NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION

ANNUAL REPORT 2012

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

FOREWORD

We hope you will enjoy reading this edition of our National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Annual Report. This is the sixth in our series of annual reports on NCHHSTP's activities. It contains brief highlights of the center's key goals and some of our noteworthy accomplishments from 2012.

The epidemics of HIV and other STDs, viral hepatitis, and TB are large and complex, but we have made progress in the last year, including the following:

- Issuing recommendations that call for one-time routine testing of all Americans born during 1945–1965 for hepatitis C, as those in that age group are five times more likely to be infected with the hepatitis C virus.
- Publishing new guidelines for treatment of gonorrhea, in response to trends in laboratory data showing that the antibiotic cefexime is becoming less effective in treating gonorrhea.
- Continuing the Act Against AIDS campaign with launches of Let's Stop HIV Together—a new HIV awareness and anti-stigma campaign featuring individuals with HIV who share their personal stories—and Take Charge, Take the Test, a new HIV testing campaign for African American women.
- Releasing the 2011 Youth Risk Behavior summary, which included data on the prevalence of youth risk behaviors across the nation.
- Using innovative techniques to address TB disease in the United States, such as TB genotyping—a laboratory-based genetic analysis of the bacteria which is useful in identifying TB outbreaks.
- Launching a web-based, interactive tool for accessing HIV/AIDS, viral hepatitis, STD, and TB surveillance data—the NCHHSTP Atlas.

The accomplishments highlighted are just some of the many strides NCHHSTP has made in championing public health and accelerating disease prevention and health protection activities to fight these diseases. These accomplishments would not be possible without our expert and exceptionally diverse staff of public health professionals, along with the collaboration of our many governmental, non-governmental, and private sector partners.

You can find more information about our programs at http://cdc.gov/nchhstp.

Kevin A. Fenton, M.D., Ph.D., F.F.P.H.
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

ABOUT NCHHSTP

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention (CDC) saves lives, protects people, and promotes health equity through its efforts aimed at preventing HIV, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB).

The Center was established in 1994 to bring together most of CDC's HIV prevention activities into a single, organizational home alongside STD prevention and TB elimination programs. In 2006, CDC's Division of Viral Hepatitis joined the Center. In January 2012, the Division of Adolescent and School Health (DASH) officially joined NCHHSTP. DASH's mission is to prevent HIV, other STDs, and teen pregnancy and to promote lifelong health among youth.

The infectious diseases NCHHSTP focuses on share similar or overlapping at-risk populations—including racial and ethnic minorities, men who have sex with men (MSM), and injection drug users. These diseases also share similar social determinants, including poor access to health care, stigma, discrimination, incarceration, homelessness, and poverty.

To address these overlapping health issues, NCHHSTP applies well-integrated, multidisciplinary programs of research, surveillance, risk-factor, and disease intervention and evaluation. The Center's established strategic plan guides its programs and research by outlining key priorities for our work. Below are highlights and accomplishments from 2012 related to specific priority areas.

PREVENTION THROUGH HEALTHCARE

One way that NCHHSTP interacts with the health care system is by issuing guidelines and recommendations related to the prevention and treatment of HIV/AIDS, viral hepatitis, STDs, and TB. NCHHSTP serves in a vital role in advancing strategic prevention priorities for these diseases through such guidance documents aimed at health care providers. In 2012, CDC released several major NCHHSTP guidelines and recommendations, including:

- "Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965," *Morbidity and Mortality Weekly Report (MMWR)*.
- "Interim Guidance for Clinicians Considering the Use of Preexposure Prophylaxis for the Prevention of HIV Infection in Heterosexually Active Adults," *MMWR*.
- "Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010, Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections," *MMWR*.
- Updated CDC "Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students," *MMWR*.
- "Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent Mycobacterium tuberculosis Infection," *MMWR*.
- "Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males—Advisory Committee on Immunization Practices (ACIP)," 2011, *MMWR*.
- "Use of Hepatitis B Vaccination for Adults with Diabetes Mellitus: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," *MMWR*.

Another activity related to prevention through healthcare which NCHHSTP initiated in 2012 is an HIV testing project involving community pharmacies and retail clinics. Millions of Americans visit pharmacies every week, and an estimated 30 percent of the U.S. population lives within a 10-minute drive of a retail clinic.

Recognizing this, NCHHSTP initiated a 2-year pilot project in 2012 to train pharmacists and retail store clinic staff at 24 rural and urban sites with high HIV prevalence or significant HIV testing needs to deliver confidential rapid HIV testing. The goal of the initiative is to extend HIV testing and counseling into the standard services offered by pharmacies and retail clinics. Results will be used to develop a model for implementation of HIV testing in these settings across the country.

Other highlights of activities related to prevention through health care include:

- Release of *Next Steps—Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB through Health Care: Supporting Health Departments*, which summarizes steps NCHHSTP can take to assist health departments in dealing with health care changes that impact health departments' delivery of prevention services. The document stems from an NCHHSTP consultation held in June 2011, with participation from health department officials, representatives of national organizations, federal agencies, academics, and other partners.
- Collaboration with the Health Resources and Services Administration (HRSA) to support partnerships between state health departments and community health centers to improve the quality and coordination of care for those with HIV, AIDS, viral hepatitis, STDs, or TB.

PROGRAM COLLABORATION AND SERVICE INTEGRATION

The Center launched the NCHHSTP Atlas—a web-based, interactive tool that allows users to create maps, charts, and tables using HIV/AIDS, viral hepatitis, STD, and TB surveillance data. The new application is designed to enhance access to public health data across NCHHSTP programs. The Atlas presents surveillance data for HIV, AIDS, chlamydia, gonorrhea, syphilis, tuberculosis, and viral hepatitis. Thousands of users access the Atlas each month. Its web address is http://www.cdc.gov/nchhstp/atlas/.

Other PCSI activities for 2012 included:

- Release of a funding opportunity announcement for integrated HIV/AIDS, viral hepatitis, STD, and TB prevention and control activities in the U.S.-affiliated Pacific Islands. The funding opportunity streamlines the required activities for grantees, reduces reporting burden, and allows for more efficient use of resources. The six jurisdictions eligible for funding are the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. The integrated announcement aims to address some of the challenges of disease burden, remote geographic locations, broadly dispersed populations, lack of local resources, and difficulty accessing medications and lab facilities. The funds are to be awarded by the end of calendar year 2012.
- Continuation, in six jurisdictions that receive funding for PCSI demonstration projects, to implement their service and system integration activities. These jurisdictions are New York City, North Carolina, Philadelphia, San Francisco, Texas, and Washington, D.C. In San Francisco, the PCSI project team has established integrated guidelines for preventive services for patients with HIV, STDs, hepatitis B and C, and tuberculosis. A recent PCSI activity in Philadelphia was the development of a Facebook campaign focusing on HIV and STD prevention targeting youth. In its first 3 months, the Facebook ads reached over 200,000 people.
- Convening of surveillance experts from around the country to discuss the future of case surveillance systems for HIV, viral hepatitis, STDs, and TB. The participants recommended ways to increase the efficiency and reduce the burden of surveillance data collection and harmonize surveillance collection across the disease areas.

- Publication of "Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services." This Guidance was published in CDC's *MMWR* in November 2012. NCHHSTP led the development of the report, which summarizes guidelines and recommendations of multiple HHS agencies for prevention and control of these diseases for persons who use drugs illicitly.

GLOBAL HEALTH PROTECTION AND SYSTEMS STRENGTHENING

NCHHSTP helped launch a new Global Congenital Syphilis Partnership—a 3-year international initiative that aims to eliminate congenital syphilis. Worldwide, an estimated 2 million women are infected with syphilis every year and over half of these women pass the disease to their unborn children. The initiative is a partnership of the London School of Hygiene and Tropical Medicine, the Bill and Melinda Gates Foundation, Save the Children, the World Health Organization (WHO), and CDC. The partnership aims to introduce rapid syphilis tests for screening pregnant women. Women who are infected can be treated with a single dose of antibiotic to prevent infection of their unborn child.

The Center also supported data collection on youth risk behavior in developing countries in partnership with WHO and sponsored four international workshops in 2012. The workshops helped develop the capacity of African and Asian countries to implement and report on Global Youth Risk Behavior Surveillance surveys—which collect data on youth health indicators.

PARTNERSHIPS

AIDS 2012—the XIX International AIDS Conference—held in Washington, D.C., was a key activity this year, allowing NCHHSTP to reach partners, and share the results of our research and prevention programs. The scientific findings of NCHHSTP staff were presented at three conference sessions, in excess of 50 poster sessions and 10 oral presentations or oral poster sessions. The presentations also highlighted the syndemics of HIV with STDs, hepatitis, and TB. CDC media outreach efforts around AIDS 2012 generated 151 unique media stories and 1 billion media impressions. Highlights of partnering
activities include:

- Partnering with the Public Health Agency of Canada, the European CDC, and the International Organization for Migration to hold a session on "Responses to HIV and Migration in Western Industrialized Countries: Current Challenges, Promising Practices, Future Directions."
- Collaborating with the Pan American Health Organization to present a session on "Addressing Sexual Health and Evidence-based School Health Education: Evolving Opportunities."
- Participating in satellite sessions sponsored by other organizations, such as the Global Forum on MSM and HIV and the AIDS Community Research Initiative of America.

NCHHSTP has also continued to build public-private partnerships through work with the CDC Foundation and the Viral Hepatitis Action Coalition (VHAC). In 2012, VHAC expanded from 8 supporting industry partners to 12, thus increasing the coalition's ability to help address viral hepatitis prevention priorities. VHAC provides funds for NCHHSTP's Chronic Hepatitis B and C Cohort Study—a longitudinal study of persons with chronic hepatitis B and hepatitis C virus infections. VHAC also helps support the launch of the *Know More Hepatitis* awareness campaign http://www.cdc.gov/knowmorehepatitis/ and other outreach efforts.

WORKFORCE DEVELOPMENT AND CAPACITY BUILDING

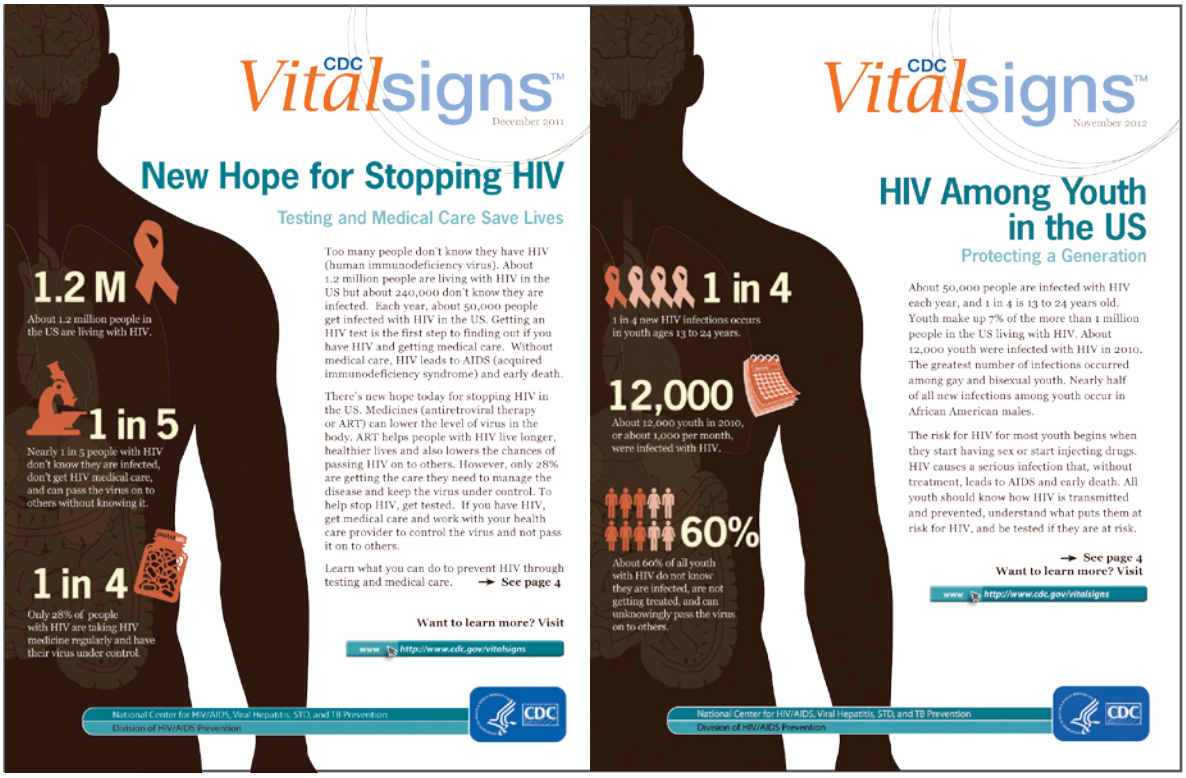
NCHHSTP had several activities aimed at providing college students with opportunities to learn more about public health careers. The Center held a Federal Job Shadowing Day for students at Georgia's Historically Black Colleges and Universities. NCHHSTP also hosted the 5th annual NCHHSTP Summer Fellows Forum from June 13–July 25, 2012. More than 60 fellows from Morehouse College's Project IMHOTEP, the James A. Ferguson Fellowship Program, the Thurgood Marshall College Fund Summer Interns, Columbia University's Summer Public Health Scholars Program, and the Tuskegee University Public Health Ethics Interns participated in this event. The Center also launched a pilot Coaching and Leadership Initiative to build leadership, management, administrative, and supervision skills for team leaders.

NCHHSTP is working to save lives every day through its public health prevention initiatives and programs.

CDC "VITAL SIGNS" FROM NCHHSTP

"New Hope for Stopping HIV," December 2011
http://www.cdc.gov/VitalSigns/HIVtesting/index.html

"HIV Among Youth in the United States," November 2012
http://www.cdc.gov/vitalsigns/pdf/2010-12-vitalsigns.pdf



SAVING LIVES

MAKING PROGRESS PREVENTING HIV

Investment in HIV prevention has contributed to dramatic reduction in the annual number of new infections since the peak of the epidemic in the mid-1980s and an overall stabilization of new infections since the mid-1990s—from about 130,000 a year to about 50,000. While new infections continue at too high a level, NCHHSTP estimates that more than 350,000 HIV infections have been avoided because of the nation's HIV prevention efforts. We have also seen declines in new infections in several key populations over time, including individuals who inject drugs, heterosexuals, and infants born to HIV-infected mothers.

NCHHSTP provides HIV prevention leadership by working with community, state, national, and international partners in surveillance, research, prevention, and evaluation activities. The Center supports the National HIV/AIDS Strategy—a comprehensive roadmap for reducing the impact of HIV in the United States—released by the White House in 2010. NCHHSTP and its partners are working to further reduce the impact of HIV through a new High-Impact Prevention approach, which emphasizes using scalable interventions with demonstrated potential to reduce new infections in the most vulnerable populations to yield a major impact on the HIV epidemic. NCHHSTP has taken a number of steps to implement High-Impact Prevention, including the following:

- In January 2012, NCHHSTP awarded $349 million in funds through a new, 5-year HIV prevention funding opportunity that better aligns funds to the current geographic burden of HIV in the United States. Funds were awarded to all 50 states, eight cities, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the six Pacific Island jurisdictions. The funds were allocated to individual health departments according to a formula based on the number of people living with HIV in each jurisdiction and better targets high-impact prevention strategies, such as HIV testing and comprehensive prevention with HIV-infected persons.
- NCHHSTP continued to support Enhanced Comprehensive HIV Prevention Planning (ECHPP) demonstration projects in 12 heavily affected cities that represent 44 percent of the total U.S. AIDS cases. ECHPP funding has allowed local health departments to identify and implement a mix of HIV prevention approaches likely to have the greatest impact in their communities, based on the profile of their local epidemic and an assessment of the gaps in current HIV prevention programs. For example, in Los Angeles, the ECHPP project analyzed integrated HIV and STD surveillance data to identify five hot spots where approximately 80 percent of all HIV, syphilis, and gonorrhea cases are reported in the county. Los Angeles County is working to deliver more integrated health services in those areas. The ECHPP project in Miami focuses on five target areas with the highest incidence of HIV. Within these target areas, the project's interventions focus on the populations of MSM, transgendered persons, African-American MSM, African-American women, Latino men and women, migrant workers, and intravenous drug users.

CONTINUING TO REPORT LOW NATIONAL TB RATES

In September 2012, NCHHSTP released *Reported Tuberculosis in the United States, 2011*. In 2011, a total of 10,528 new TB cases were reported in the United States; the incidence rate in 2011 was 3.4 cases per 100,000 population—a 6.4 percent decrease from 2010. This is the 19th consecutive year that the TB rate has declined, and is the result of a number of factors including the work of CDC and its partners. Some populations, however, remain disproportionately affected. In 2011, for the first time, Asians exceeded all other racial or ethnic groups with 30 percent of all cases—the largest percentage of total cases. Hispanics comprised the second largest group with 29 percent.

NCHHSTP continues to use innovative techniques to address the TB epidemic in the United States, such as TB genotyping—a laboratory-based genetic analysis of the bacteria that cause TB disease (*Mycobacterium tuberculosis*). As TB incidence

declines in the United States, TB is increasingly found in harder-to-reach populations and locations—such as homeless persons or foreign-born persons. Genotyping has been used to identify outbreaks that might otherwise be difficult to identify. NCHHSTP supports the TB Genotyping Information Management System, which provides genotyping data that is accessible to public health departments.

OTHER EXAMPLES OF NCHHSTP ACTIVITIES TO HELP SAVE LIVES:

- Issued new guidelines on the treatment of latent TB infection, providing guidance on administering a new 12-dose regimen for TB preventive therapy that significantly shortened and simplified the course of treatment. The treatment was the result of a clinical trial conducted by the Division of TB Elimination's TB Trials Consortium.
- Provided epidemiologic and laboratory advice and assistance for numerous outbreaks of viral hepatitis, including a multistate outbreak of hepatitis C centered in New Hampshire and an outbreak of hepatitis E infection in large refugee camps in Kenya and South Sudan.
- Led the successful launch of the first National Hepatitis Testing Day, which featured well over 100 testing events across the country to help identify those who are infected and link them to needed treatment.
- Launched *Take Charge, Take the Test*, a new HIV testing campaign for African American women. The campaign was launched in 10 target cities where African American women are hard hit by HIV.

NCHHSTP PARTICIPATES IN CDC PUBLIC HEALTH GRAND ROUNDS WEBCASTS

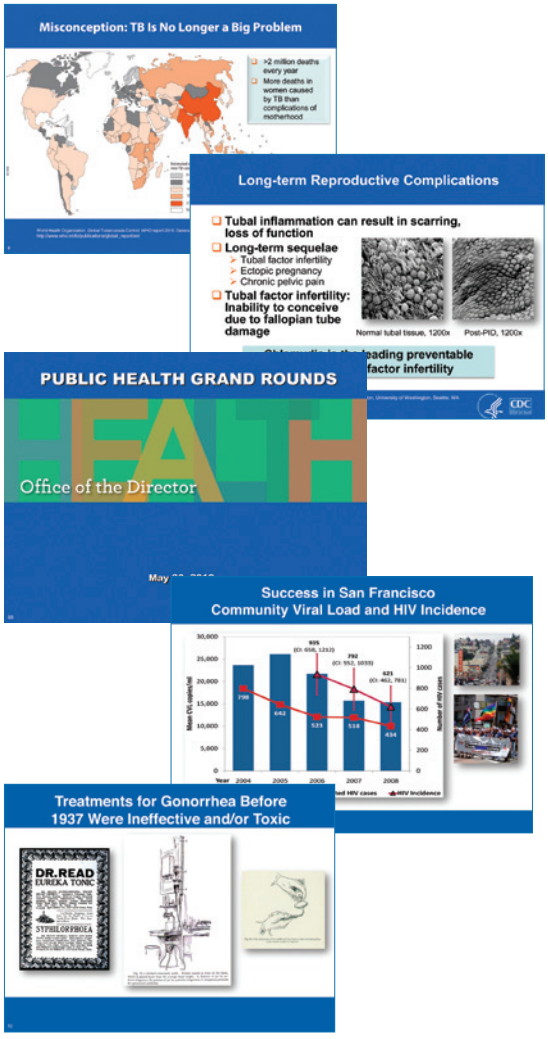
"High-Impact HIV Prevention"
http://www.cdc.gov/about/grand-rounds/archives/2012/August2012.htm

"The Growing Threat of Multidrug-Resistant Gonorrhea"
http://www.cdc.gov/about/grand-rounds/archives/2012/May2012.htm

"TB and HIV: A Deadly Duo"
http://www.cdc.gov/about/grand-rounds/archives/2011/March2011.htm

"Chlamydia Prevention: Challenges and Strategies for Reducing Disease Burden"
http://www.cdc.gov/about/grand-rounds/archives/2010/05-May.htm

"Targeted Paths to HIV Prevention, December 2010"
http://www.cdc.gov/about/grand-rounds/archives/2010/12-December.htm



PROTECTING PEOPLE

CDC RECOMMENDATIONS EXPAND HEPATITIS C TESTING

CDC issued new recommendations for hepatitis C testing that call for a one-time routine hepatitis C testing for all baby boomers—people born between 1945 and 1965. People in this age group account for more than 75 percent of adults infected with hepatitis C in the United States, and are five times more likely to be infected than other adults. Most of those who are infected are not aware of their infection because hepatitis C can damage the liver for many years without noticeable symptoms. More than 15,000 Americans—mostly baby boomers—die from hepatitis C each year from related illnesses—including liver cancer and cirrhosis. The new recommendations were developed by NCHHSTP's Division of Viral Hepatitis.

An estimated 3.2 million Americans are infected with hepatitis C and, previously, CDC recommended testing only individuals with certain known risk factors. CDC estimates that one-time hepatitis C testing of baby boomers could identify more than 800,000 additional people with hepatitis C. With newly available therapies that can cure up to 75 percent of infections, expanded testing, along with linkage to appropriate care and treatment, could save more than 120,000 lives.

NEW GONORRHEA TREATMENT GUIDELINES ISSUED

Gonorrhea is one of the most common STDs in the United States, with more than 700,000 infections occurring each year. Left untreated, gonorrhea can cause serious health problems—particularly for women—such as chronic pelvic pain, life-threatening ectopic pregnancy, and infertility. Infection also increases the risk of contracting and transmitting HIV.

To address increases in drug-resistant gonorrhea, NCHHSTP published updated gonorrhea treatment guidelines which no longer recommend an exclusively oral treatment regimen. The change was prompted by trends in laboratory data showing that cefixime is becoming less effective in treating gonorrhea.

The updated guidelines recommend a dual therapy of injectable ceftriaxone in combination with a second antibiotic. Ceftriaxone is more potent against gonorrhea than the once-recommended oral antibiotic cefixime and, when paired with the additional oral antibiotic, might slow the emergence of drug resistance.

NCHHSTP also developed a response plan which offers steps state and local health departments can take to keep a watchful eye on the emergence of drug resistance. In addition to monitoring drug resistance nationally, NCHHSTP is working with WHO to monitor emerging resistance globally, and collaborating with the National Institutes for Health to test new combinations of existing drugs.

CDC GUIDES PHYSICIANS ON USE OF PREP

Pre-exposure prophylaxis, or PrEP, is a prevention method that involves people without HIV infection taking daily antiretroviral medication to prevent HIV. In 2012, CDC issued interim guidance for physicians on PrEP for heterosexuals. This guidance was based on the results of two large international clinical trials in which PrEP was found to significantly reduce the risk of HIV infection through heterosexual sex. The guidance supplements existing CDC PrEP interim guidance for MSM, and is designed to ensure that physicians who prescribe PrEP have accurate information about its safe and effective use. NCHHSTP research—particularly the TDF2 Study in Botswana conducted in partnership with the Botswana Ministry of Health—served as the foundation for the clinical guidance.

OTHER EXAMPLES OF NCHHSTP ACTIVITIES AIMED AT PROTECTING PEOPLE INCLUDE:

- Launching a pilot project designed to test new approaches to address the HIV prevention needs of young MSM—a population that is among those most at risk for HIV. DASH is collaborating with partners in San Francisco, New York City, and Philadelphia. The project will address HIV prevention strategies for young black and Latino MSM, including increased HIV testing and treatment and implementation of a social marketing campaign.

- Initiating Community Approaches to Reducing Sexually Transmitted Diseases (CARS). This 3-year project will use community engagement methods and partnerships to build local STD prevention and control capacity. Awards were made to the University of Texas Health Science Center in San Antonio, the Virginia State Department of Health, the Urban Affairs/Youth Outreach Adolescent Community Awareness Program in Philadelphia, and the Health Research Association Inc., in Los Angeles. A total of $5.4 million was awarded for a 3-year period.

- Providing up-to-date information on HIV, viral hepatitis, STDs, and TB via the CDC Web site. The STD section is one of the most frequently visited sections of CDC.gov.

- Releasing Parent Engagement: Strategies for Involving Parents in School Health, which describes strategies and action steps for connecting with parents, engaging parents in school health activities, and sustaining parental engagement. The publication includes stories from the field showing strategies schools have used to engage parents in health promotion http://www.cdc.gov/healthyyouth/AdolescentHealth/pdf/parent_engagement_strategies.pdf.

PROMOTING HEALTH EQUITY

NCHHSTP strives to reduce health disparities in HIV/AIDS, viral hepatitis, STDs and TB by promoting health equity. Health equity is a key focus of NCHHSTP's prevention, policies, and research programs and is one of the six goals of NCHHSTP's Strategic Plan. Health equity focuses on the distribution of resources and other processes that drive a particular kind of health disparity—a systematic inequality in health or in its social determinants such as poverty, unequal access to health care, lack of education, racism, and stigma. Some examples of recent activities that aim to address health equity by focusing on populations disproportionately affected by these diseases are listed below.

RAISING AWARENESS OF HEPATITIS B AND C AMONG AFFECTED POPULATIONS

Asian and Pacific Islanders (APIs) make up less than 5% of the total population in the United States, but account for more than 50% of Americans living with chronic hepatitis B. Approximately 1 in 12 APIs is living with chronic hepatitis B, but most of those infected do not know it. Despite these high rates, many APIs are not tested for hepatitis B. As a result, chronic hepatitis B and associated liver cancer in APIs is one of the most serious health disparities in the United States.

NCHHSTP awarded nearly $10 million from the Affordable Care Act's Prevention and Public Health Fund in 2012. These funds support projects that will encourage earlier diagnosis of hepatitis B and hepatitis C to help infected people get into needed care and raise awareness among Asian Americans and other populations who are most affected.

To help address the challenges of chronic viral hepatitis infection, NCHHSTP awarded funding to 32 organizations to expand testing for hepatitis B and hepatitis C and enhance linkage to care, treatment, and prevention for those found to be infected. These new hepatitis prevention projects will also target baby boomers to encourage testing for hepatitis C and Asian Americans to be tested for hepatitis B.

Also included among these projects is a new, multi-lingual campaign designed to increase awareness and encourage hepatitis B testing among Asian Americans and the *Know More Hepatitis* campaign. Education and training materials for health care professionals to enhance their knowledge of hepatitis B and C are also funded.

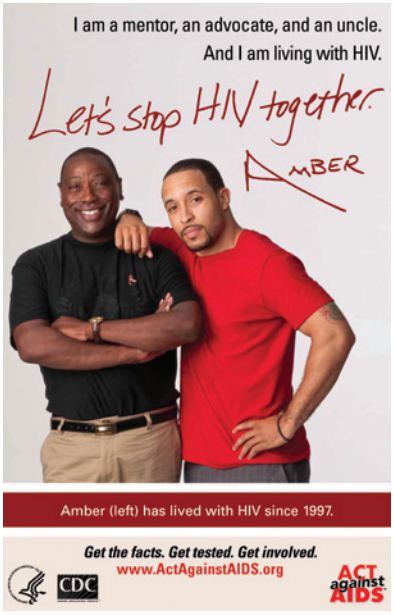
INCREASING IMPACT OF HIV PREVENTION FOR RACIAL AND ETHNIC MINORITIES

Using funds made available to CDC through the Secretary of Health and Human Services' Minority AIDS Initiative, NCHHSTP made awards to eight state health departments under its Funding Opportunity Announcement—Care and Prevention in the United States (CAPUS)—in 2012. Addressing social determinants of health is a key focus of the awards.

A total of $44.2 million in CAPUS funds is estimated to be available over a 3-year period to expand HIV prevention services for minority communities with a high HIV disease burden, a disproportionate rate of AIDS diagnoses and associated mortality, and an evident effect of social and structural determinants of health. These awards are designed to promote a partnership between health departments and those high-prevalence communities to increase testing, linkage to, and retention in care among racial and ethnic minorities. CAPUS grantees will also use their funding to address some of the most critical social determinants of health that affect access to HIV prevention and care among these populations.

FIGHTING STIGMA AND COMPLACENCY WITH A NEW CAMPAIGN

In July 2012, NCHHSTP announced the nationwide launch of *Let's Stop HIV Together*—a new HIV awareness and anti-stigma campaign featuring individuals with HIV who share their personal stories along with their friends and family, and call on Americans to help stop the spread of HIV. It is reaching millions of Americans through print, online, and outdoor advertisements, and through social media such as Facebook and Twitter.



In addition to fighting stigma, *Let's Stop HIV Together* combats complacency by showing that the HIV epidemic touches every corner of America, regardless of race, gender, or sexual orientation. The campaign is part of NCHHSTP's Act Against AIDS Initiative—a 5-year national communication effort that seeks to draw attention to the AIDS crisis in the United States and advance the goals of the National HIV/AIDS Strategy.

In its first 3 months, the L*et's Stop HIV Together* campaign garnered more than 318 million impressions through extensive ad placement and outreach in 17 cities across the United States. The campaign received coverage in more than 40 different print, online, and broadcast media outlets, including USA Today, ABCNews.com, and NBCNews.com. Campaign videos received more than 587,000 views on YouTube.

HIGHLIGHTING YOUTH RISK BEHAVIORS AND DISPARITIES

In 2012, NCHHSTP released the 2011 Youth Risk Behavior Surveillance System summary, which included data on the prevalence of youth risk behaviors across the nation in 43 states and 21 cities. Also released at the same time were 1,019 different fact sheets that made these data more relevant and actionable for states and cities. Many of these fact sheets highlighted racial and ethnic disparities in the prevalence of youth risk behaviors.

YRBS data released at the International AIDS Conference showed that the number of black high school students engaging in sexual risk behaviors for HIV has declined dramatically in 20 years—significantly reducing the disparities in risk between black youth and youth of other racial or ethnic groups. In 1991, black students were nearly two-thirds more likely to have had sexual intercourse and almost three times as likely to report having multiple partners, as compared with white students. By 2011, the disparity between black and white students who had ever engaged in sex was cut in half, and the difference in the likelihood of having multiple sex partners declined even more (58 percent). However, black students still continued to report higher levels of sexual risk behavior than their white or Hispanic peers, with the exception of reporting significantly higher levels of condom use.

The number of states and cities participating in YRBS that included questions on their surveys about students' sexual identity or the sex of their sexual contacts increased from 15 in the 2009 YRBS report to 25 in the 2011 YRBS report. This progress will greatly strengthen DASH's efforts to analyze data that highlight the many health risk behavior disparities experienced by sexual minority youth.

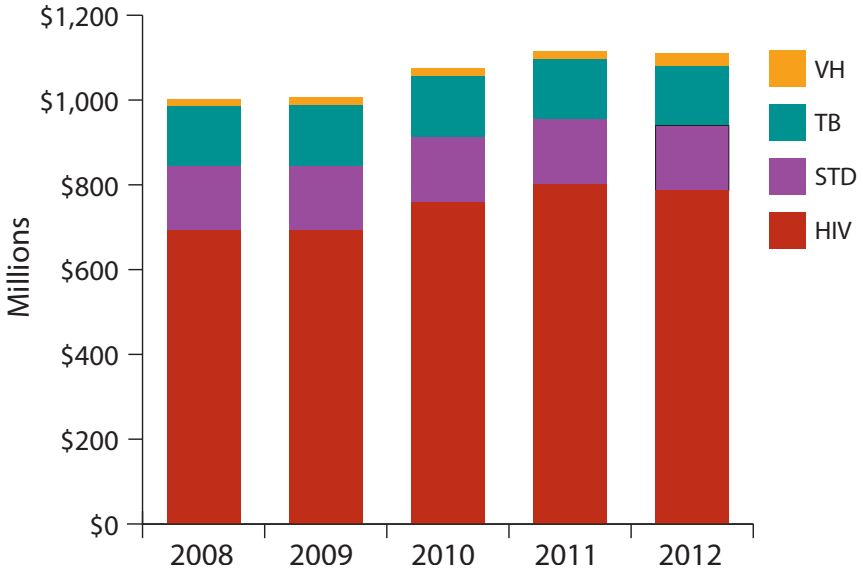
OTHER EXAMPLES OF NCHHSTP ACTIVITIES AIMED AT PROMOTING HEALTH EQUITY:

- Held a Youth HIV/STD Prevention and Sexual Health External Expert Review, which brought experts to Atlanta to discuss NCHHSTP's youth portfolio.
- Launched a Spanish TB website. The website targets the general public and provides a variety of basic Spanish-language TB information on exposure, testing, and treatment. The site includes translated fact sheets, publications, and posters, as well as recorded video and audio podcasts.
- Held a series of community engagement sessions with various health department officials and community leaders nationwide to discuss the disproportionate burden of the HIV/AIDS epidemic and STDs among young MSM. The purpose of these sessions was to give local leadership and community members the opportunity to speak directly to CDC leadership regarding strategies to best address the ongoing HIV/AIDS epidemic, STDs, and other sexual health-related issues among MSM of color.

not to raise
my hand
in violence.
Together we will find a cure
Community Engagement Sessions
Lamont Scal

BUDGET

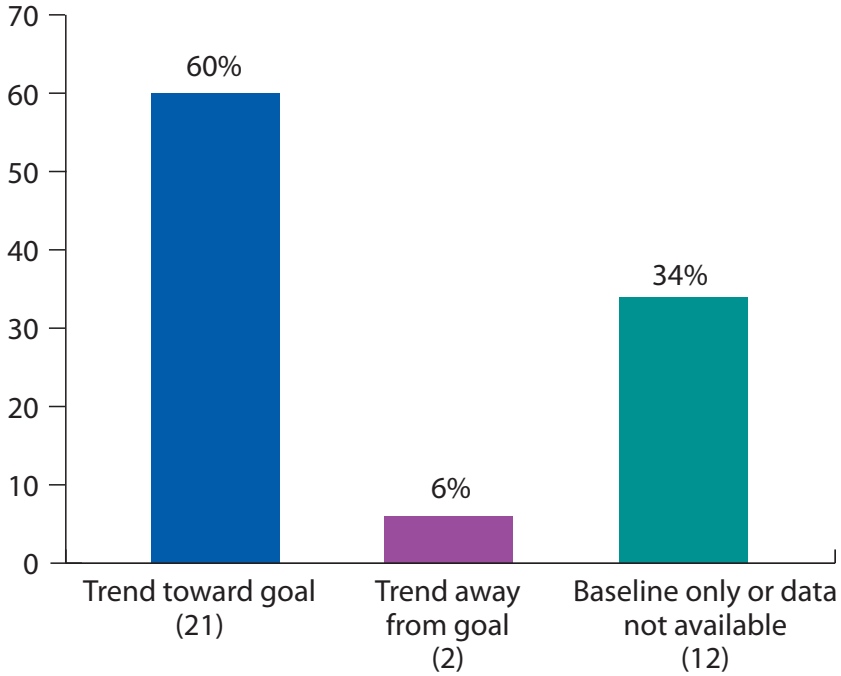
Figure 1: NCHHSTP Domestic Program Budget FY 2008-2012



Notes: FY 2010 HIV amount includes $30 million from the Affordable Care Act's Prevention and Public Health Fund (ACA/PPHF). FY 2012 VH amount includes $10 million from ACA/PPHF. FY 2011 and 2012 HIV amounts reflect the transfer of HIV school health funding to NCHHSTP.

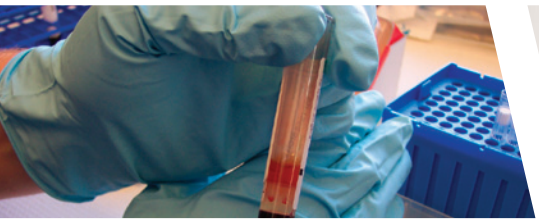
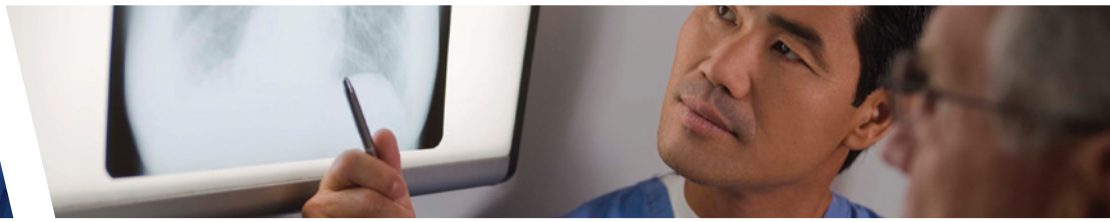
Except for domestic HIV/AIDS and viral hepatitis prevention and research, appropriations for NCHHSTP's programs have remained relatively stable over the past 5 years.

Figure 2: FY 2012 NCHHSTP Performance Indicators (35 total) All Divisions & Programs



NCHHSTP reports on 35 performance measures in its annual budget request to Congress. These measure help CDC assess the extent to which our efforts in HIV/AIDS, viral hepatitis, STD, and TB prevention result in real changes in health. CDC anticipates reporting on a greater proportion of measures in the future.

CDC 24/7 Saving Lives. Protecting People.™

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TYY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov, Web: www.cdc.gov/nchhstp

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