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

Likely due to disruptions in clinical care services, patient hesitancy in accessing clinical services, and shortages in HIV testing reagents/materials during the COVID-19 pandemic.

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.
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:

- 74 received some HIV care
- 51 were retained in care
- 65 were virally suppressed

* 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

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

* Puerto Rico and the U.S. Virgin Islands.

**Source:** HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2020. Does not include AIDS Drug Assistance Program data.
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
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.

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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