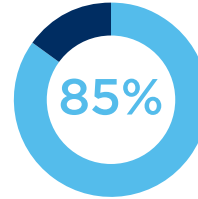


QUICK TAKE

HIV PREVENTION IN THE UNITED STATES

38,739 PEOPLE WERE DIAGNOSED WITH HIV IN 2017, well below the mid-1980s when there were more than 130,000 new HIV infections per year. Due to our increasing success in diagnosing HIV and effectively treating it, people are living longer. Currently, there are 1.1 million Americans living with HIV.



85% OF PEOPLE WITH HIV HAVE BEEN DIAGNOSED—YET ONE IN 7 STILL DO NOT KNOW THEY HAVE HIV

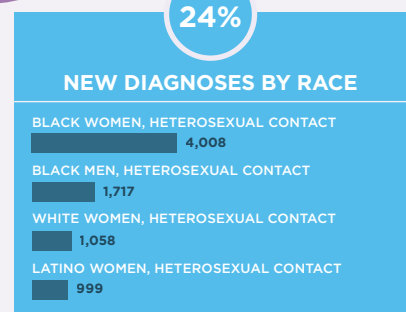
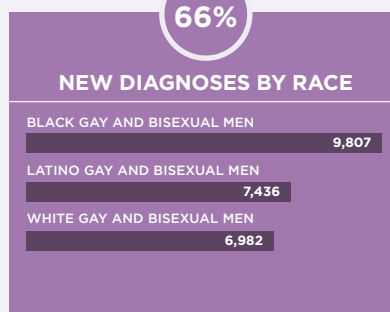
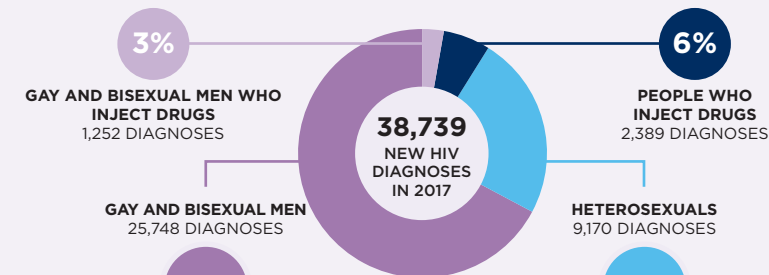
Prevention is at the center of our response to the HIV epidemic. **THE NATIONAL HIV/AIDS STRATEGY** provides a roadmap for all stakeholders while **HIGH IMPACT PREVENTION** is the Centers for Disease Control and Prevention (CDC) operational framework for aligning the evidence of effective interventions to achieve the Strategy's goals. States and local communities are increasingly developing their own End the Epidemic Plans. In addition to continuing risk-reduction education and providing access to condoms, all of these efforts highlight the critical importance of:

- **HIV TESTING AND LINKAGE TO CARE:** When a person with HIV is aware of their status and connected to care, they are able to benefit from antiretroviral therapy (ART) and take steps to prevent transmission.

(CONTINUED)

SNAPSHOT OF THE US HIV EPIDEMIC

NEW HIV DIAGNOSES, BY TRANSMISSION CATEGORY



NOTES: These data include the 50 states, District of Columbia, Puerto Rico, US Virgin Islands and other dependent areas.

HIV IS CONCENTRATED AMONG GAY AND BISEXUAL MEN—TRANS PEOPLE ARE ALSO AT HIGH RISK

Gay and bisexual men make up about 2% of the population, yet account for 7 in 10 new infections. Transgender people are also at high risk for HIV infection. From 2009-2014, 2,351 transgender people were diagnosed with HIV. While this is only about 1% of total diagnoses during this period, the rates of diagnosis among transgender women are among the highest for any group.

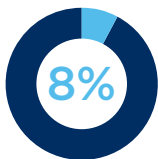
HIV DISPROPORTIONATELY IMPACTS THE SOUTHERN US

Out of more than 3,000 counties in the US, half of new HIV diagnoses occur in only 46 counties, highlighting the need for intensive focusing of resources. Half of new diagnoses also occur in the southern US, home to only 38% of the population.

INADEQUATE SERVICES FOR PEOPLE WHO INJECT DRUGS MAY THREATEN OUR PROGRESS

In 2017, CDC collaborated with health departments to identify 52 clusters of active HIV transmission and provided technical assistance to 14 states to address them. Many were associated with injection drug use. In 2014-2015, Scott County, Indiana, a rural community that typically saw about 5 HIV diagnoses per year, experienced an outbreak associated with injection drug use. 181 people were diagnosed with HIV in a twelve-month period. CDC modeling indicates 220 US counties have similar characteristics and are at great risk of a similar outbreak.

ANNUAL INFECTIONS DECLINED BY



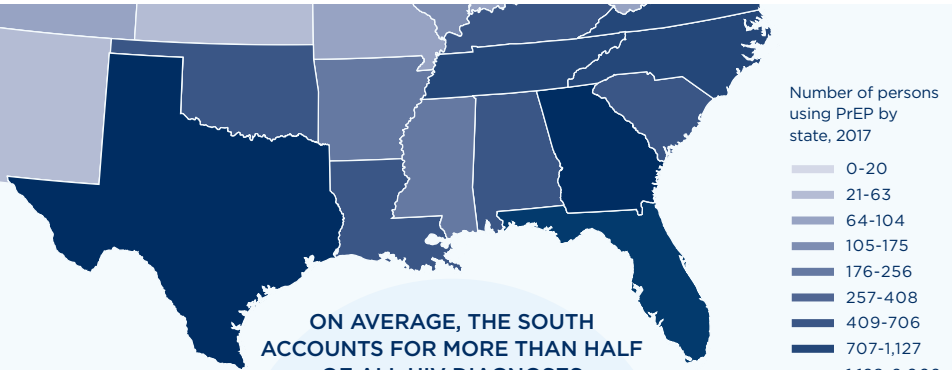
FROM 2010-2015

This prevented an estimated 15,800 cases of HIV and averted \$7.6 billion in spending for lifetime HIV care.

Farnham et al. Updates of lifetime costs of care and quality-of-life estimates for HIV-infected persons in the US. *JAIDS*. 2013;64:183-189

SCALING UP EQUITABLE ACCESS TO PrEP IS ESSENTIAL

IN 2017, THERE WERE AT LEAST 100,000 PEOPLE USING PrEP OUT OF AN ESTIMATED 1.1 MILLION PEOPLE AT HIGH RISK who could benefit from PrEP and comprehensive HIV prevention strategies. Young Black and Latinx gay and bisexual men are lagging behind their white counterparts, and problematic geographic disparities are playing out with PrEP access.



ON AVERAGE, THE SOUTH
ACCOUNTS FOR MORE THAN HALF
OF ALL HIV DIAGNOSES

YET ONLY ACCOUNTED FOR **30%** OF ALL PrEP USERS IN 2017.

Image courtesy of AIDSvu.org

- **TREATMENT AS PREVENTION:** People on ART who are virally suppressed cannot transmit HIV sexually. Our most effective way to stop infections is to support people with HIV to maintain viral suppression for their own health and the health of others.
- **PrEP AND PEP:** Pre-exposure prophylaxis (PrEP, an HIV medicine taken daily to lower the chances of getting infected with HIV) and post-exposure prophylaxis (PEP, a 28-day course of ART following an exposure) are safe and highly effective.
- **SYRINGE AND HARM REDUCTION SERVICES:** Promoting the health of people who use drugs, including by providing sterile syringes and other harm reduction services prevents HIV and creates pathways to substance use treatment.

Federal funding for HIV prevention is allocated primarily to the Division of HIV/AIDS Prevention within the National Center for HIV, STD, Viral Hepatitis, and TB Prevention at CDC. In FY 2019, Congress appropriated \$789 million for CDC's domestic HIV prevention efforts. Most of CDC's domestic HIV prevention resources are invested at the state and local level to carry out critical HIV prevention efforts, including testing, linkage to care, partner services, and other prevention activities. Funding for HIV prevention has remained relatively flat recently, meaning that our investments are falling behind

inflation and health departments and other partners are continually asked to do more with less.

NEW INVESTMENTS ARE NEEDED. CDC research shows that greater investments in testing, access to health care, and greater access to PrEP can produce big results. More efforts and funding are needed to effectively partner with and serve young gay and bisexual men, transgender people, people who inject drugs, and Black and Latinx communities.

TO LEARN MORE

READ OUR POLICY BRIEF, *HIV Prevention in the United States: Federal Investments are Saving Lives and Strengthening Communities*, March 2018, at the link below.

For information on federal investments in HIV programs, see U.S. Federal Funding for HIV/AIDS: Trends Over Time, November 2017, available at kff.org/hiv/aids/.

For information and interactive maps that visualize the impact of the HIV epidemic on communities across the US, visit AIDSvu.org.

For a wealth of federal resources on HIV prevention, see the Centers for Disease Control and Prevention at cdc.gov/hiv/default.html.

PREVENTING NEW INFECTIONS IS HARD, BUT WE ARE WELL ALONG THE PATH. CONTINUED SUPPORT FROM THE AMERICAN PEOPLE WILL HELP US END THE HIV EPIDEMIC.

**O'NEILL
INSTITUTE**
FOR NATIONAL & GLOBAL HEALTH LAW
GEORGETOWN LAW

JANUARY 2019

Quick Takes are products of the HIV Policy Project of the **O'Neill Institute for National and Global Health Law** and were developed with financial support from **Gilead Sciences**

bit.ly/HIVpolicyproject