



HIV in the United States

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Outline

- **What The Data Tells Us**
- **Ending the HIV Epidemic: A Plan for America**
- **Implementation Science and The Initiative**

What the Data Tell Us



HIV Prevalence

HIV Prevalence



1 in 7 people with HIV
are unaware

HIV Prevalence and Undiagnosed Infections

Persons with HIV (Prevalence)

In 2016, **only 86%** of people with HIV had a **diagnosed infection**

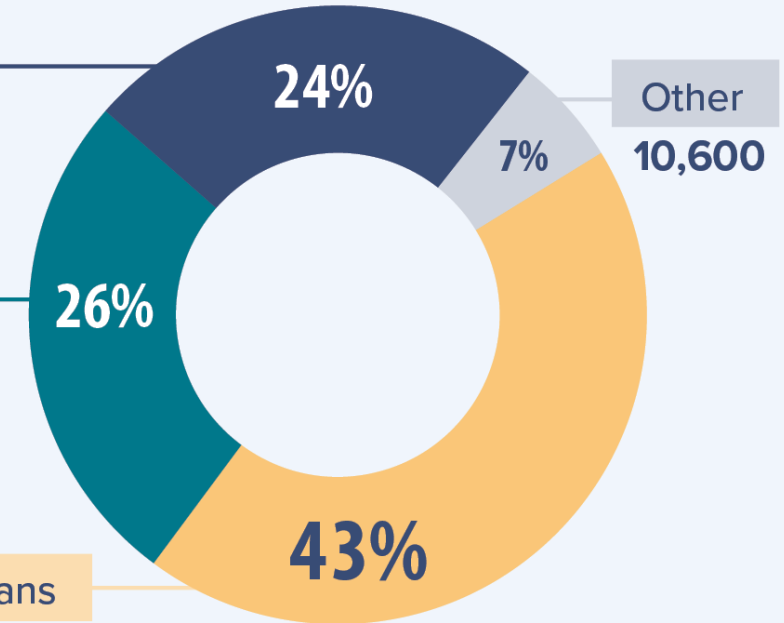
162,500 people still **did not know** they were infected

Undiagnosed HIV Infections

Whites
39,000

Hispanics/Latinos
42,600

Blacks/African Americans
70,300



HIV Prevalence Among Transgender People

A review of 88 studies published 2006-2017

Overall it is estimated that:*

14.2%
of transgender
women have HIV

3.2%
of transgender
men have HIV

*Lab-confirmed data.

By Race/Ethnicity:**

44.2% of **Black/African American**
transgender **women**
have HIV

25.8% of **Hispanic/Latina**
transgender **women**
have HIV

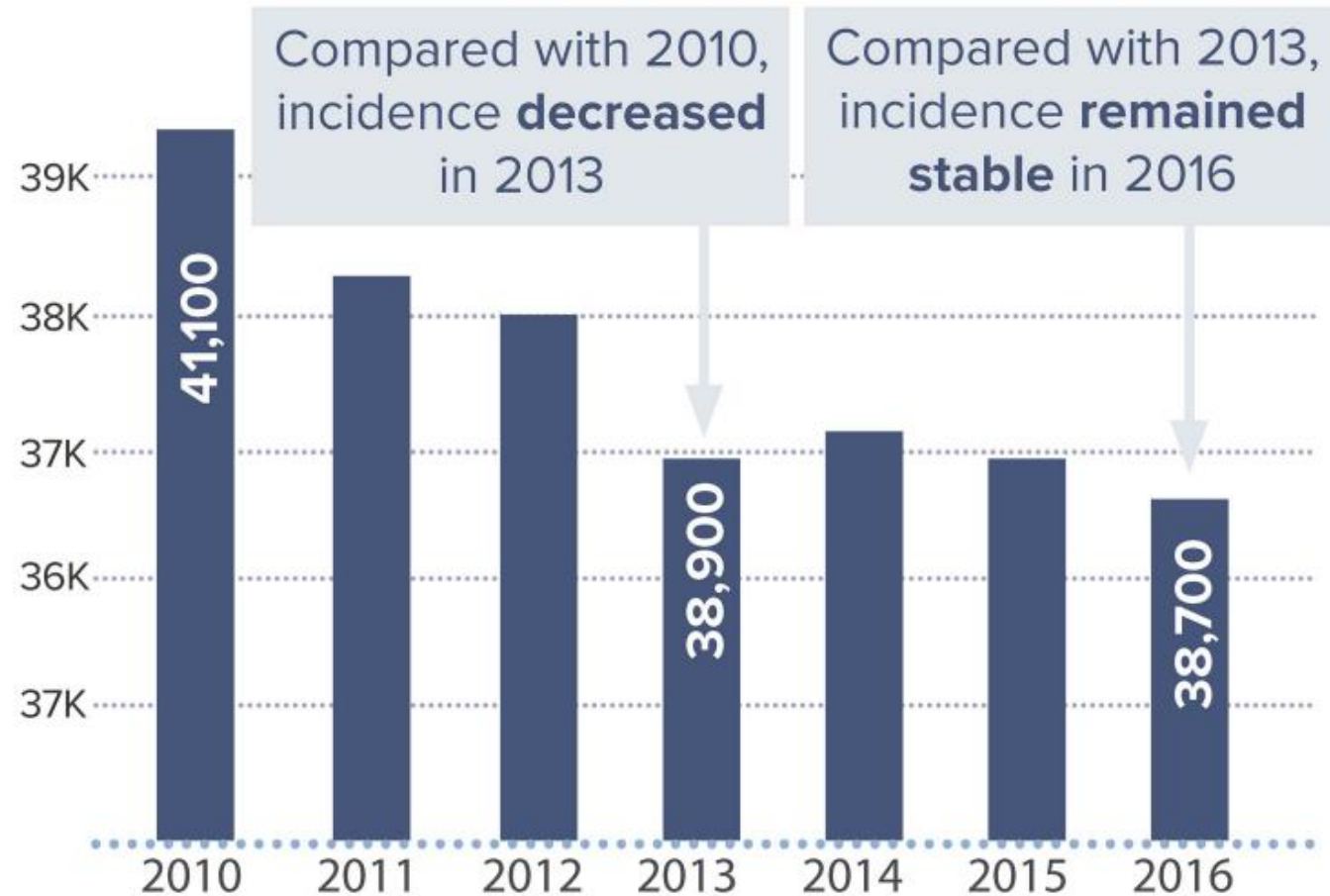
6.7% of **White**
transgender **women**
have HIV

**Combined lab-confirmed and self-reported data.



HIV Incidence

HIV Incidence: Progress in HIV Prevention has Stalled



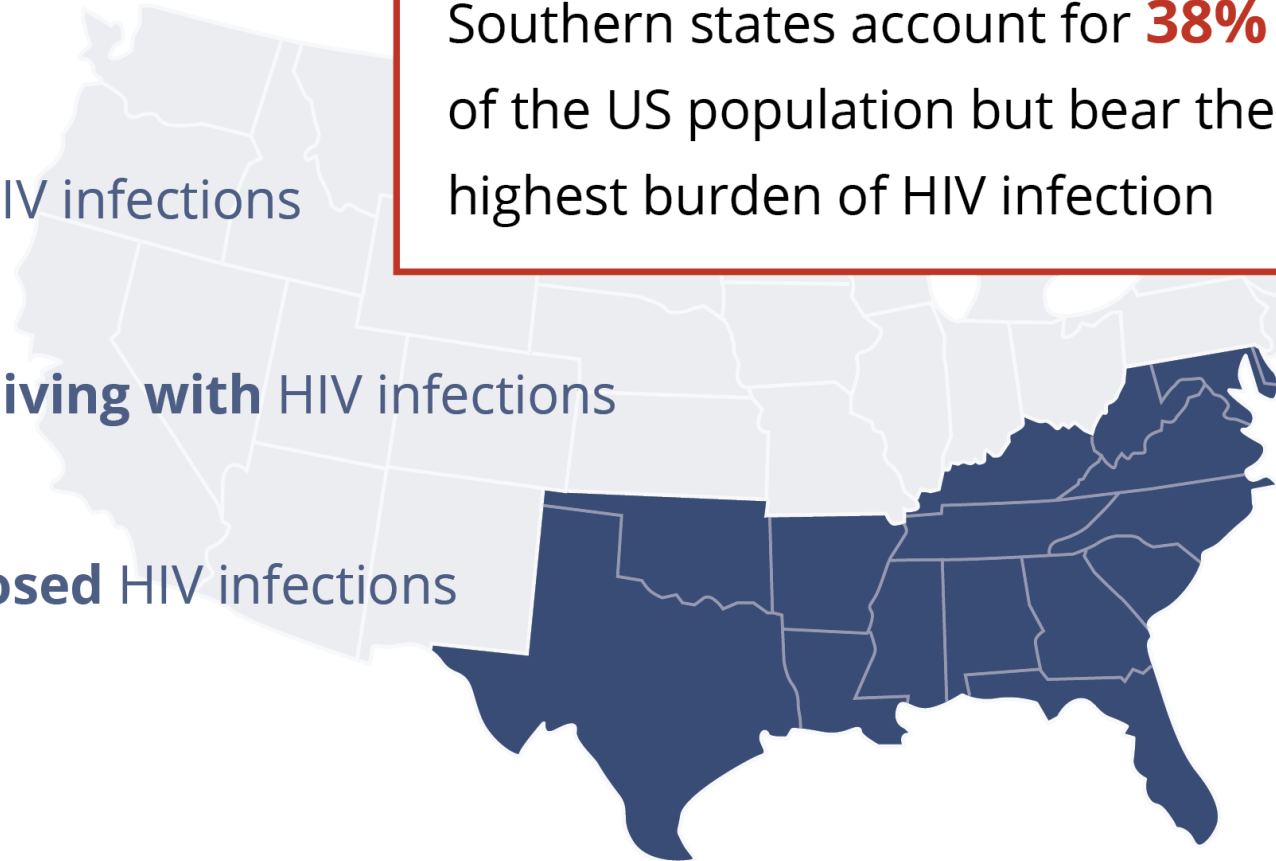
HIV in the South

The South

In 2016:

- 51%** of **annual** HIV infections
- 45%** of **persons living with** HIV infections
- 50%** of **undiagnosed** HIV infections

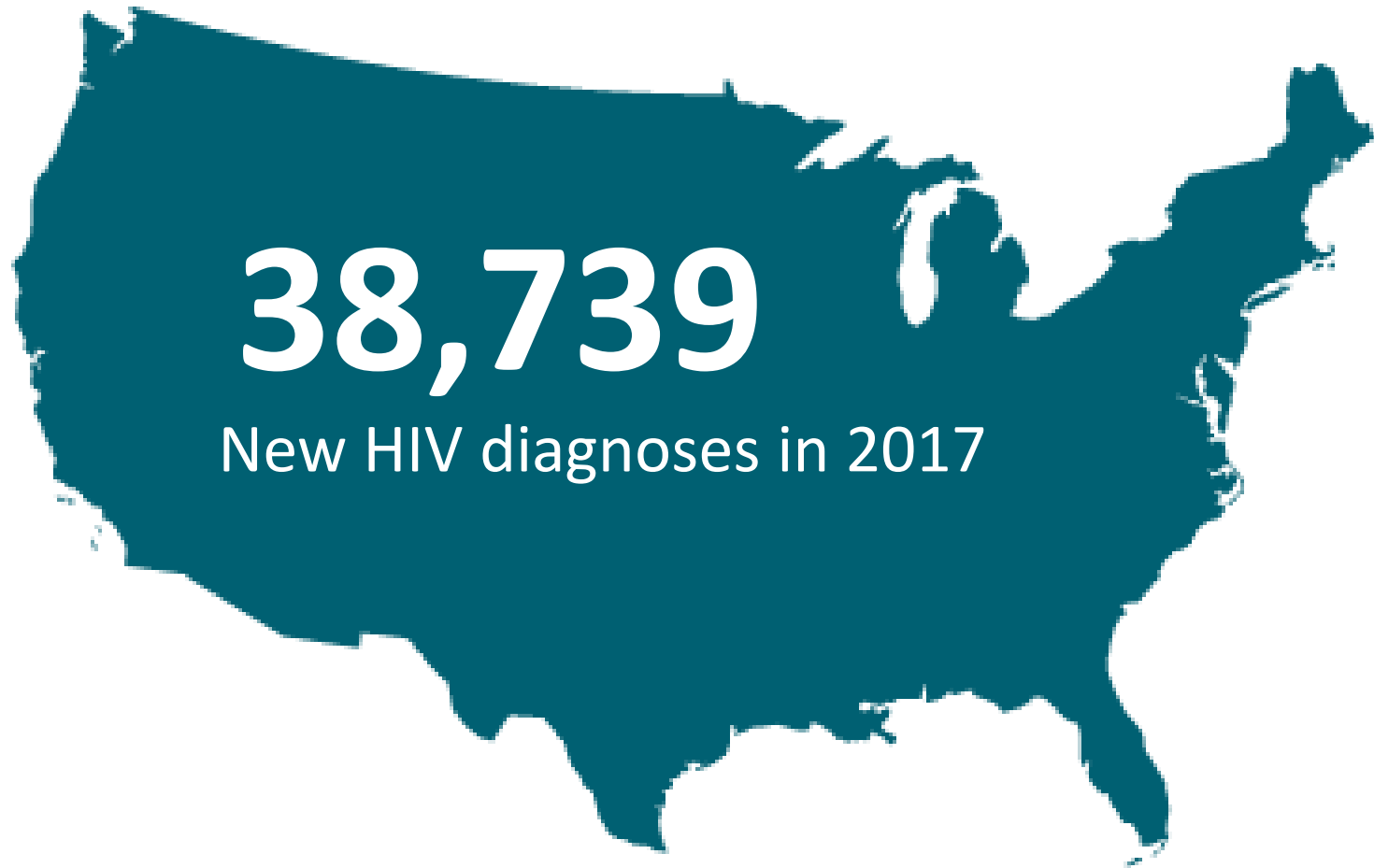
Southern states account for **38%** of the US population but bear the highest burden of HIV infection





HIV Diagnoses

HIV Diagnoses in the United States and Dependent Areas



1 in 5

of all new HIV diagnoses were among women

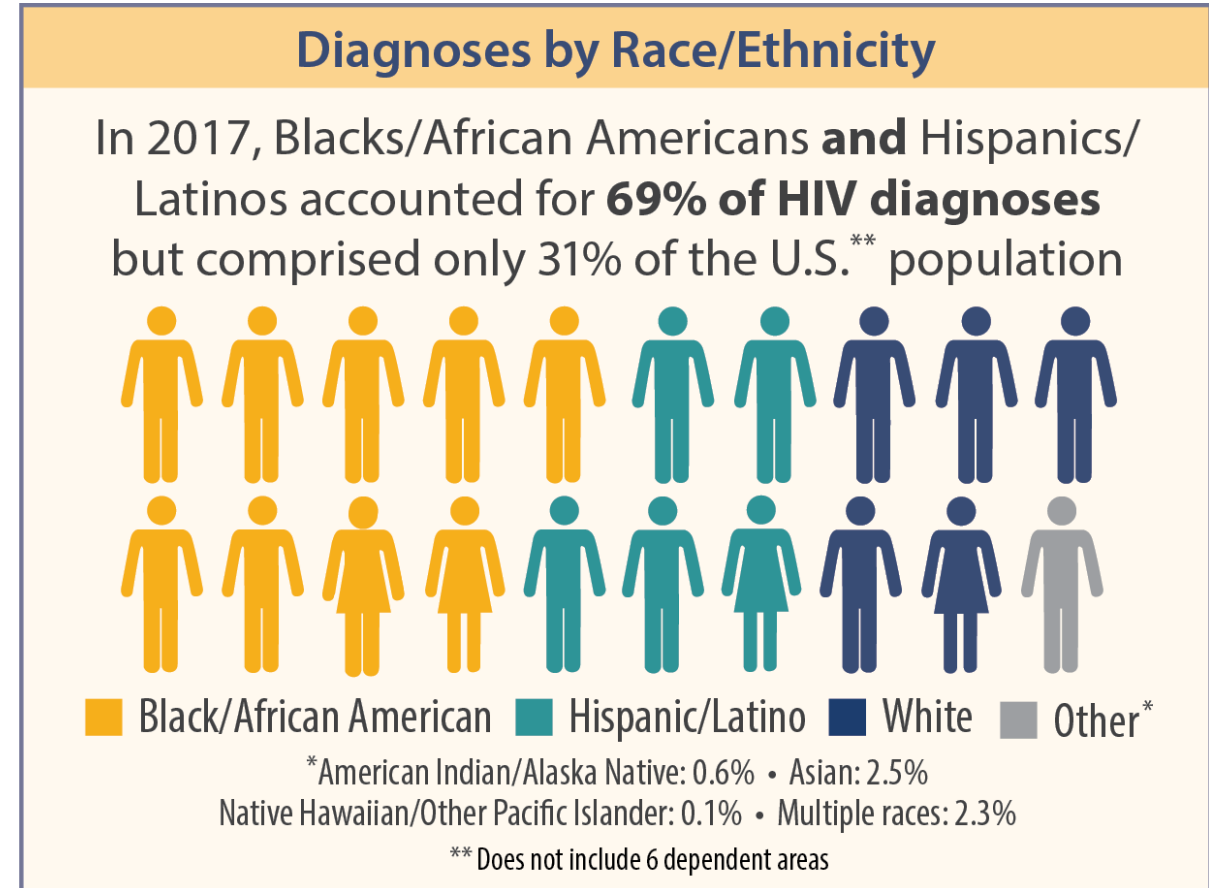


67%

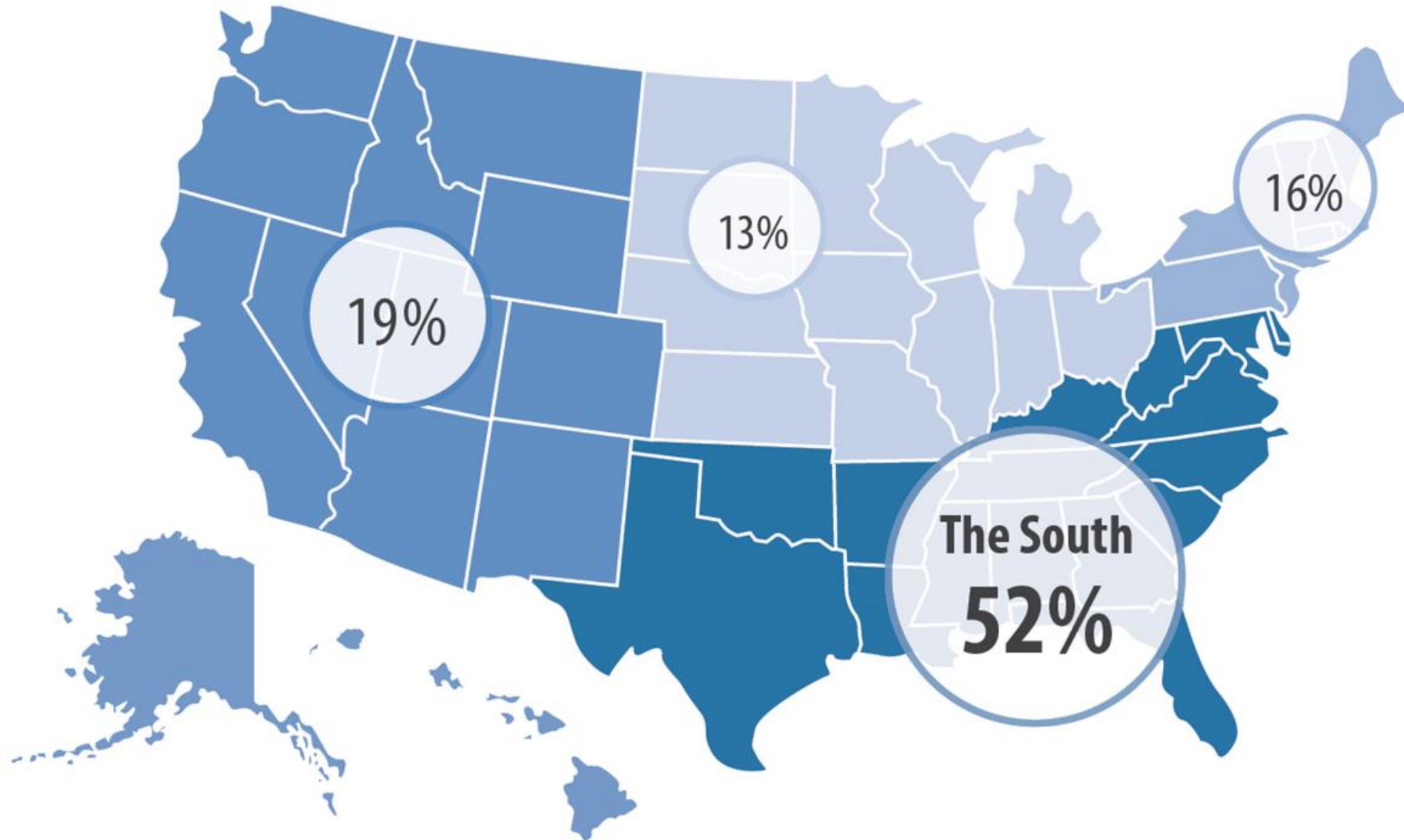
of new HIV diagnoses were from male-to-male sexual contact

HIV Diagnoses by Race/Ethnicity, 2017

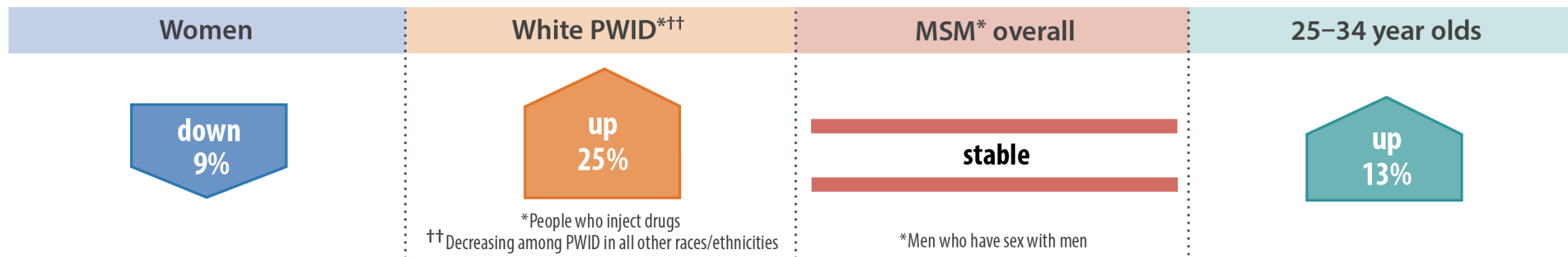
In 2017, Blacks/African Americans **and** Hispanics/ Latinos accounted for **69% of HIV diagnoses** but comprised only 31% of the U.S.** population



HIV Diagnoses by Region, 2017

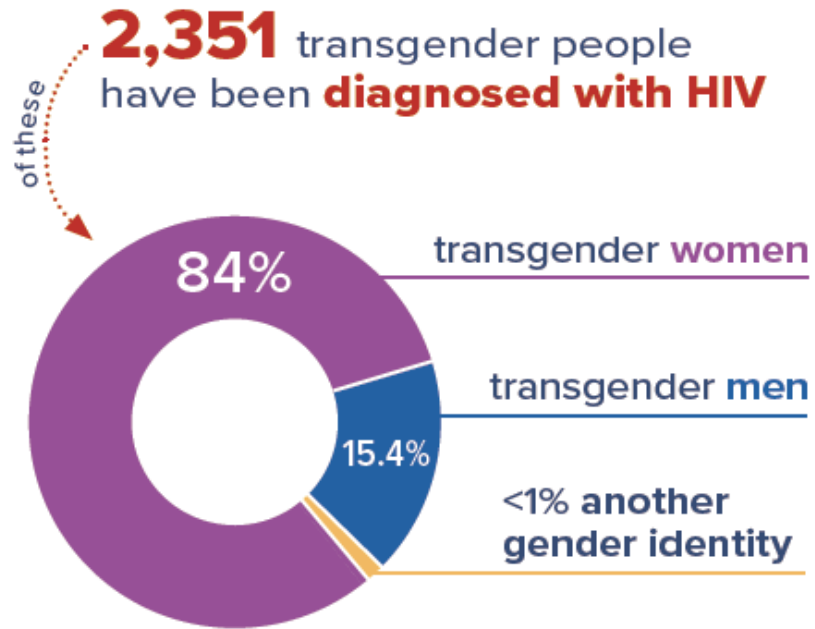


HIV Diagnoses Trends, 2012-2016

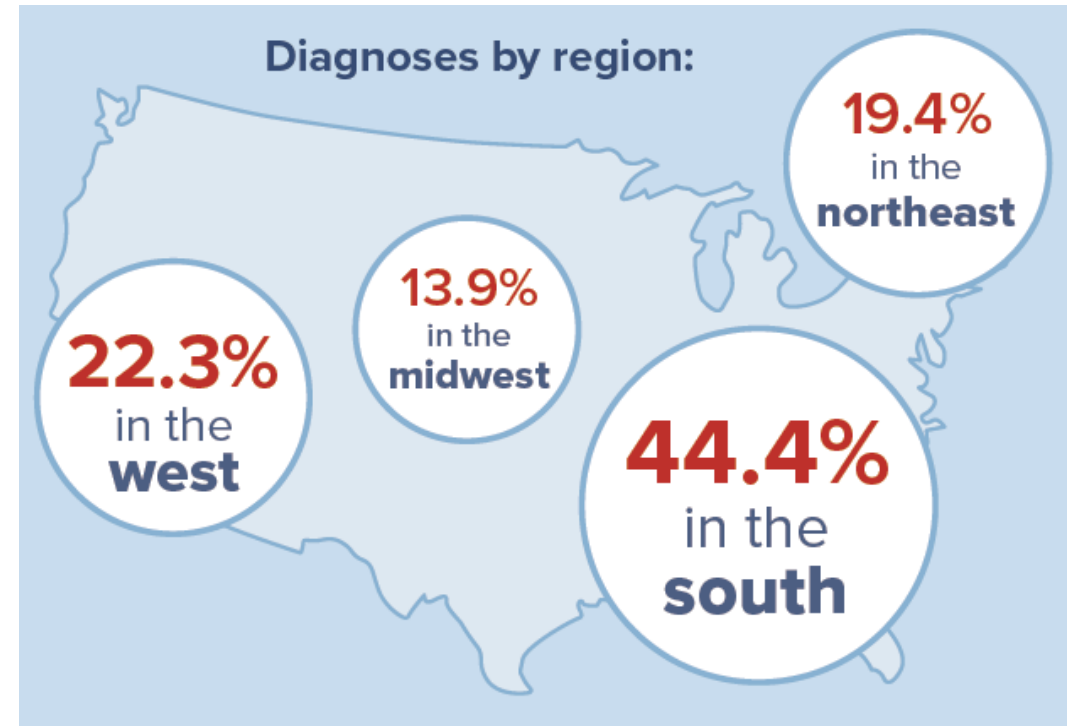


HIV Diagnoses Among Transgender People

An analysis of available data for 2009-2014



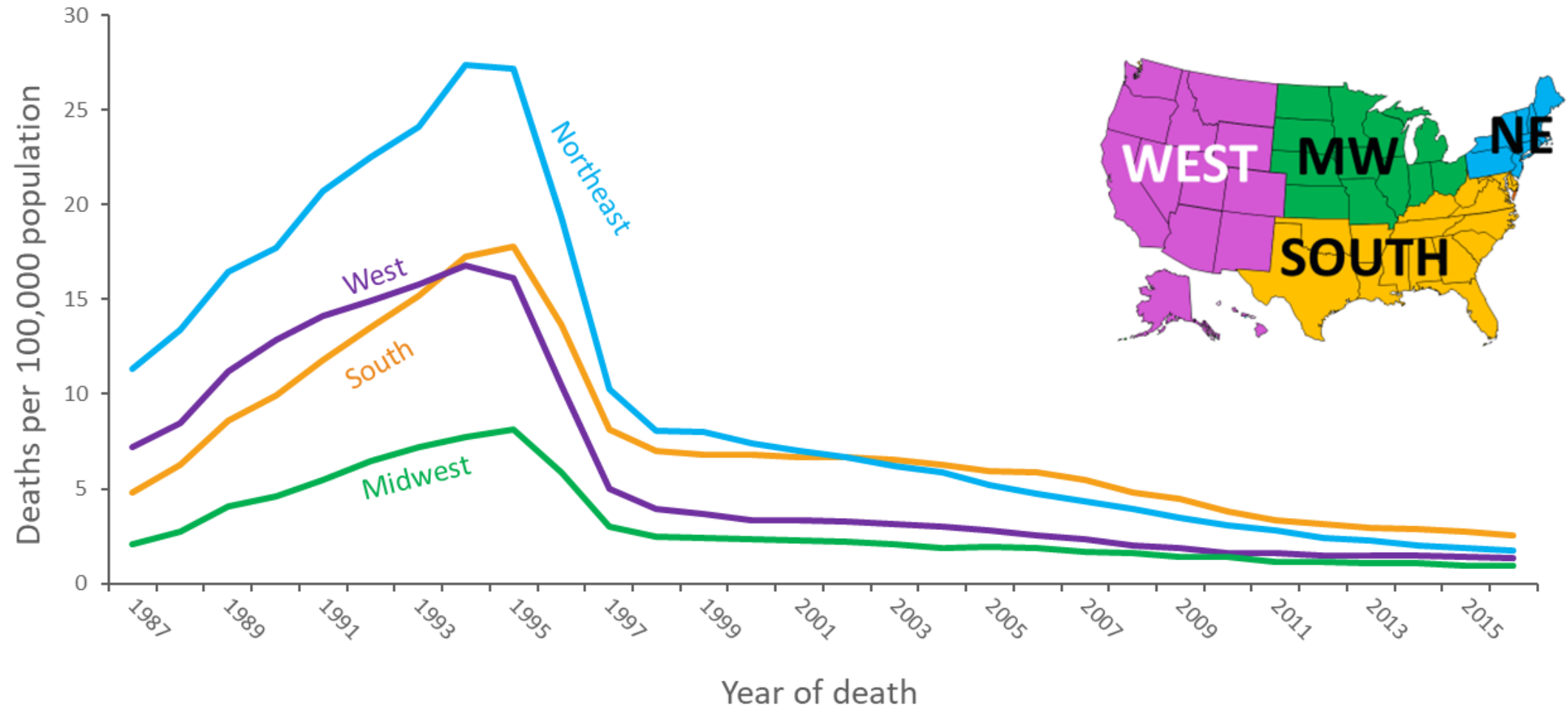
More than half of these HIV diagnoses were among **Blacks/African Americans**





HIV Mortality

Trends in in Age-Adjusted* Annual Rates of Death due to HIV Infection, by Geographic Region, 1987–2016 — United States



Note. For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 10rules instead of ICD-9 rules.



Summary

- **Over 1.1 million people are living with HIV**
 - 1 in 7 are unaware
 - Progress has stalled
- **MSM represent the majority of new HIV infections and diagnoses**
 - Decreases in most populations, but increases among Hispanic MSM and Black and Hispanic/MSM aged 25-34
- **Southern states account for 38% of the US population but bear the highest burden of HIV infection**
- **In relation to their population size, transgender women are among the most heavily affected by HIV**
- **Death rates have decreased but there are disparities by race**

Ending the HIV Epidemic: A Plan for America



GOAL:

Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the right *people* to:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.



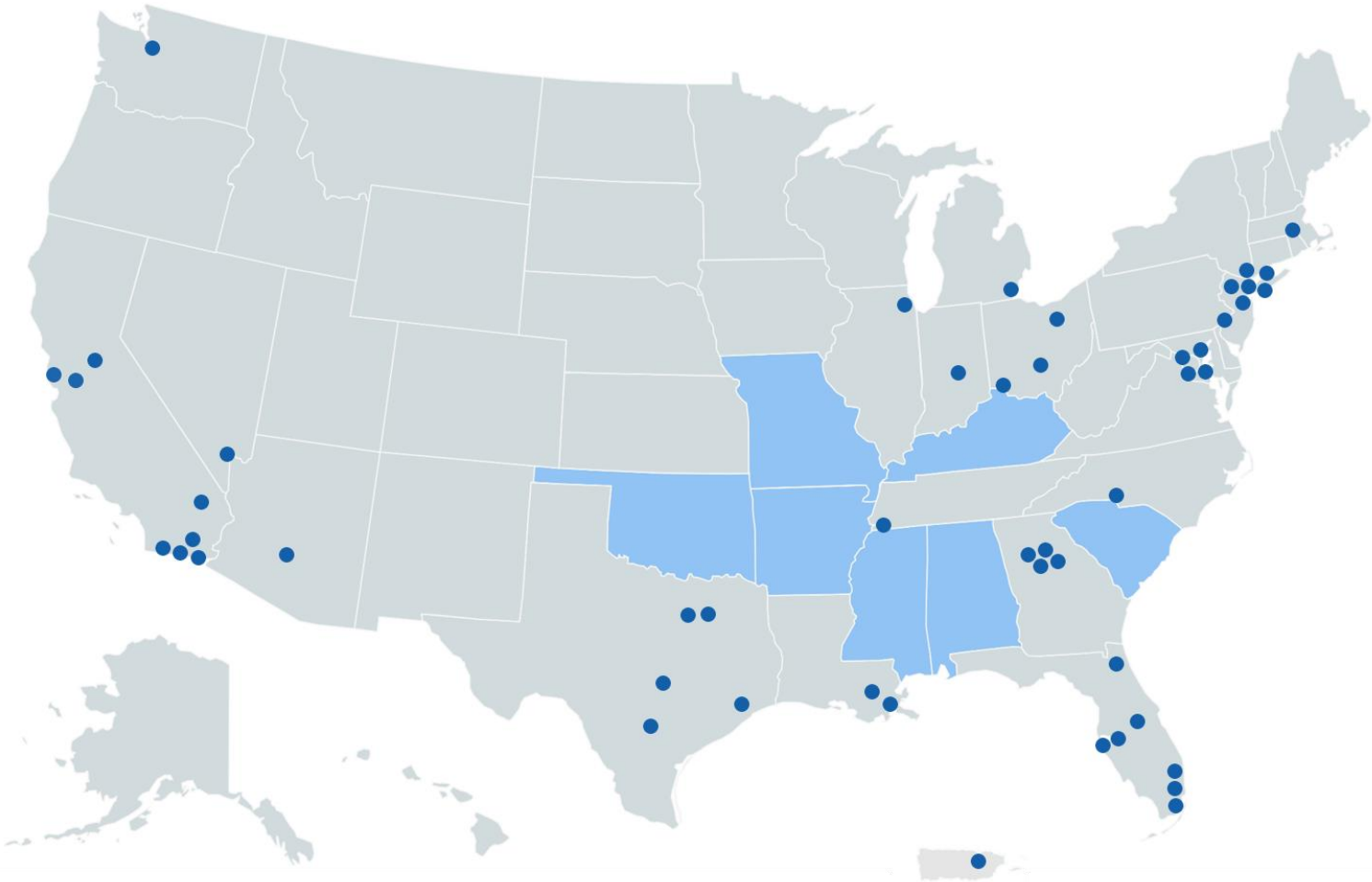
Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV HealthForce will establish local teams committed to the success of the Initiative in each jurisdiction.

Targeting Resources for Greatest Impact



Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington DC and 1 municipality in San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden.

Full list of Locations:
<https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf>

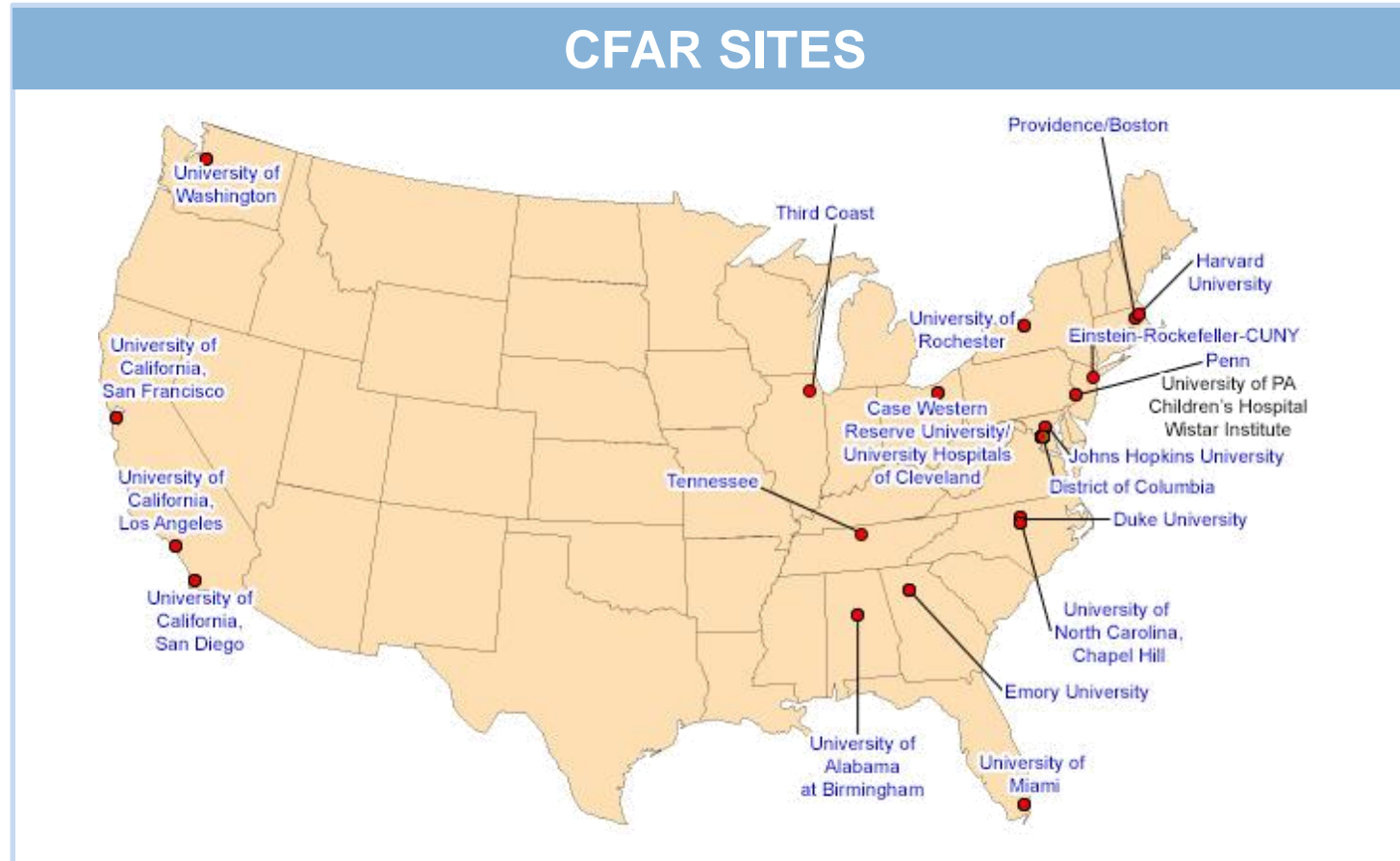
*2016-2017 data

President's 2020 Budget Request

Agency	New Funding Proposed	Activities
CDC	\$140M	<ul style="list-style-type: none"> • Test and diagnose new cases, • Rapidly link newly infected individuals to treatment, • Connect at-risk individuals to pre-exposure prophylaxis (PrEP), • Expand HIV surveillance, and • Directly support states and localities in the fight against HIV
HRSA	\$120M	<ul style="list-style-type: none"> • Increase direct health care and support services, further increasing viral suppression among patients in the target areas • Expanded PrEP services, outreach, and care coordination in community health centers
IHS	\$25M	<ul style="list-style-type: none"> • Screen for HIV and prevent and treat Hepatitis C
NIH-CFARs	\$6M	<ul style="list-style-type: none"> • Refine implementation strategies to assure effectiveness of prevention and treatment interventions
OASH	Maintains current \$	<ul style="list-style-type: none"> • Project coordination, communication, management, and accountability • Leadership of the Minority AIDS Initiative
SAMHSA	Maintains current \$	<ul style="list-style-type: none"> • Minority AIDS Program

NIH/NIAID: CENTERS FOR AIDS RESEARCH (CFAR)

Supporting multidisciplinary research aimed at reducing the burden of HIV in the U.S.



Expands current activities to inform HHS and partners on

- Evidence-based best practices
- Effectiveness of approaches including regional strategies

Federal Implementation Science Work Group

- Began in 2016 as a work group with staff from CDC's Division of HIV/AIDS Prevention and NIMH
 - Primary focus was on the role of behavioral science in a biomedical era in HIV prevention
 - HRSA-HIV/AIDS Bureau joined the group in early 2018
- CDC-NIMH-HRSA I.S. WG renamed in May 2019 → “Federal I.S. WG”
 - NIAID and NIDA joined the WG
 - Additional members likely (HRSA-BPHC, SAMHSA, IHS)



Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.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.



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