

# NACCHO HSW Convening: DHP Update

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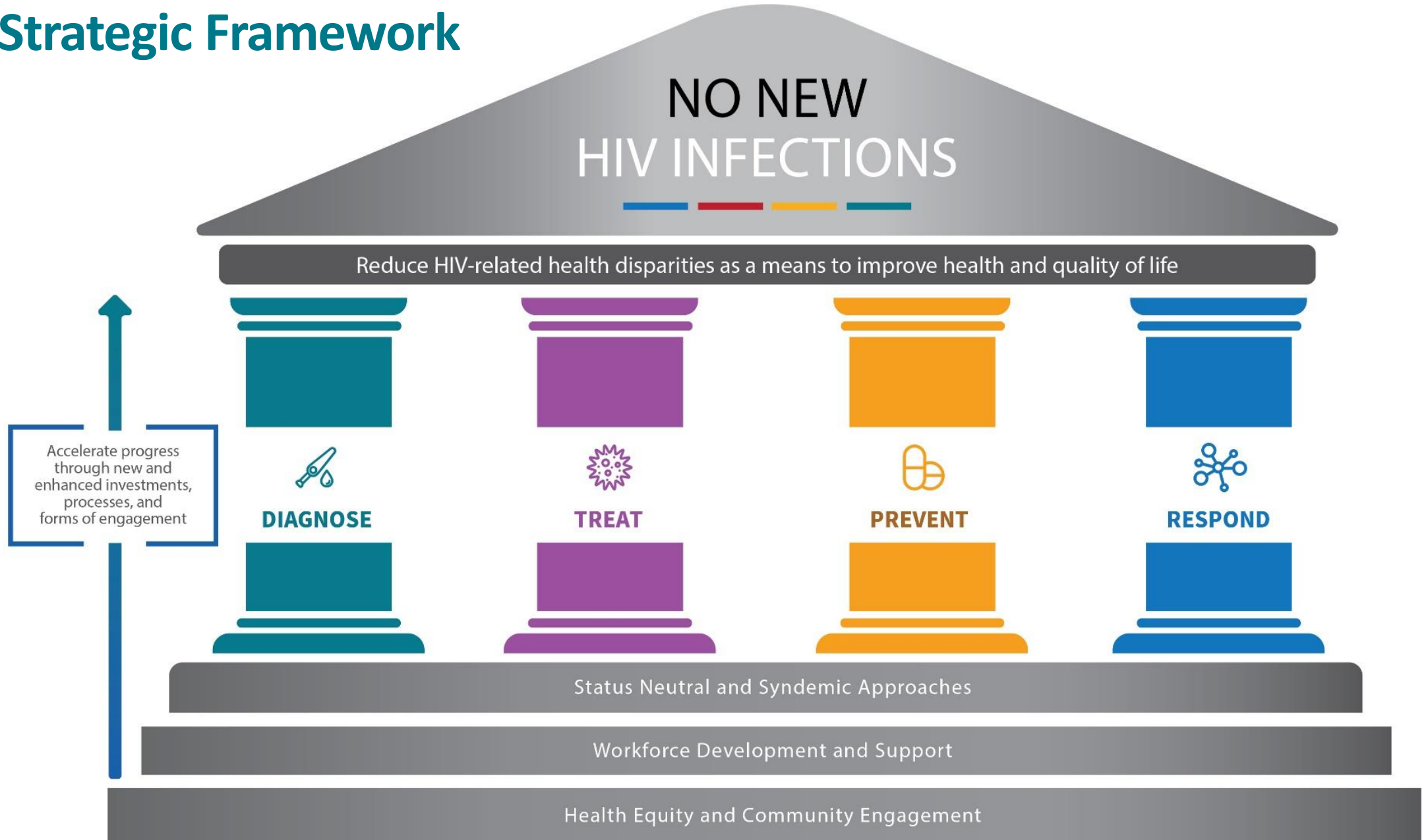
# Overview

- **DHP Strategic Plan Update**
  - Background, Focus Areas, Investment Areas
- **Programmatic Updates by Pillars**
  - Diagnose, Treat, Prevent, and Respond
- **Resources**



# **DHP Strategic Plan Supplement**

# The Strategic Framework



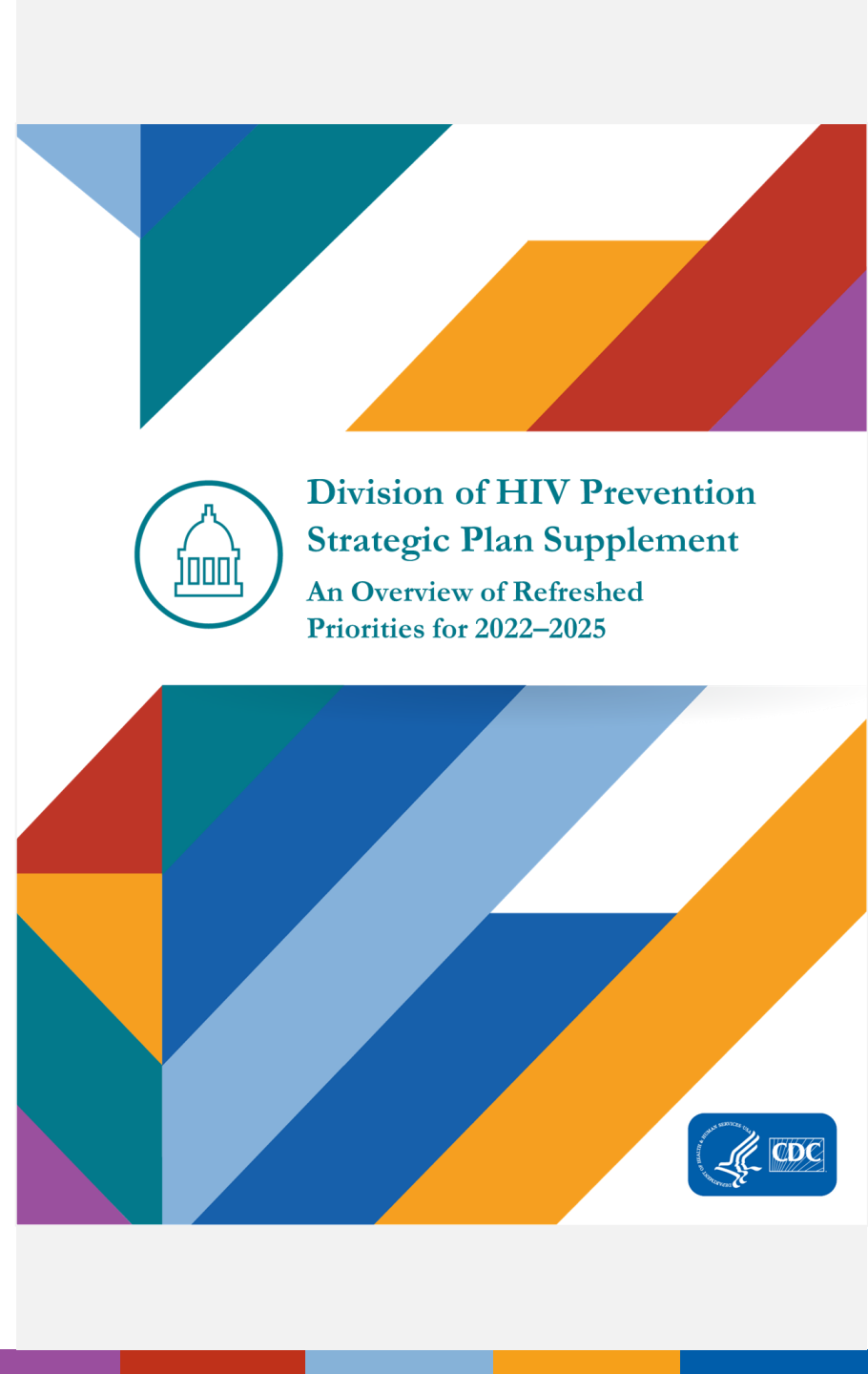
# Background

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



# DHP's Cross-Cutting Focus Areas



## 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

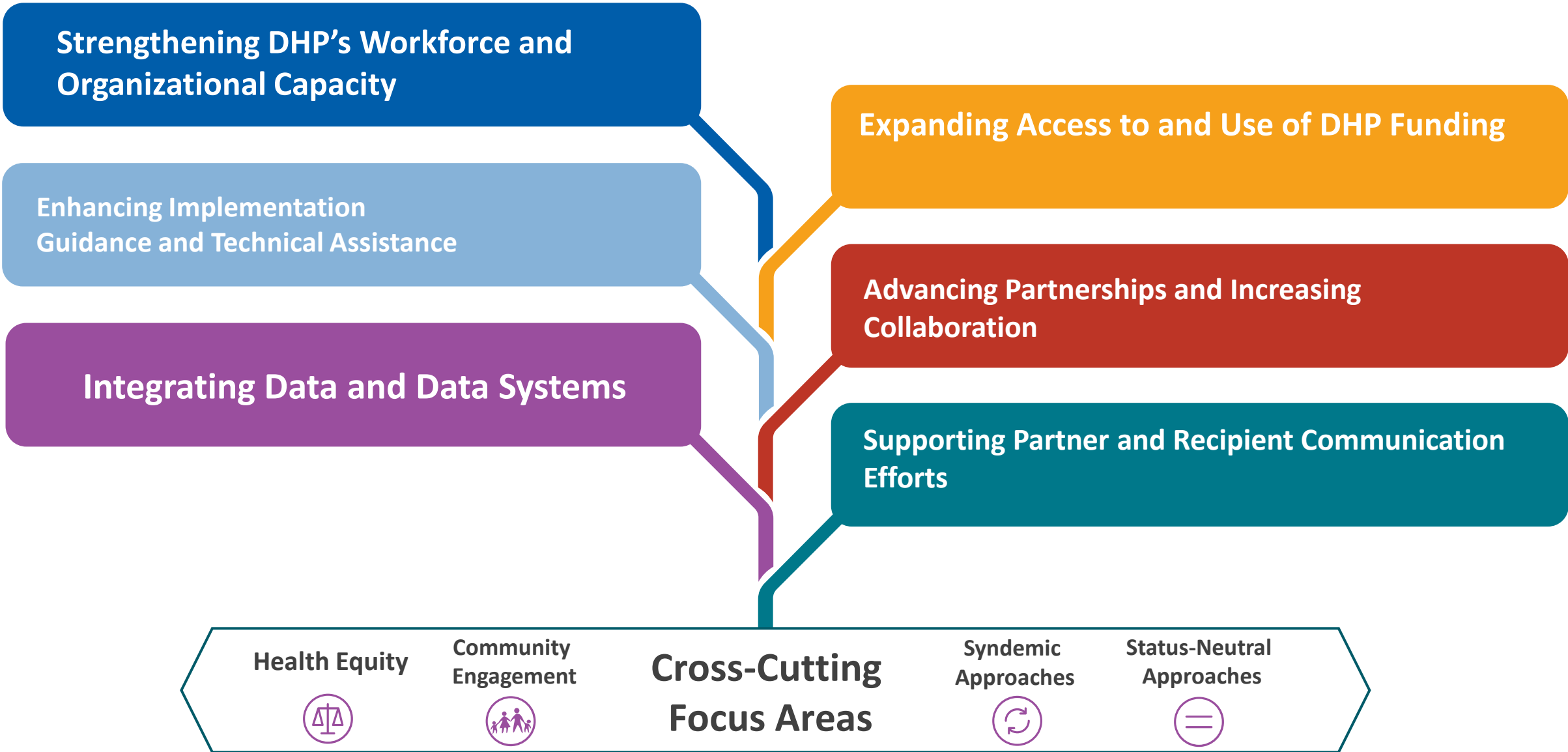
DHP recognizes that there is an opportunity to expand how it engages with communities and to increase the number and diversity of partnerships. A comprehensive approach to community engagement and different types of partnerships can expand prevention efforts and provide more rapid and directed care to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

# DHP's Investment Areas





# **Programmatic Updates by Pillars**



# 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

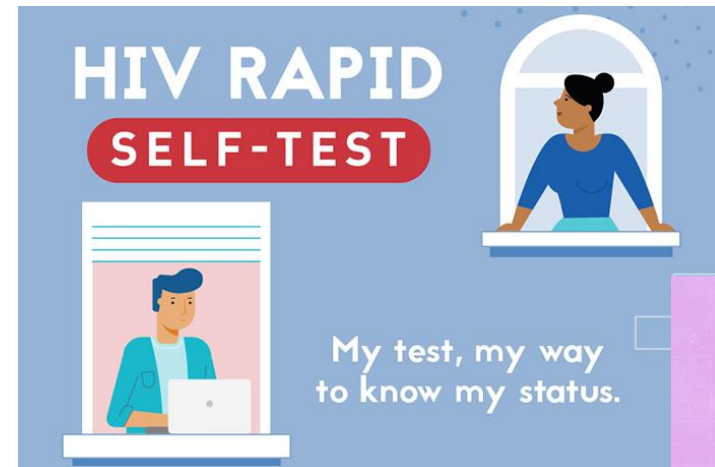


# Diagnose - Self-Testing

CDC research shows that HIV self-testing is an effective, convenient, and accurate way to diagnose HIV infection.

In 2021, CDC distributed **100,000** free HIV self-test kits to the populations most disproportionately impacted by HIV.

**26%** of participants reported having never tested for HIV and **33%** reported it being more than a year since their last HIV test.





# Self-Testing

## CDC is increasing HIV self-testing efforts:

Significantly increase the number of free HIV self-test kits available online to 175,000 per year for 5 years.



Build capacity in 53 community-based organizations to implement HIV self-testing programs through the CDC Foundation

# Status Neutral Approach



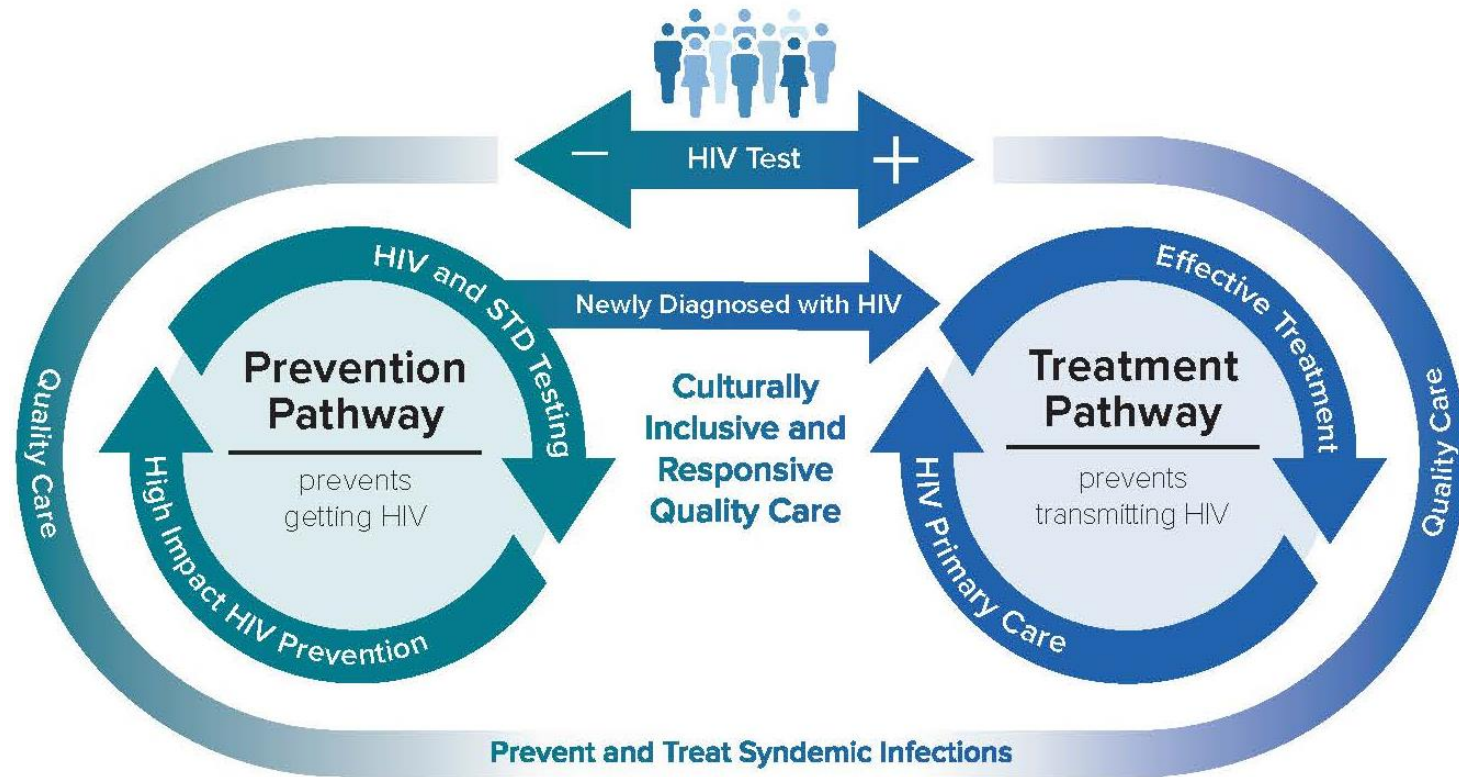
Decreases Stigma



Supports optimal health through continual engagement in comprehensive care



Increases opportunities for more efficient service delivery  
Improves health equity





# Treat - Pharmacy Data to Care

**Pharmacy Data to Care is a near real-time method to identify persons with HIV who are at risk of falling out of care.**

CDC is leveraging pharmacy data to improve retention in care, treatment adherence, viral suppression, and HIV prevention. Innovative ongoing pharmacy projects will continue in **FY22**.

## Ensuring Continuity of Prevention & Treatment:

Using real-time pharmacy claims data from insurance or Medicaid to identify persons who fail to pick up antiretroviral or PrEP medications.



## Reengaging Patients in Care:

Tailoring interventions to address adherence barriers and reengage patients in care.



# **Prevent - Building Blocks for PrEP Success**

# The PrEP Delivery System in the U.S. is not Fully Realized

Invest in The Building Blocks for PrEP Success

Persistence

Access

Demand

Knowledge

# Knowledge

Increase knowledge among the public,  
disproportionately affected communities, and with providers



**Updated PrEP Clinical Practice Guidelines\*** CDC recommends providers inform all sexually active adults and adolescents about PrEP; and for providers to offer PrEP to anyone who requests it.



\*<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>



# Demand

Increase demand by meeting people where they are, where they receive care, and where they trust the message

Primary  
Care



STI Clinics



Community  
Based  
Organizations



Syringe  
Services  
Programs



Title 10 Clinics



# Access

Increase access by minimizing cost, expanding provision of PrEP, and linkage to support services that make it easier to find and get PrEP



**Minimize Costs**  
Drugs, Labs, Medical & Clinical care



**Expand PrEP Provision**  
PCPs, Pharmacies, Tele-PrEP, etc



**Link to Support Services**  
Housing, Transportation, etc

Updated guidance adds funding flexibility for HD grantees to pay for PrEP ancillary services.

# Persistence

Increase persistence by minimizing challenges for those who are protecting their health and their communities



Tele-PrEP



New Modalities &  
Venues



Status Neutral  
Services

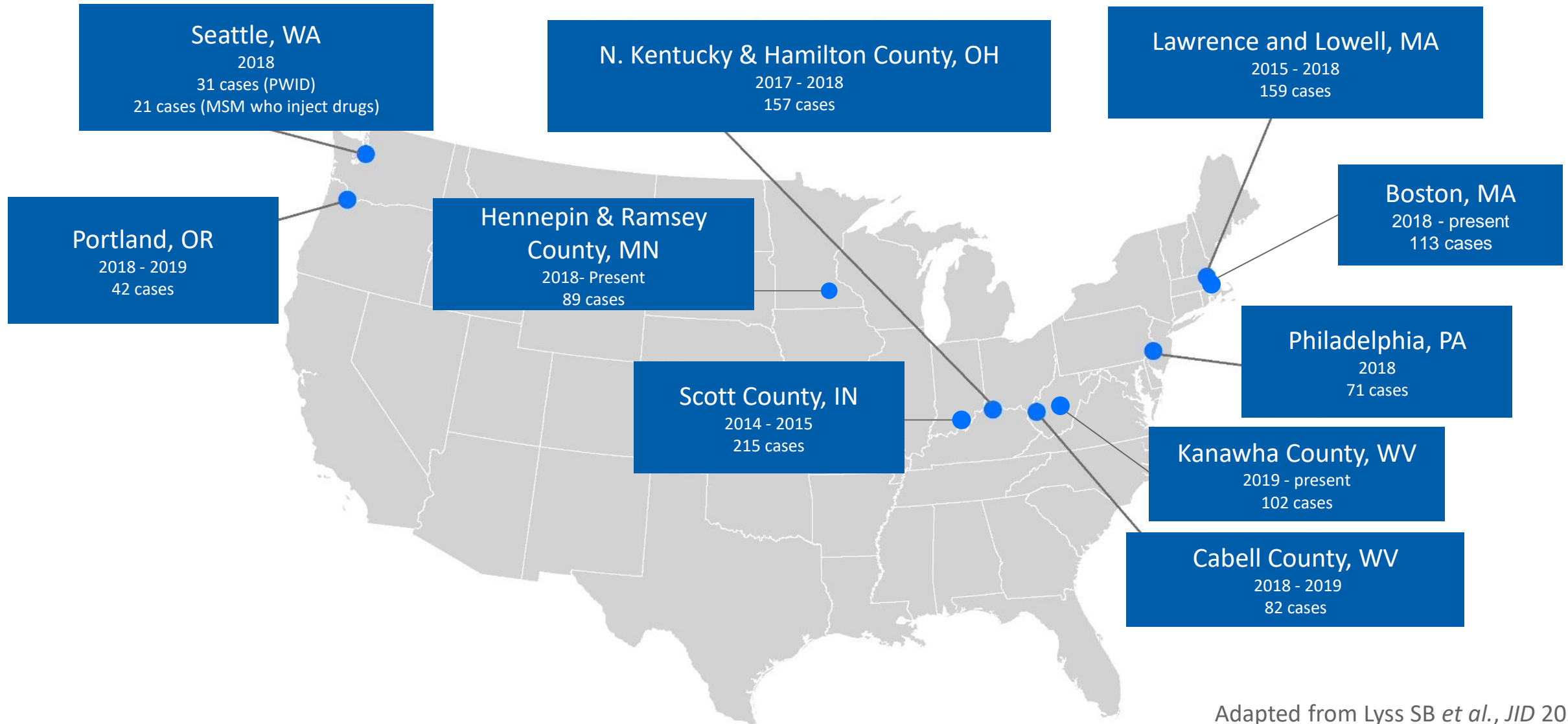


Partnering

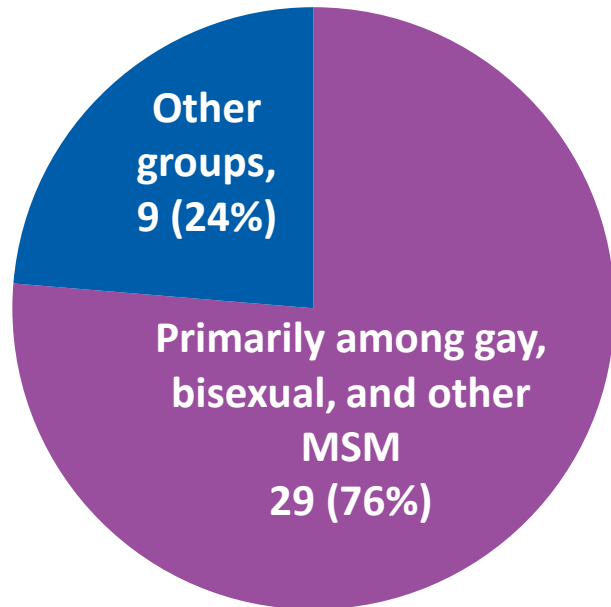


# **Respond - Overview of clusters and outbreaks**

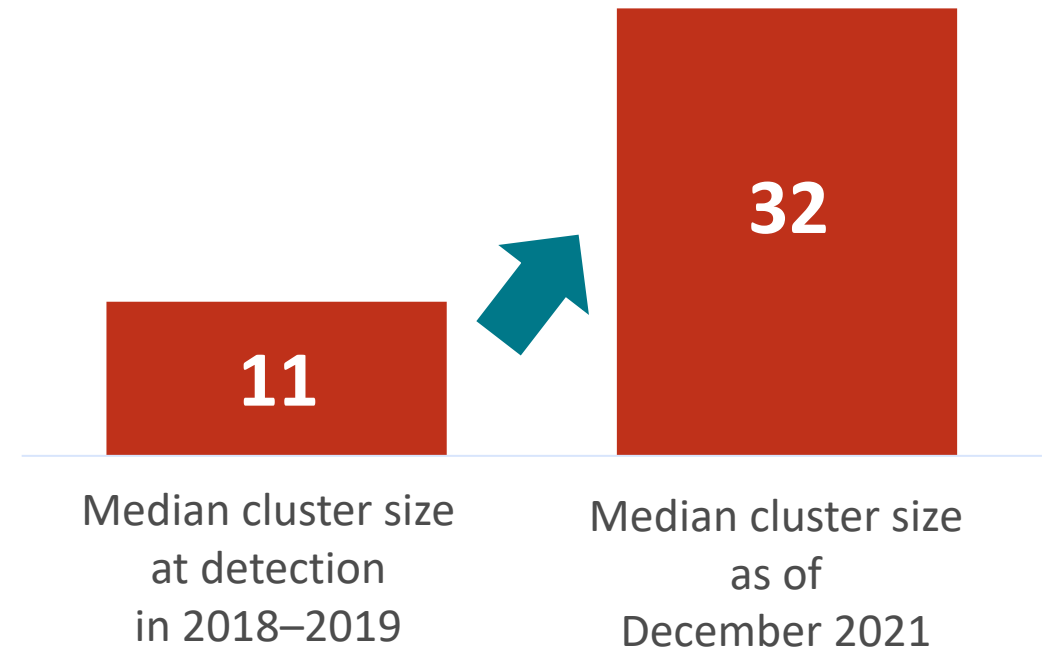
# Many HIV Outbreaks Have Occurred Among People Who Inject Drugs



**Large molecular HIV clusters and outbreaks primarily affect gay, bisexual, and other men who have sex with men (MSM).**



**These clusters among MSM were small when first detected, indicating an opportunity for early response to uncover and address gaps in services.**



From January 2020–December 2021, **227 clusters** were reported to CDC by **41 health departments**





## Examples of Clusters and Responses



# Response to a Molecular Cluster Led to Accelerated Linkage to Care in Texas

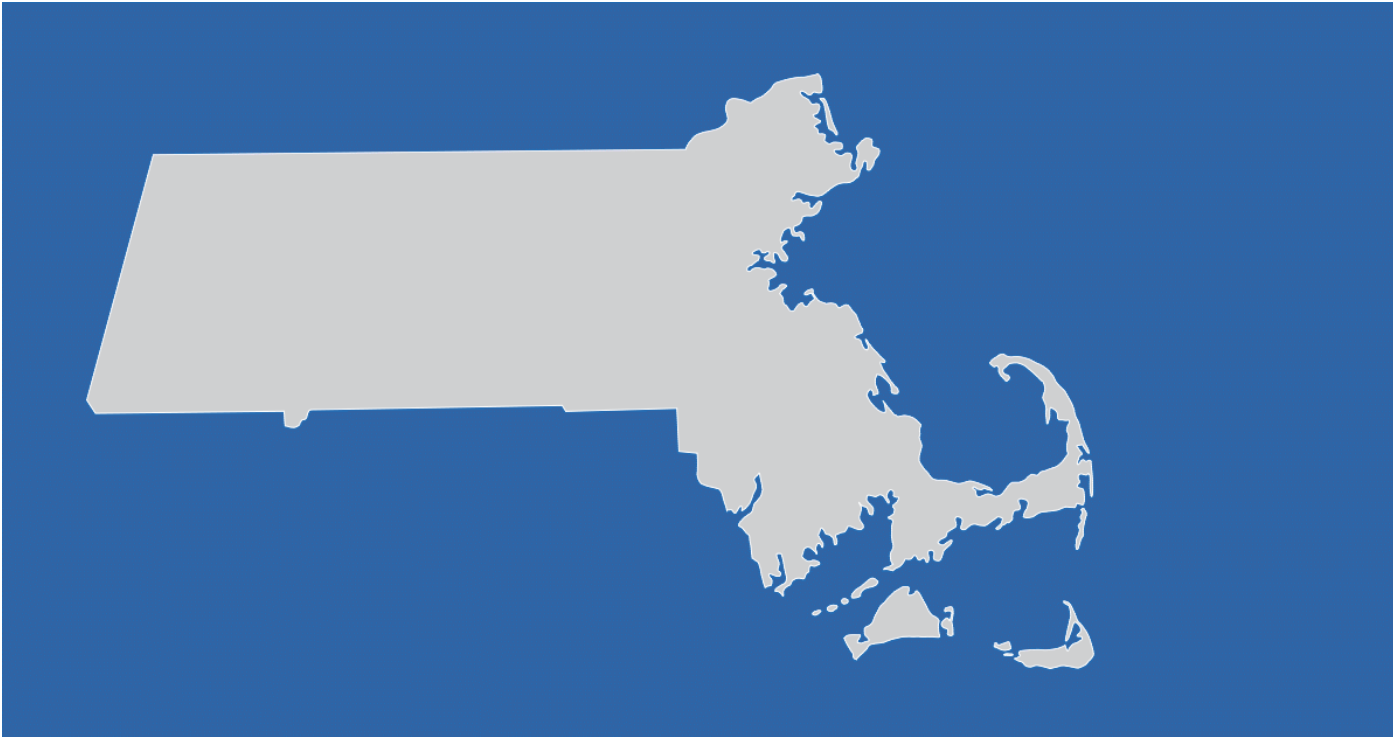
- Cluster affected Hispanic/Latino gay and bisexual men
- Providers, community members, and HD staff established the End Stigma, End HIV Alliance

**From 13 days**

<https://www.cdc.gov/hiv/policies/cdr/spotlights/index.html>

Pack *et al.* Natl HIV Prev Conf 2019

# Response to an Outbreak Led to Expansion of Syringe Services Programs in Massachusetts



- Outbreak affected people who inject drugs
- Qualitative interviews conducted with people who inject drugs, providers, and other stakeholders
- Molecular data demonstrated the extent of the outbreak, leading to statewide service expansion

<https://www.cdc.gov/hiv/policies/cdr/spotlights/index.html>

Cranston *et al.* MMWR 2019; Alpren *et al.* AJPH 2020

# Response to a Molecular Cluster Led to New Gender-Affirming Care Services in Michigan



- Rapid transmission affecting Black/African American transgender women
- Engaged rapidly and repeatedly with community partners serving trans communities
- Connected with people in the network to understand the community's needs
- Developing mobile services with comprehensive, gender-affirming care
- Created community-oriented messaging campaigns and expanded HIV self-testing

# Response Identified Structural Barriers Contributing to Transmission in Atlanta, Georgia

- Multiple molecular clusters affecting Hispanic/Latino gay and bisexual men
- Findings highlighted **structural barriers** such as fear of deportation, issues regarding transportation and affordability, and work and family responsibilities
- Critical to **build partnerships** and develop services that are trusted, linguistically appropriate, and reach people where they are



10+ Community Orgs

5 Health Departments

Consulted people:

- With & without HIV,
- Engaged & not engaged in HIV services,
- Born in the US and elsewhere



**Resources**

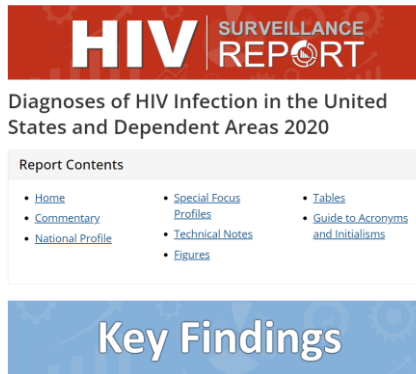
# MPX Response & Resources

## MPX Response:

<https://www.cdc.gov/poxvirus/monkeypox/index.html>

## NCHHSTP Funding Flexibilities

[https://www.cdc.gov/nchhstp/dear\\_colleague/2022/supporting-monkeypox-funding.html](https://www.cdc.gov/nchhstp/dear_colleague/2022/supporting-monkeypox-funding.html)



## Data Releases

**2020 Surveillance Report**

**2020 Monitoring Report**

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

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

## 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/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>

<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/sheswell/index.html>

**Thank you!**

