

# Centers for Disease Control and Prevention

## National Center for HIV, Viral Hepatitis, STD, and TB Prevention



NCHHSTP Update

## NCHHSTP Update

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis,  
and STD Prevention and Treatment

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**National Center for HIV, Viral Hepatitis, STD and TB Prevention**

# NCHHSTP Strategic Plan 2022-2026



[www.cdc.gov/nchhstp/strategicpriorities](https://www.cdc.gov/nchhstp/strategicpriorities)

**Vision:** A future free of HIV, viral hepatitis, STIs, and tuberculosis

**Mission:** Prevent infections, morbidity, mortality, health inequities, and stigma associated with HIV, viral hepatitis, STIs, and tuberculosis in the United States

## Core Values:

- Excellence
- Equity
- Diversity, Inclusion, Accessibility, and Belonging
- Integrity
- Transparency

## Overarching Goals

1. Reduce Incidence of HIV, Viral Hepatitis, STIs, and TB
2. Reduce Morbidity and Mortality of HIV, Viral Hepatitis, STD, and TB Infections
3. Reduce Disparities and Promote Health Equity
4. Achieve Organizational Excellence

# CDC Moving Forward

In April 2022, the CDC Director launched a review of the agency:

- Scientific and Programmatic Review
- Structural Review

CDC Moving Forward launched August 17, 2022 includes four inter-related efforts aimed to better position CDC to achieve its vision:

- **Implement changes to improve** how CDC develops and delivers its data and science during public health responses, as well as normal operations
- **Stand up new internal systems, processes, and governance** within the agency to improve accountability, collaboration, communication, and timeliness within CDC and with its customers, at all levels of the organization
- **Reorganize** the agency to breakdown silos, elevate core capabilities, and better leverage resources
- **Articulate new programs, authorities, and flexibilities** that will better position CDC and public health for future response activities



# Public Health Workforce Development:

CDC's CSELS OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

**CDC's CSELS OE22-2203<sup>1</sup> grant will provide funding to improve critical public health infrastructure needs and is supported in part by the American Rescue Plan Act<sup>2</sup>.**

**This program aims to:**

1. Address the historic underinvestment in communities that are economically or socially marginalized, rural communities, and communities with people from racial and ethnic minority groups
2. Provide cross-cutting support to public health agencies for critical infrastructure needs related to workforce, foundational capabilities, and modernizing public health data systems
3. Provide funding to national public health partners to support this work

The **cornerstone** of this work will be demonstrating and improving the health department's ability to **advance health equity** and **address health disparities** for populations at higher risk and in medically underserved communities.

1. <https://www.grants.gov/web/grants/view-opportunity.html?oppld=340034>

2. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/13/fact-sheet-biden-harris-administration-to-invest-7-billion-from-american-rescue-plan-to-hire-and-train-public-health-workers-in-response-to-covid-19/>



# Division of HIV Prevention

# CDC Programmatic EHE Updates

**100,000 free HIV self-test kits**

**250,000 HIV tests & 1,000 people newly diagnosed**

**More than 18,000 PrEP prescriptions**

**108 SSPs with ~50% being mobile**

**Over 200 clusters detected**

**Ending  
the  
HIV  
Epidemic**

# New Releases



## Data Releases

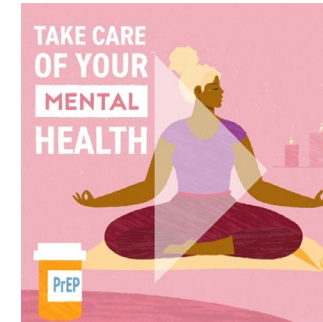
**2020 Surveillance Report**

**2020 Monitoring Report**

**Medical Monitoring Project Report 2020  
Cycle (June 2020–May 2021)**

**HIV Surveillance Data Tables (preliminary  
data)**

<https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-33/index.html>  
<https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-27-no-3/index.html>  
<https://www.cdc.gov/hiv/library/reports/hiv-surveillance-special-reports/no-29/index.html>  
<https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-3-no-3/index.html>



## Communication Products

**Status Neutral Issue Brief**

**HIV and Transgender Communities Issue  
Brief**

**HIV Self-Testing Issue Brief**

**#Sheswell campaign**

**HIV Prevention in the United States:  
Mobilizing to End the Epidemic**

<https://www.cdc.gov/hiv/policies/data/index.html>  
<https://www.cdc.gov/hiv/policies/strategic-priorities/mobilizing/index.html>  
<https://www.cdc.gov/stophivtogether/sheiswell/index.html>

# Funding Awarded

- **Transgender Status-Neutral Community-to-Clinic Models**
- **Mass Mailing of HIV Self-Tests**
- **Enhanced Surveillance of Persons with Early and Late HIV Diagnosis**
- **Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States**



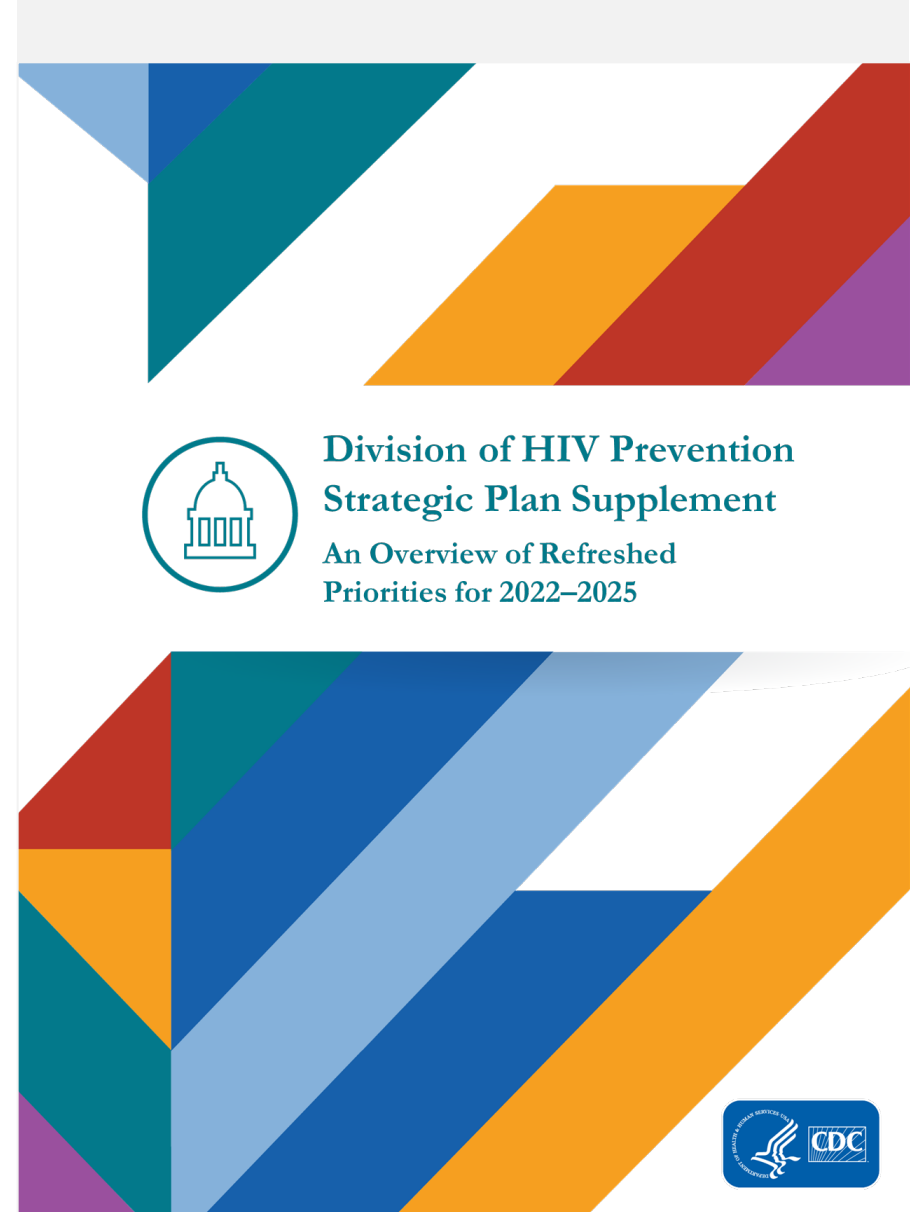
# 2022-2025 Strategic Plan Supplement

DHP's existing 2017-2020 Strategic Plan remains valid and outlines strategies and indicators that guide division activities.

To build on the existing Strategic Plan, DHP developed a **supplement with refreshed priorities for 2022-2025.**

## The 2022-2025 Strategic Plan Supplement:

- Serves as a companion document to the 2017-2020 Strategic Plan
- Incorporates the 2022-2025 National HIV/AIDS Strategy
- Integrates the Ending the HIV Epidemic in the US Initiative Pillars
- Aligns with the new DHP organizational structure



# Cross-Cutting Focus Areas to Reach HIV Prevention



## Health Equity

The impact of racism, homophobia, transphobia, and stigma significantly exacerbates the health disparities experienced within the communities that DHP serves. DHP is committed to making health equity central to its efforts so that all people can benefit from available HIV prevention and care resources.



## Status Neutral Approach

DHP's goal of "No New HIV Infections" requires a bold and comprehensive delivery method for HIV prevention and care. Adopting a status-neutral and "whole person" approach to people in need of prevention and care services can address these similar needs, along with HIV-related stigma.



## Community Engagement

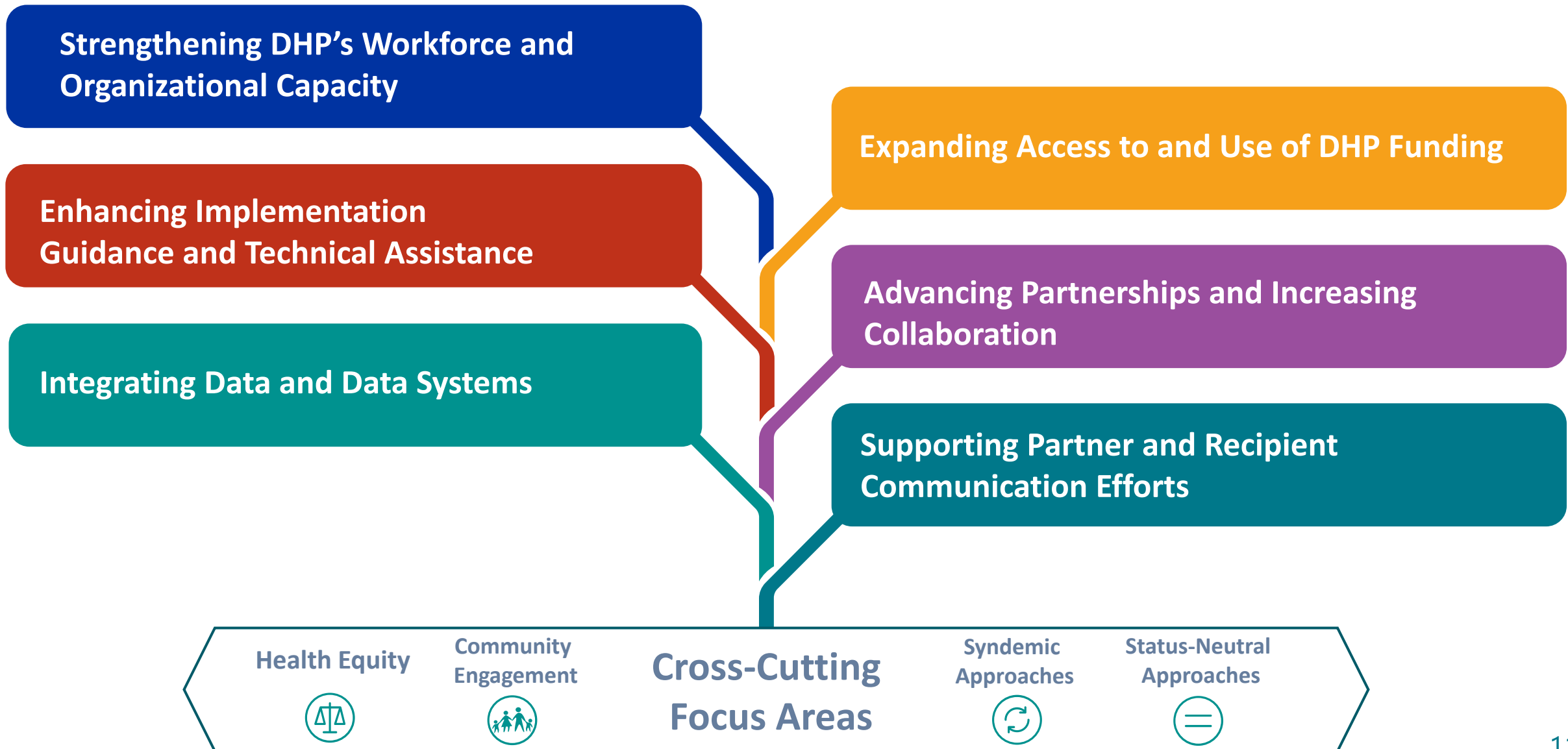
DHP recognizes that there is an opportunity to expand how it engages with communities and to increase the number and diversity of partnerships. A comprehensive approach to community engagement and different types of partnerships can expand prevention efforts and provide more rapid and directed care to reach people who can most benefit.



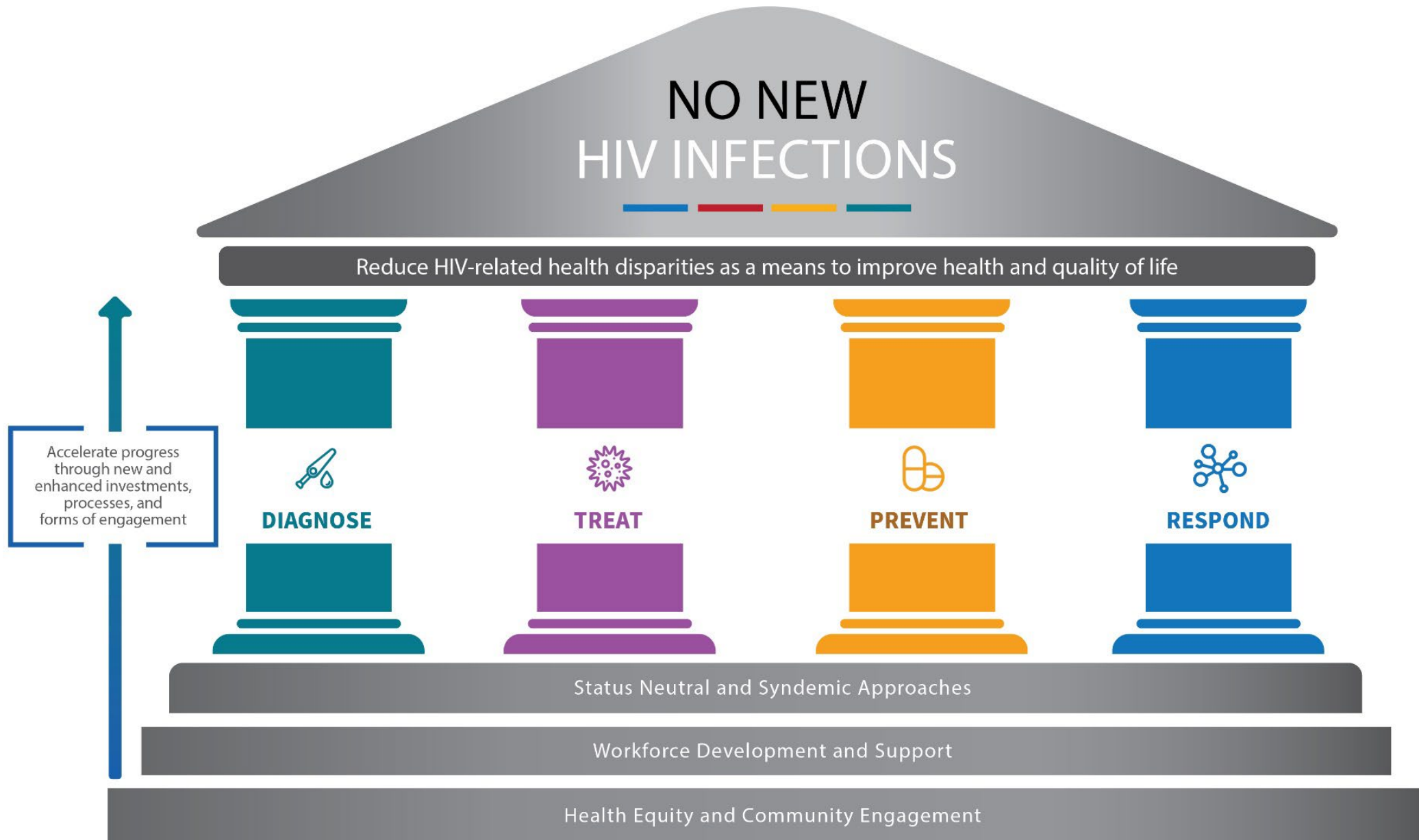
## Syndemic Approach

Syndemics are epidemics – of diseases or health conditions such as viral hepatitis, STIs, drug use and mental health– that interact with each other and by that interaction increase their adverse effects on the health of communities that face systematic, structural, and other inequities. Collectively addressing these intersecting conditions and SDOHs can result in better HIV prevention and care outcomes by prioritizing the whole person.

# Investment Areas Promote Equity, Engagement, and the Syndemic Approach



# The Strategic Framework Integrates EHE Pillars

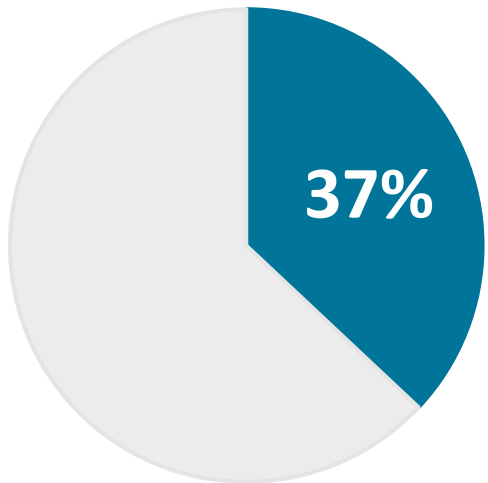


# Division of Adolescent and School Health

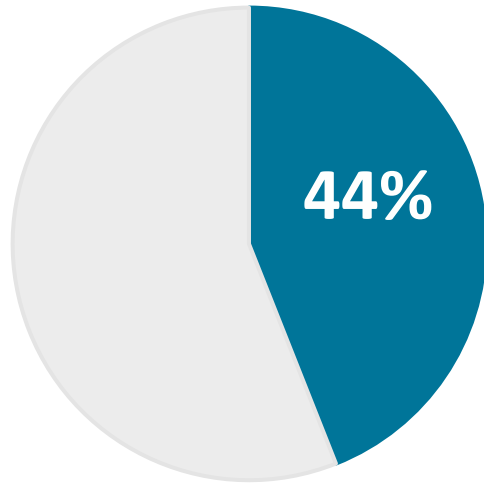


# Adolescents Are Experiencing a Mental Health Crisis

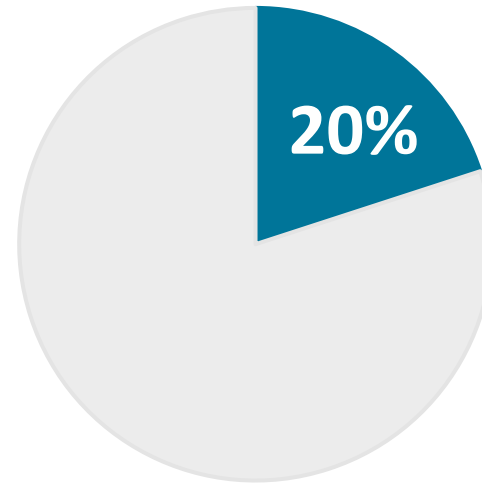
More than 1 in 3 had **poor mental health during the pandemic**



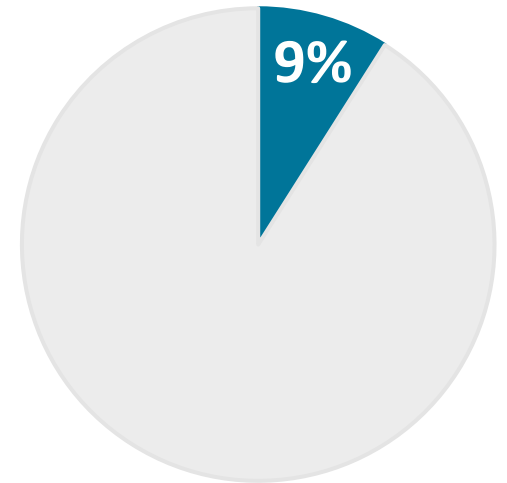
Nearly half **felt persistently sad or hopeless** in the past year



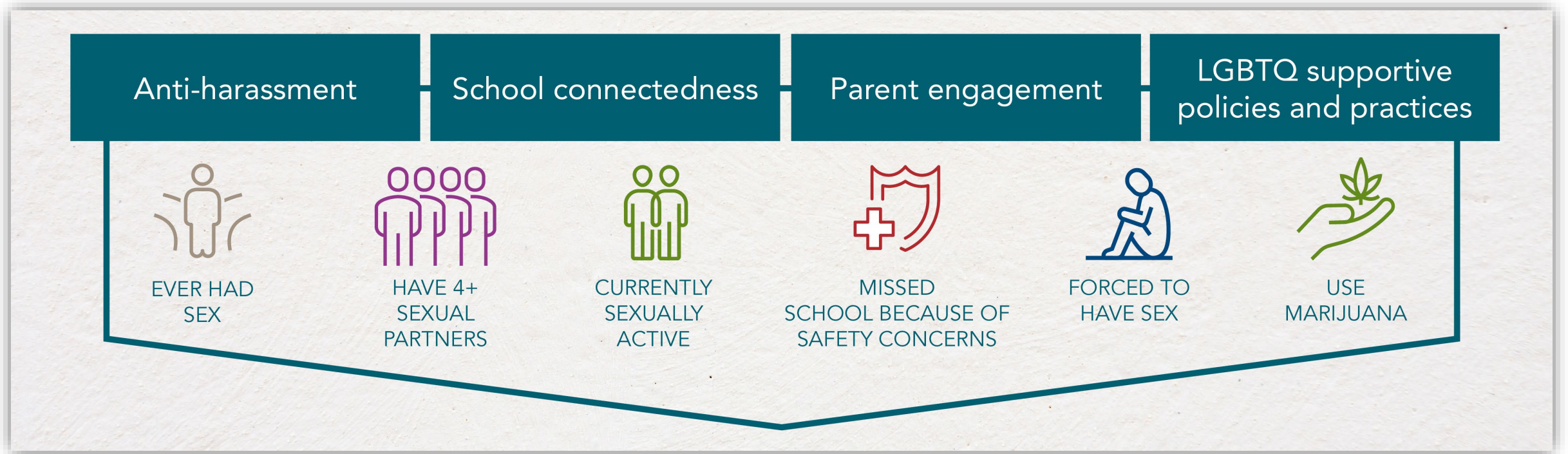
Two in ten **seriously considered suicide** in the past year



Nearly 1 in 10 **attempted suicide** in the past year

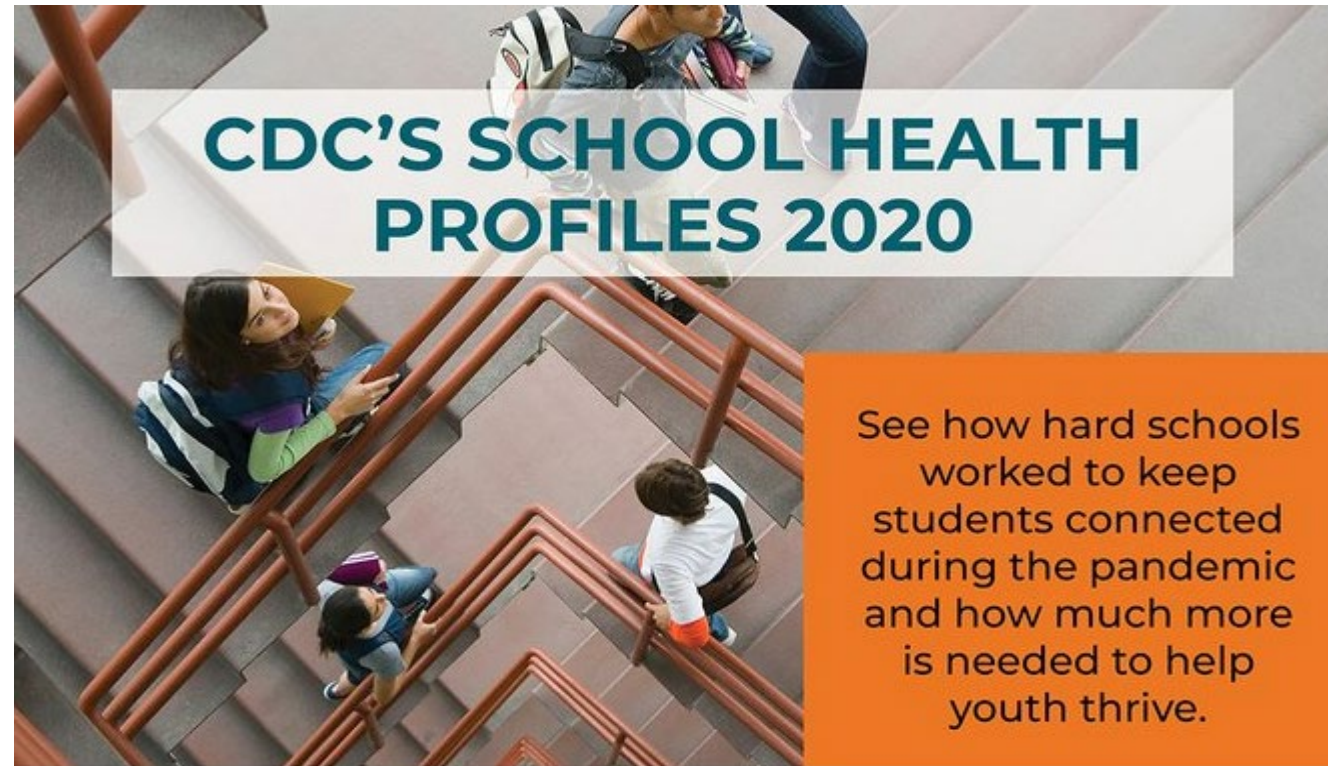


# Safe and Supportive Environments Positively Impact Adolescent Behaviors and Experiences



**More activity = greater impact**

# New Data Out Now: School Health Profiles 2020

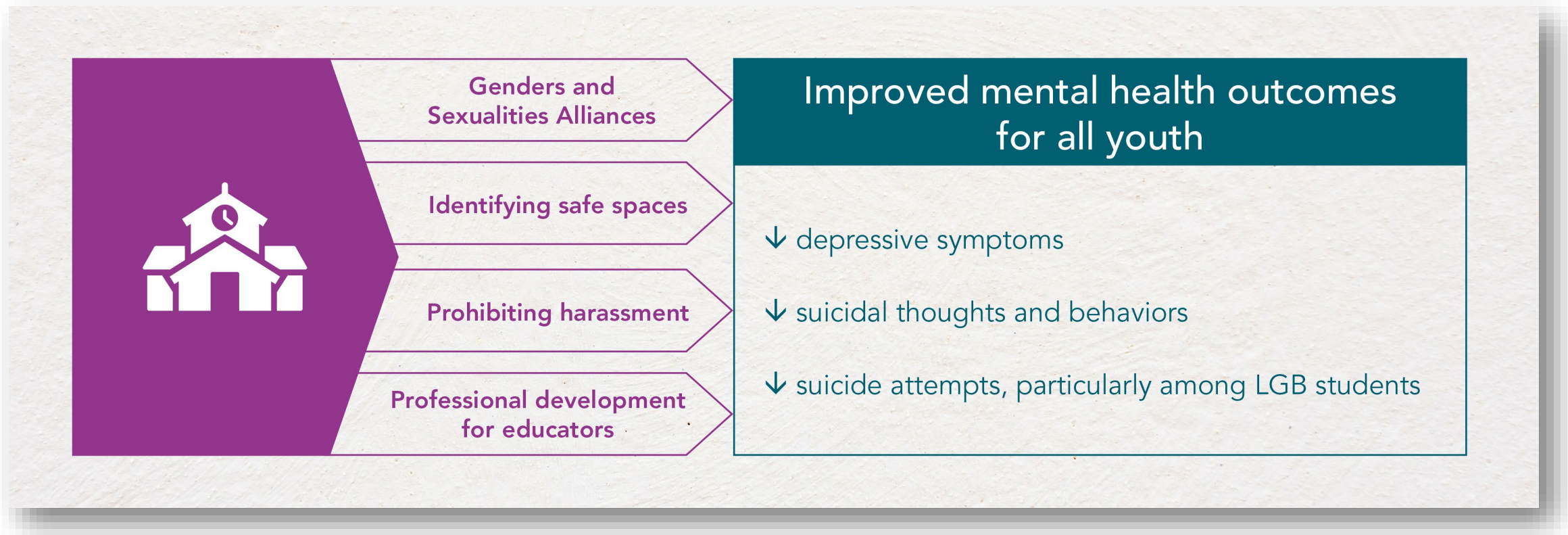


[cdc.gov/healthyyouth/profiles](https://cdc.gov/healthyyouth/profiles)





# LGBTQ-Supportive School Policies and Practices Protect All Youth



# Division of STD Prevention

# STIs Increased Again in 2021 with Continued Disparities Among Blacks/African Americans and American Indians/Alaska Natives

## STI Rates by Race and Ethnicity

Rate Per 100,000

### Chlamydia

Black/African American



American Indian/Alaska Native



National



White



2017

2021

### Gonorrhea



2017

2021

### Syphilis



2017

2021

# DSTDP Strategic Plan 2022-2026

- 1 Prevent New STIs
- 2 Improve the health of people by reducing adverse outcomes of STIs
- 3 Accelerate Progress in STI Research, Prevention, and Technology
- 4 Reduce STI-related health disparities and health inequities
- 5 Achieve integrated and coordinated efforts to address the STI epidemic
- 6 Enhance and support an effective internal workforce

# Moving the Needle on Identifying STI Research Priority Areas

## External STI Research Agenda Meeting: 4 Identified Areas

1

Understand PoC test: dissemination, impact & outcomes, integration into existing care, surveillance impact, and cost implications

2

Better understand the etiology of STI syndromes, and screening/treatment options/outcomes

3

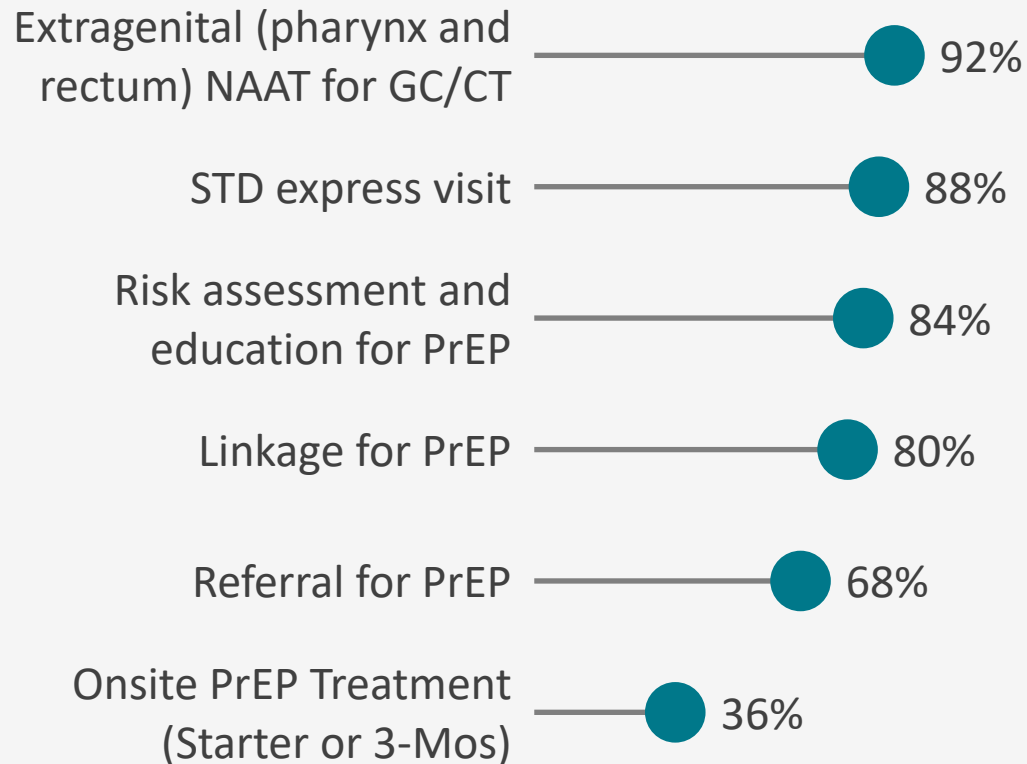
Improve understanding of the outcomes and impact at the individual and population level for STI screening

4

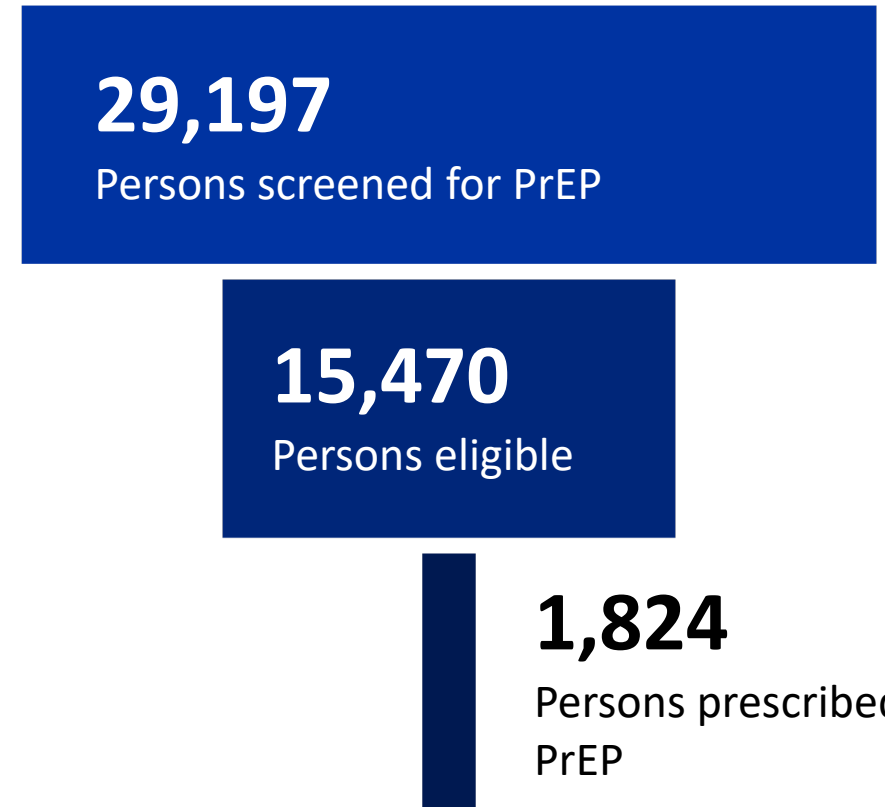
Development of STI vaccines

# Scaling Up HIV Prevention Services in 26 STD Specialty Clinics in 16 States

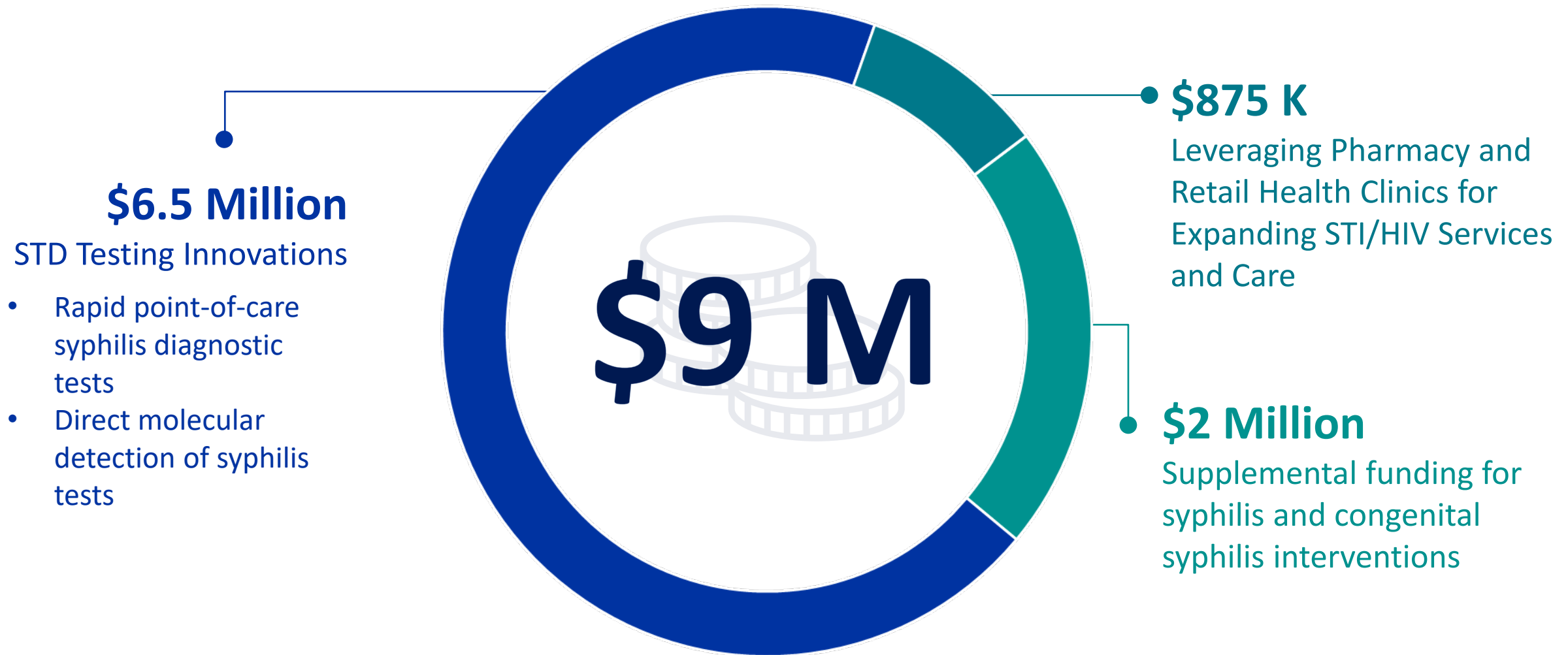
## Percentage of STD Clinics Providing HIV-related Services



## HIV Pre-Exposure Prophylaxis (PrEP)



# Investing \$9 Million in Funding Innovations for STI Testing & Service Delivery



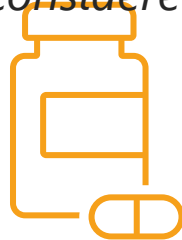
# Consideration of Potential Doxy-PEP Interim Guidance

Efficacy data **applies to gay and bisexual men and transgender women**



**Doxycycline 200 mg administered within 24-72 hours** of condomless sex was the regimen evaluated in the NIH-funded study

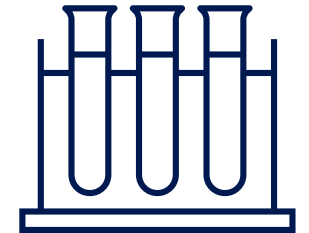
*Other antibiotics should not be considered for PEP.*



**Inform patients** about the potential STI prevention benefits of doxy-PEP & **counsel patients** about potential adverse side effects



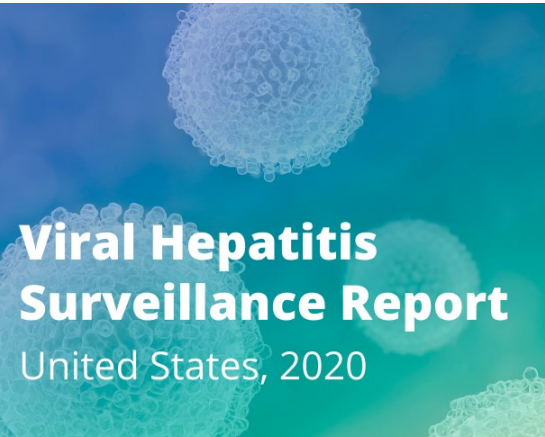
**Continue to screen, test, and treat for bacterial STIs** among people who may be using doxycycline as PEP or PrEP





# Division of Viral Hepatitis

# New Data Released in 2020 Viral Hepatitis Surveillance Report and Viral Hepatitis National Progress Report, 2022



**Hepatitis A Cases Decreased during 2020**  
After annual increases during 2015–2018, hepatitis A cases decreased **47%** from 2019 through 2020.



**Acute Hepatitis B Cases Abruptly Decreased during 2020**  
After a decade of stable rates, the rate of acute hepatitis B abruptly decreased by **32%** after 2019.



**Acute Hepatitis C Cases Increased during 2020**  
The incidence rate of acute hepatitis C has **doubled** since 2013 (124% increase), and during 2020 increased **15%** from 2019.



**Hepatitis A**  
During 2020, 49 states and the District of Columbia reported 9,952 hepatitis A cases corresponding to 19,900 estimated infections.



**Hepatitis B**  
During 2020, 44 states reported 2,157 acute hepatitis B cases corresponding to an estimated 14,000 infections; and 39 states reported a total of 11,635 newly identified chronic hepatitis cases.



**Hepatitis C**  
During 2020, 44 states reported a total of 4,798 acute hepatitis C cases, corresponding to 66,700 estimated infections, and 41 states reported a total of 107,300 newly identified chronic hepatitis C cases.

	Baseline 2017 data year	2020 Observed (Annual Target*)	2025 Goal 2023 data year	Trend	2020 Statu
<b>Hepatitis A</b>					
Reduce estimated <sup>1</sup> new hepatitis A virus infections by $\geq 40\%$	6,700	19,900 (5,350)	4,000		
<b>Hepatitis B</b>					
Reduce estimated <sup>1</sup> new hepatitis B virus infections by $\geq 20\%$	22,200	14,000 (20,100)	18,000		
Reduce reported rate <sup>2</sup> of new hepatitis B virus infections among persons who inject drugs <sup>3</sup> by $\geq 25\%$	1.4	0.7 (1.2)	1.0		
Reduce reported rate <sup>2</sup> of hepatitis B-related deaths by $\geq 20\%$	0.46	0.45 (0.42)	0.37		
Reduce reported rate <sup>2</sup> of hepatitis B-related deaths among Asian and Pacific Islander persons by $\geq 25\%$	2.45	2.46 (2.15)	1.84		
<b>Hepatitis C</b>					
Reduce estimated <sup>1</sup> new hepatitis C virus infections by $\geq 20\%$	44,700	66,700 (39,850)	35,000		
Reduce reported rate <sup>2</sup> of new hepatitis C virus infections among persons who inject drugs <sup>3</sup> by $\geq 25\%$	2.3	2.9 (2.0)	1.7		
Reduce reported rate <sup>2</sup> of hepatitis C-related deaths by $\geq 20\%$	4.13	3.45 (3.57)	3.00		
Reduce reported rate <sup>2</sup> of hepatitis C-related deaths among American Indian and Alaska Native persons by $\geq 30\%$	10.24	10.17 (8.71)	7.17		
Reduce reported rate <sup>2</sup> of hepatitis C-related deaths among non-Hispanic Black persons by $\geq 30\%$	7.03	5.63 (5.98)	4.92		

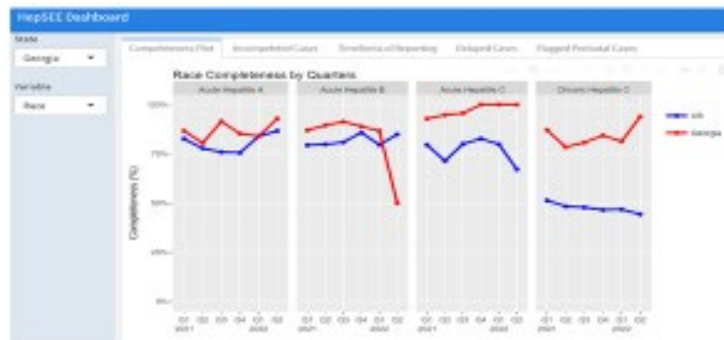
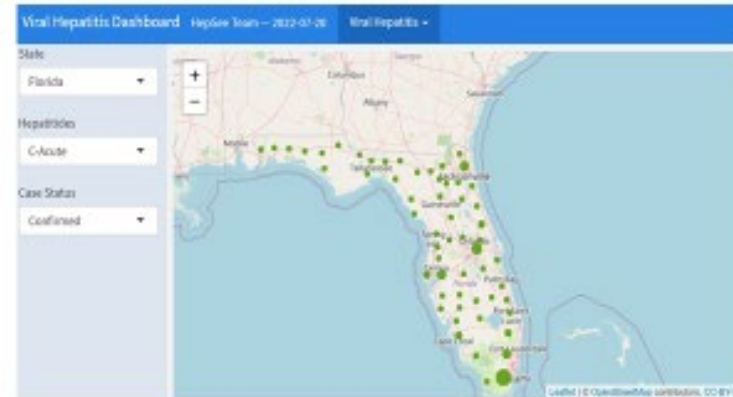
\* Annual targets assume a constant (linear) rate of change from the observed baseline (2017) to the 2025 goal (2023 data year).  
<sup>1</sup> The number of estimated viral hepatitis infections was determined by multiplying the number of reported cases by a factor that adjusted for underascertainment and underreporting (CDC 2020 Viral Hepatitis Surveillance Report and Klevens, et al, 2014).  
<sup>2</sup> Per 100,000 population.  
<sup>3</sup> Persons aged 18–40 years were used as a proxy for persons who inject drugs.

Met or exceeded current annual target
 Moving toward annual target, but annual target was not fully met
 Annual target was not met and has not changed or moved away from annual target

# HepSEE Dashboard for Health Departments monitors, analyzes, and disseminates viral hepatitis data

## Dashboard Prototype

For internal use only; not for distribution or public use



This screenshot shows the 'Case Details' section of the HepSEE dashboard for Alabama. It includes a table with columns for State, Year, Week, Event, CaseID, Last Update, and Missing. The table lists five cases, all from 2012, with CaseIDs ranging from CAS1246403AL01 to CAS1246405AL01. The 'Last Update' column shows dates from 05/25/2012 to 05/27/2012. The 'Missing' column indicates 'NeedleStick' for all cases.

State	Year	Week	Event	CaseID	Last Update	Missing
Alabama	2012	21	Chronic Hepatitis C	CAS1246403AL01	05/25/2012	NeedleStick
Alabama	2012	21	Chronic Hepatitis C	CAS1246404AL01	05/27/2012	NeedleStick
Alabama	2012	21	Chronic Hepatitis C	CAS1246405AL01	05/26/2012	NeedleStick
Alabama	2012	21	Chronic Hepatitis C	CAS1246406AL01	05/26/2012	NeedleStick
Alabama	2012	21	Chronic Hepatitis C	CAS1246407AL01	05/25/2012	NeedleStick

# CDC Launches First Program Dedicated to Supporting Syringe Services Programs (SSPs)

## Strengthening Syringe Services Programs (CDC-RFA-PS22-2208) awarded September 2022 for 5 years

### Aims



Increase access to harm reduction services for people who use drugs

&



Prevent hepatitis C, hepatitis B, HIV, and other infectious diseases and complications associated with injection drug use

### Component 1: RTI International



Support a national network of SSPs and oversee implementation and use of an annual national survey of SSPs

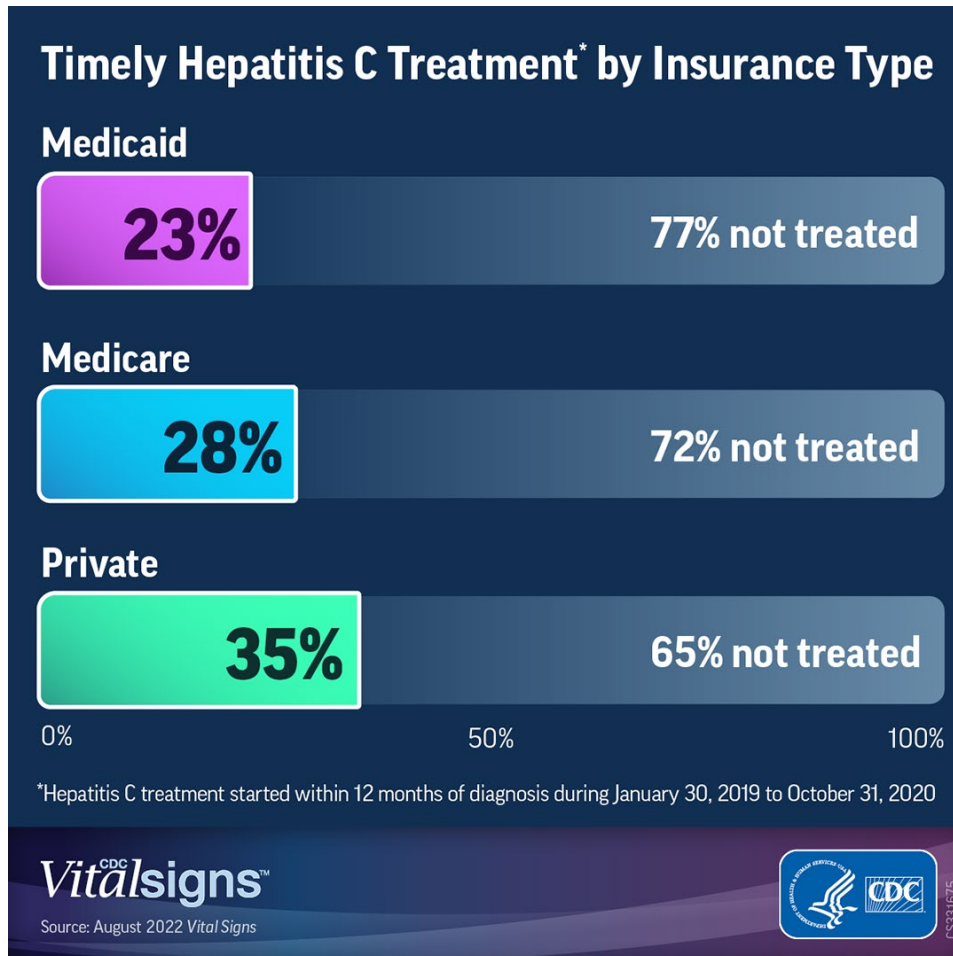
### Component 2: NASTAD



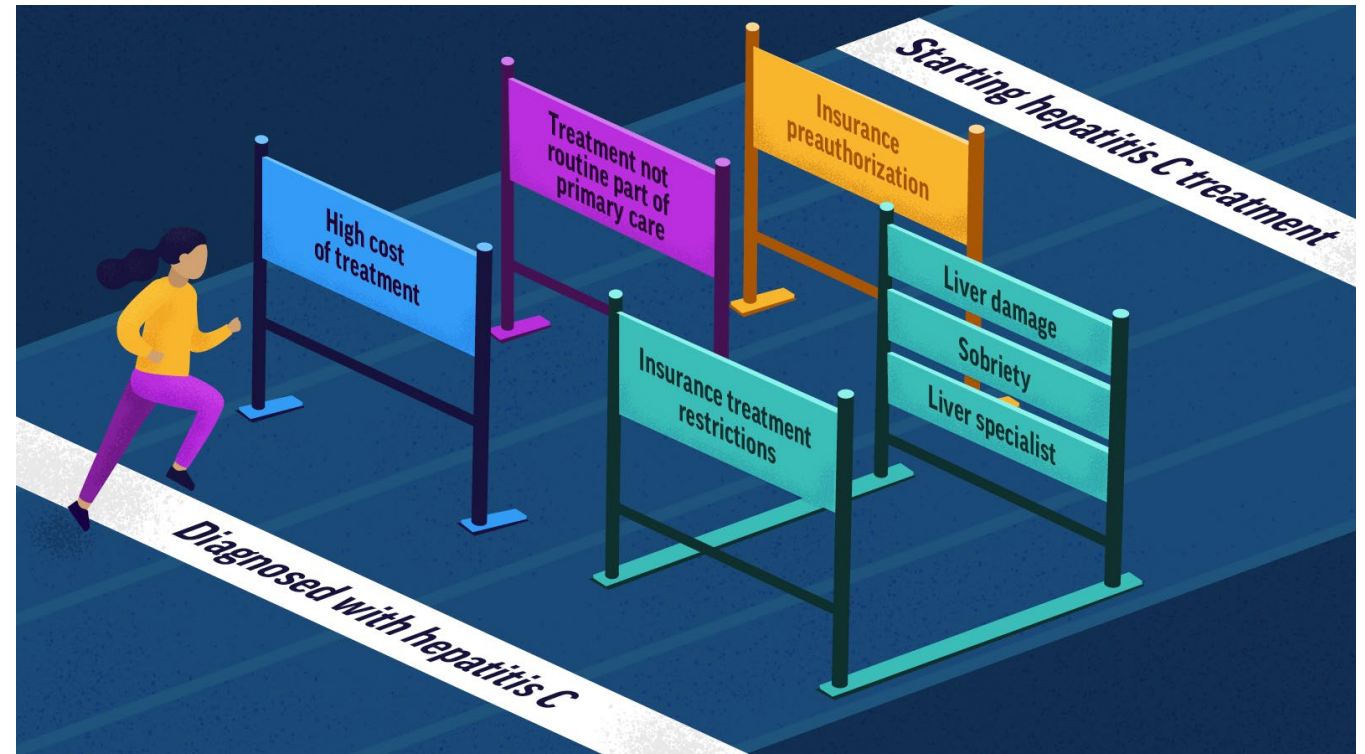
Strengthen implementation of SSPs in the United States, territories and affiliated states, and tribal nations

# Too Few People Treated for Hepatitis C (MMWR, August 2022) Reducing Barriers Can Increase Treatment and Save Lives

## Very Few People with Hepatitis C and Insurance Receive Treatment



## People with Hepatitis C Face Multiple Barriers to Receiving Treatment



# Division of TB Elimination

# Think. Test. Treat TB

- **First national communications campaign to increase testing for latent tuberculosis infection**
- **Partner engagement**
  - National, state, and local TB partners
  - Community-based organizations and clinics
  - Professional healthcare provider organizations
- **Over 55,000 visits to *Think. Test. Treat TB* website**
- **Over 35,000 materials shipped to 44 states, D.C., and 4 territories**



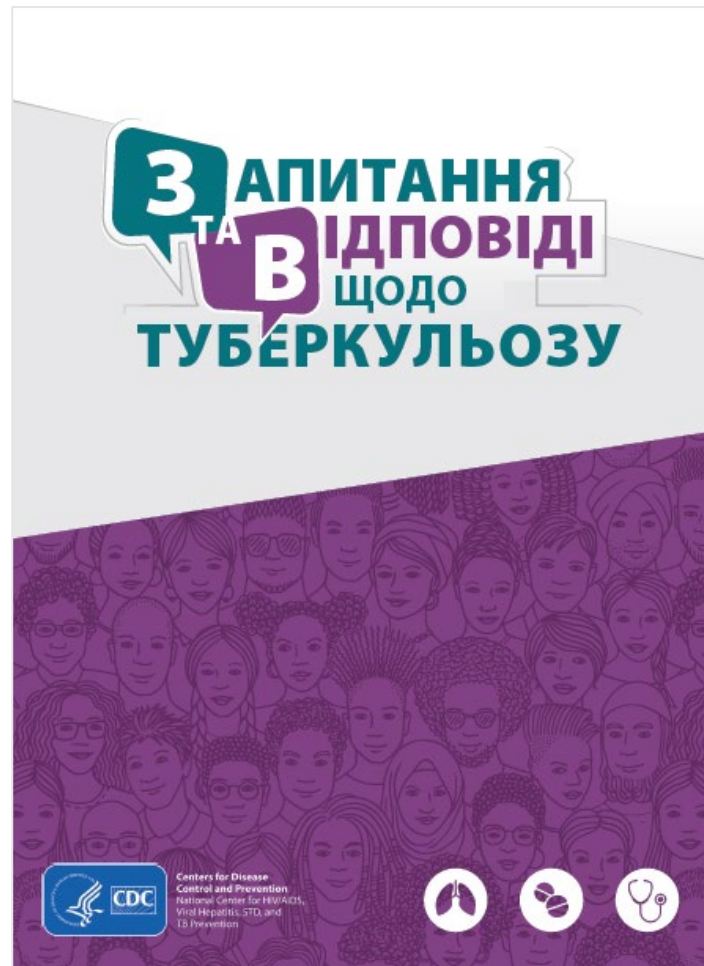
# Uniting for Ukraine



- **Supplemental appropriations**  
([Public Law 117-128](#))
  - Nearly \$8 million awarded
  - Total amount of supplemental funds available is \$29 million
- **Tuberculosis Requirement**
  - IGRA and any subsequent TB examinations within 90 days of entry to the US



# Health Department Toolkits



## ■ Toolkit for Health Departments

- Patient education resources in Ukrainian and Russian
- Links to Uniting for Ukraine resources from key partners
- Information for TB programs, arrivals and sponsors

## ■ Communications and Outreach Support

# Thank you!

**For more information, contact:  
Advisory Committee Management Team  
[nchhstppolicy@cdc.gov](mailto:nchhstppolicy@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.

