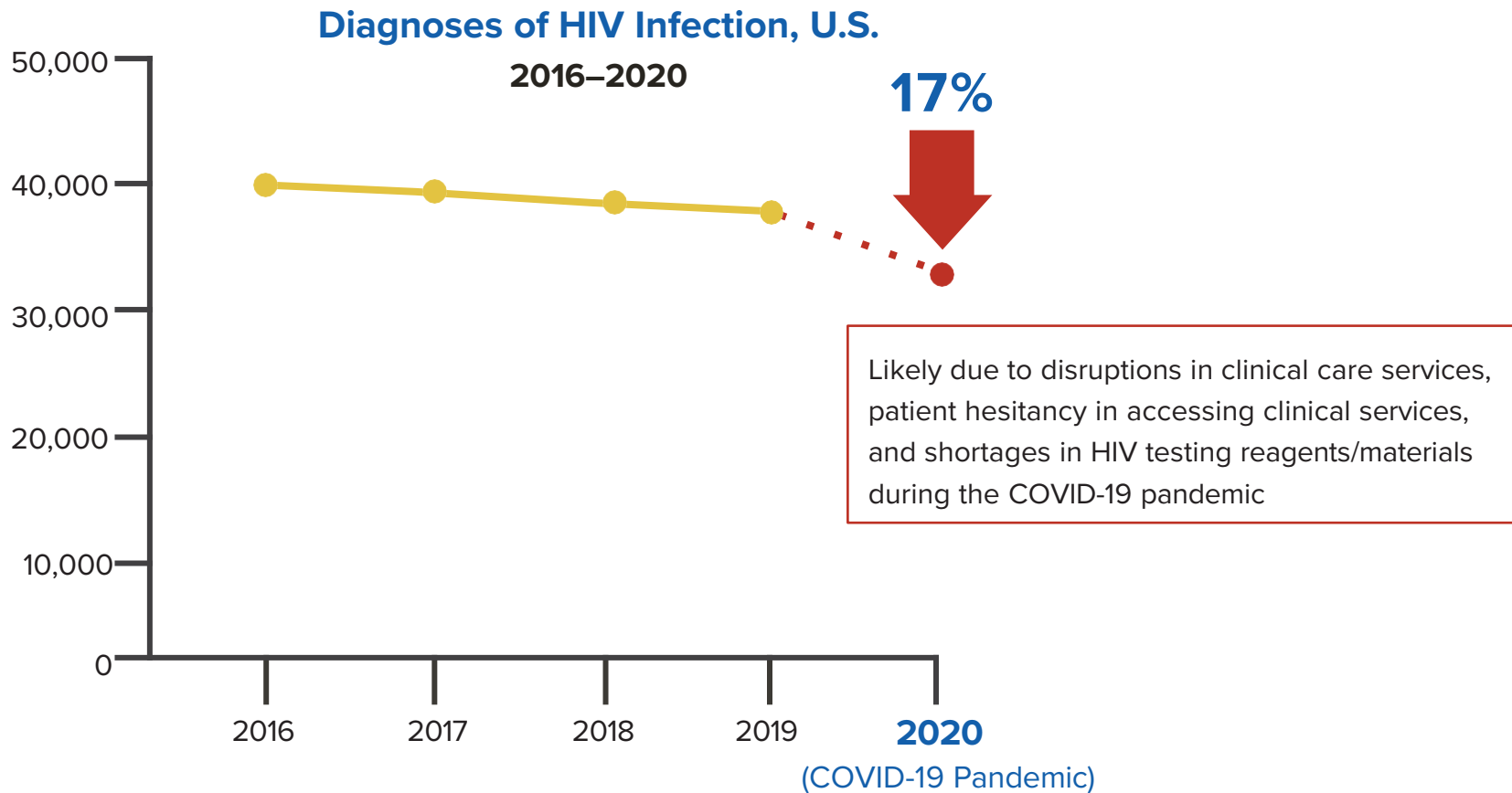
COVID-19 Impact on Surveillance

- HIV testing declined which resulted in declines in
 - Case reporting to CDC
 - Entry of HIV-related laboratory results into eHARS
 - 2020 diagnoses in all populations and regions
- Evaluation/feedback state/local surveillance programs
 - Underreporting of laboratory results not contributor to declines

CDC-funded HIV Tests Performed by Health Departments



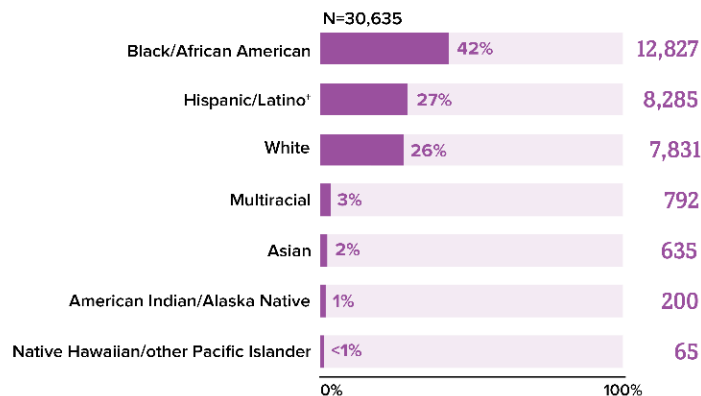
Patel D, Williams WO, Wright C, Taylor-Aidoo N, Song W, Marandet A, DiNunno EA. HIV Testing Outcomes in CDC-Funded Health Departments During COVID-19. Presented at the 2021 United States Conference on HIV/AIDS; December 2, 2021; virtual."



Note: Diagnoses of HIV infection reported to CDC through December 2021. The annual number of HIV diagnoses in 2020 was 18% lower than 2019. The decline in 2020 was larger than the average yearly decline (2–3%) observed during 2016–2019.

New HIV Diagnoses by Race/Ethnicity, 2020*

Racial and ethnic differences in new HIV diagnoses persist. Racism, HIV stigma, discrimination, homophobia, poverty, and barriers to health care continue to drive these disparities.



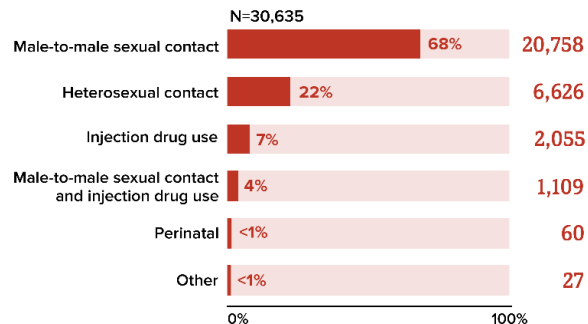
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic. For more information, view the report commentary [\(link to the commentary section\)](#).

* Among people aged 13 and older.

† Hispanic/Latino people can be of any race.

New HIV Diagnoses by Transmission Category, 2020*†

Gay, bisexual, and other men who reported male-to-male sexual contact are the population most affected by HIV.



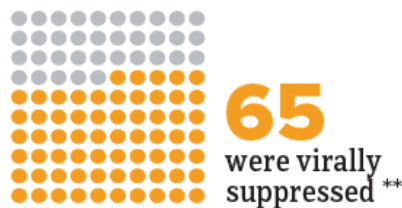
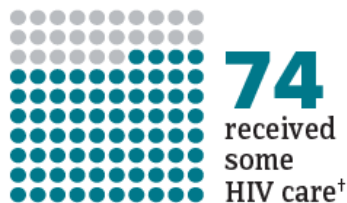
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* Among people aged 13 and older.

† Transmission category is classified based on a hierarchy of risk factors most likely responsible for HIV transmission. Classification is determined based on the person's sex assigned at birth. Data have been statistically adjusted to account for missing transmission category.

Care Outcomes for People with Diagnosed HIV, 2020

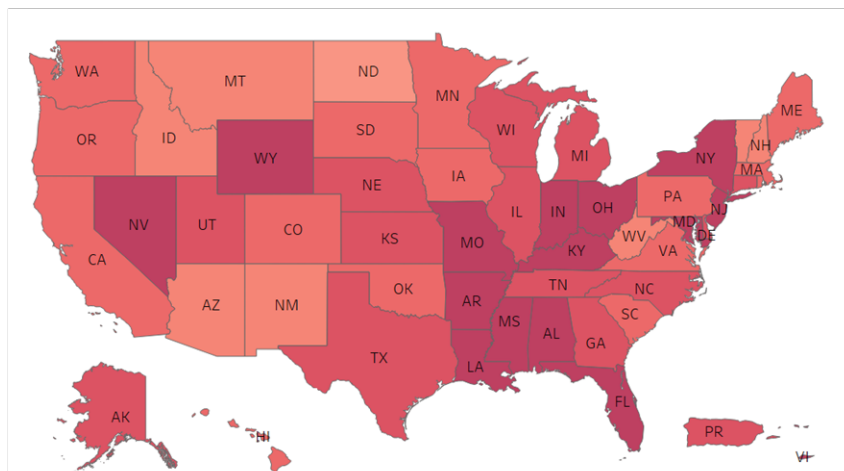
For every 100 people overall with diagnosed HIV:



** Among people aged 13 and older. † At least 1 viral load or CD4 test. ‡ Had 2 viral load or CD4 tests at least 3 months apart in a year. ** Based on most recent viral load test.*

Data from 45 states and the District of Columbia with complete reporting of laboratory data to CDC.

Viral Suppression among RWHAP Clients, by State, 2010 and 2020—United States and 2 Territories^a

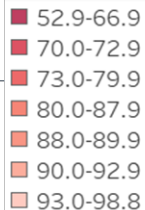


IN 2010

69.5%

VIRALLY SUPPRESSED

Viral Suppression (%)



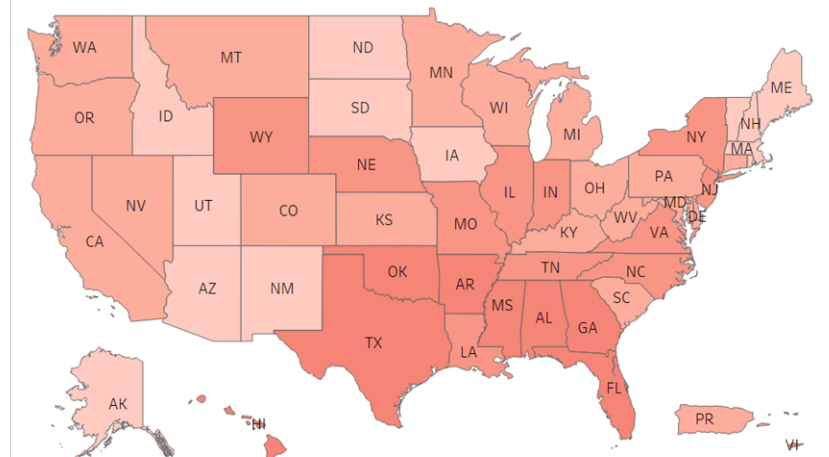
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Puerto Rico and the U.S. Virgin Islands.

IN 2020

89.4%

VIRALLY SUPPRESSED



HRSA
Ryan White HIV/AIDS Program


COVID-19's Implications on HIV Incidence & Prevalence Estimation

- CD4-based incidence estimation model relies on
 - HIV diagnoses
 - CD4 results
- Model assumes “stability” in HIV testing
 - no significant change in diagnosis delay (distribution of time from infection to diagnosis)
- Estimates for most recent years are always the most uncertain

Implications for HIV Incidence & Prevalence Estimation

- DHP decision: Estimates produced using CD4-based model might be unreliable due to steep decline in 2020 diagnoses (attributed to declines in testing)
 - *HIV Surveillance Supplemental Report* “Estimated HIV Incidence and Prevalence in the U.S.” will not be produced/published
 - Incidence
 - Prevalence
 - Knowledge of status





eFYI sent on March 17, 2022



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

March 17, 2022


COVID-19 has affected nearly every facet of our daily lives. The pandemic has also disrupted HIV testing services and clinic attendance making the interpretation of surveillance data more complex in 2020. For these reasons, provisional HIV surveillance data tables will not be released this month. The HIV data tables will be issued in May 2022, when the full reports that provide commentary and contextual information will be published (2020 HIV Surveillance Report and HIV Surveillance Supplemental Report: Monitoring HIV Prevention and Care Outcomes Using Surveillance Data, 2020). Because of the disruptions in testing and clinical services, some derived estimates based on these data (e.g., incidence, knowledge of status) will not be possible for 2020.



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-4348

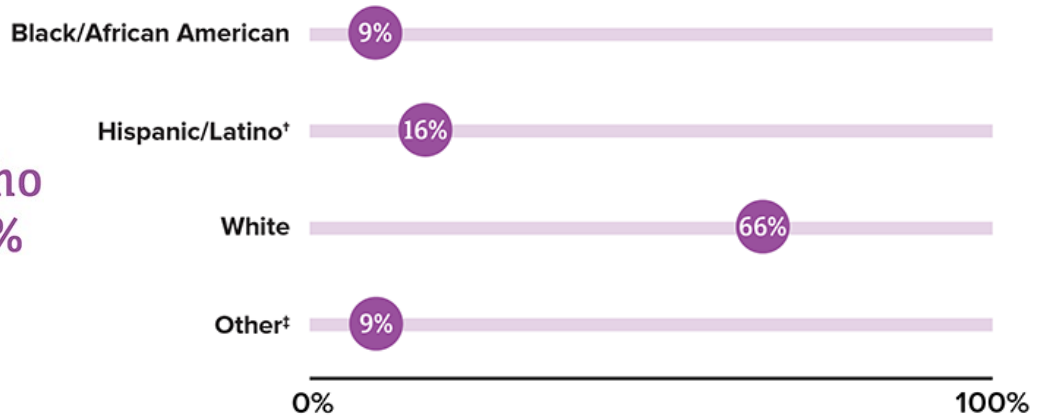
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NPIN
National Prevention Information Network

Differences in PrEP Coverage in the United States and Puerto Rico by Race/Ethnicity, 2020

Of the 1.2 million people in the United States and Puerto Rico who could benefit from PrEP, only 25% of people were prescribed PrEP in 2020.




Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic. For more information, view the report commentary. Data from 45 states and the District of Columbia with complete reporting of laboratory data to CDC.
commentary.




Self-Testing

CDC research shows that HIV self-testing is an effective, convenient, and accurate way to diagnose HIV infection.

In **FY22**, pending funding, CDC plans to:

 Significantly increase the number of free HIV self-test kits available online

 Build capacity in at least 60 community-based organizations to implement self-testing programs

In 2021, CDC distributed **100,000** free HIV self-test kits to the populations most disproportionately impacted by the HIV epidemic including transgender women and racial/ethnic minority communities

26% of participants reported having never tested for HIV and **33%** reported it being more than a year since their last HIV test.

Employing Telehealth Models

Adopting telehealth during the COVID-19 pandemic helped to continue to reach people with critical HIV services.



Thank you

