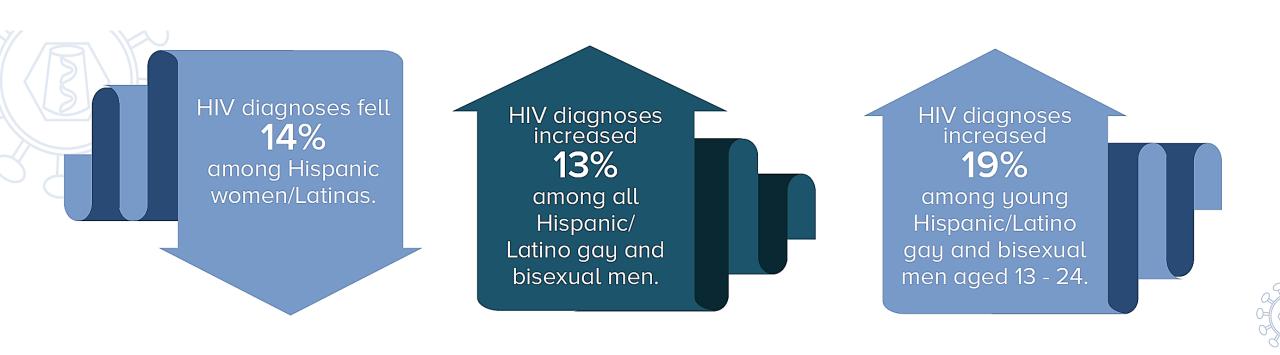


NHMA: Men's Health Prevention and Treatment NATIONAL PLANNING – HIV AND HEPATITIS

Ending the HIV Epidemic: A Plan for America

INCREASING HIV DIAGNOSES AMONG HISPANIC/LATINO MSM 2011-2015



In **2016**, **Hispanic/Latinos** accounted for 26% of HIV diagnoses, but comprised only 18% of U.S. population.

Ending the HIV Epidemic

HIV HAS COST AMERICA TOO MUCH FOR TOO LONG

700,000

American lives lost to HIV since 1981.

\$20 billion

U.S. Government's annual direct health expenditures for HIV prevention and care.

We've made substantial progress, but without intervention, another

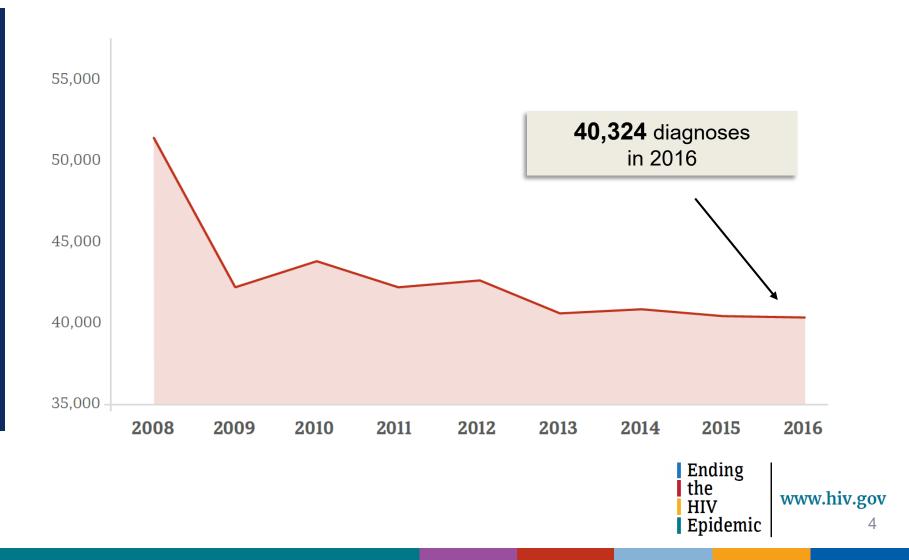
400,000

Americans will be newly diagnosed over the next 10 years, despite the available tools to prevent infection.

NEW HIV DIAGNOSES HAVE DECLINED SUBSTANTIALLY BUT PROGRESS IS STALLED

MAJOR PROGRESS

- 1980s peak incidence near 130,000 annually
- 1985 2012
 interventions have driven infections down to <50,000 annually



THE TIME IS NOW: RIGHT DATA, RIGHT TOOLS, RIGHT LEADERSHIP

Epidemiology

- Most new HIV infections are clustered in a limited number of counties.

Detect and Respond Strategy

- Surveillance infrastructure in place, rapid detection, and response capacity increasing.

Antiretroviral Therapy

- Highly effective, saves lives, prevents sexual transmission; increasingly simple and safe.

Proven Models of Effective of Care and Prevention

- 25 years' experience engaging and retaining patients in effective care.

Pre-exposure Prophylaxis (PrEP)

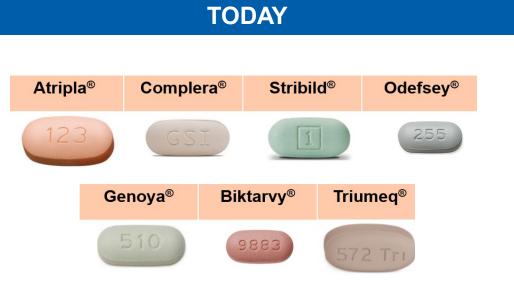
- FDA-approved and highly effective drug to prevent HIV infection.

There is a real risk of HIV exploding again in the U.S.

due to several factors
including injection drug
use and diagnostic
complacency among
healthcare providers

HIV PREVENTION & MEDICAL THERAPY





- Simplified (one pill per day), many options
- Very potent
- Few side effects

hiv.gov Epidemic

HIV

PRE-EXPOSURE PROPHYLAXIS (PrEP)

PrEP

WHAT IS PrEP?

- **Single tablet**, Truvada® is currently the only FDA-approved drug for PrEP in the U.S.
- At-risk people can reduce their chance of HIV infection by up to 97%

OF THE 1.2 MILLION AT HIGH RISK FOR HIV, 10% ARE ON PrEP

BARRIERS TO PrEP

- Attitudes and stigma that prevent testing and initiation of PrEP
- Lack of awareness among individuals at risk and among providers
- Lack of perceived risk among those at risk and among providers
- Barriers to linkage to PrEP care and prescribing PrEP



ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

GOAL:

75% reduction in new HIV infections in 5 years

90% reduction in 10 years.

PHASE 1: Focused effort to reduce new diagnoses by 75% in 5 years

PHASE 2: Widely disseminated effort to reduce new diagnoses by 90% in the following 5 years

PHASE 3: Intense case management to maintain the number of new diagnoses at < 3,000 per year

ACHIEVING THE GOALS



All people
with HIV as early
as possible after
infection



The infection rapidly and effectively to achieve sustained viral suppression



People at highest risk of HIV with potent evidence-based interventions



Rapidly and effectively to clusters and outbreaks of new HIV infections



A boots-on-the-ground team that ensures implementation of HIV elimination plans

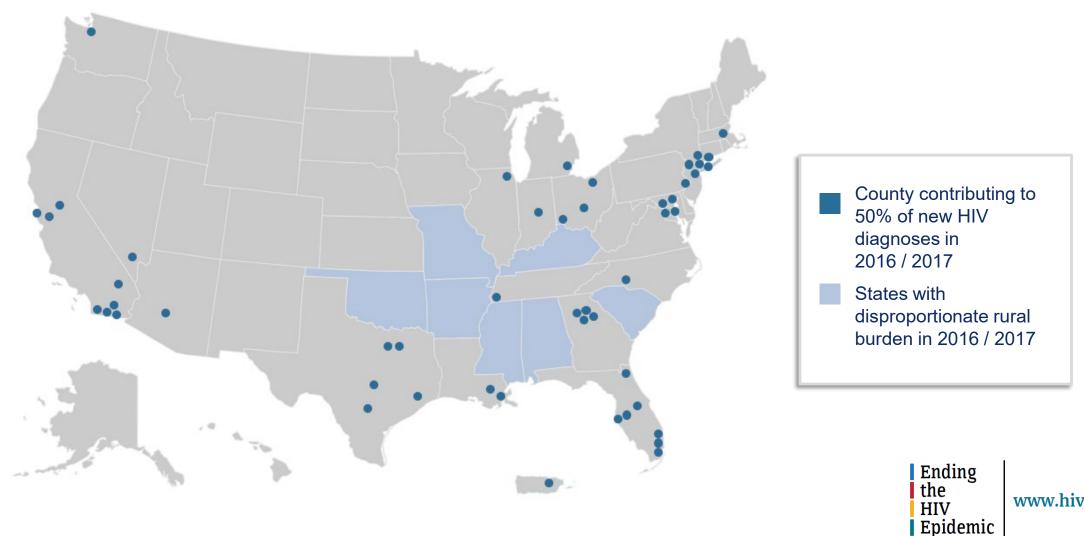
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IMPLEMENTATION PLAN

- Target focus initially on high incidence geographies
 - Target 48 counties, DC and San Juan that account for 50% of diagnoses
 - Target select states with high rural HIV burdens to establish effectiveness in rural environment
- Emphasize early diagnosis, immediate treatment, engagement
 - Treat diagnosed persons rapidly to achieve viral suppression and stop transmission
 - Increase viral suppression from 50% to 90%: **HRSA Ryan White has achieved 85%**
- Expand pre-exposure prophylaxis (PrEP)
 - Increase use by at-risk population from 10% to at least 50%
- Rapid and overwhelming response to HIV outbreak clusters
 - Monitor for early detection of clusters
 - Treat each new diagnosis as a "sentinel event"

48 COUNTIES, 7 STATES WITH SUBSTANTIAL RURAL HIV BURDEN, WASHINGTON, DC, AND SAN JUAN, PR, **ACCOUNT FOR 50% OF NEW DIAGNOSES**





FEDERAL RESPONSE

DIGITAL TOOLS







HOME > BLOG > Seeking Your Input: How to Participate in Developing the Next National HIV/AIDS Strategy and National Viral Hepatitis Action Plan

Seeking Your Input: How to Participate in Developing the Next National HIV/AIDS Strategy and National Viral Hepatitis Action Plan

By: Office of HIV/AIDS and Infectious Disease Policy, U.S. Dept. Health and Human Services | Published: February 08, 2019







Topics

HHS NHAS Viral Hep Action Plan

The U.S. Department of Health and Human Services Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) is offering multiple ways for the public to take an active role in helping to develop the next iterations of the National HIV/AIDS Strategy (NHAS) and the National Viral Hepatitis Action Plan (NVHAP). Both national strategies currently expire in 2020.

OHAIDP is combining the commenting process for both the NHAS and the NVHAP, but they will remain separate strategies. Upcoming opportunities to provide input include:



- In-person Listening Session: On Friday, February 22, 2019 from 11:00 a.m.-1:00 p.m. (ET) in Room 800 of the Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC, 20201. RSVP by Thursday, February 14, by sending your name, title, and organization to HepHIVStrategies@hhs.gov.
- . Written comments: OHAIDP has published a Request for Information (RFI) in the Federal Register to solicit written comments, recommendations, and ideas for developing the next iterations of both the NHAS and the NVHAP. Electronic responses are strongly preferred and may be addressed to HepHIVStrategies@hhs.gov. Hard copy responses should be addressed to:

U.S. Department of Health and Human Services 330 C Street, SW, Room L001 Washington, DC 20024

Attention: HIV/Viral Hepatitis RFI

Comments must be received no later than 5:00 p.m. (ET) on March 11, 2019, Please allow sufficient time for comments to be received before the close of the comment period.

MORE FROM HIV.GOV



Participants at CDC's National HIV Prevention Conference Weigh In on Next National HIV and Viral Hepatitis Strategies, Developing a Federal STD



Infectious Disease Consequences of the Opioid Crisis Explored at 3rd Plenary Session at CDC's National HIV Prevention Conference featuring Assistant Secretary for Health

UPDATES TO THE NATIONAL HIV/AIDS STRATEGY

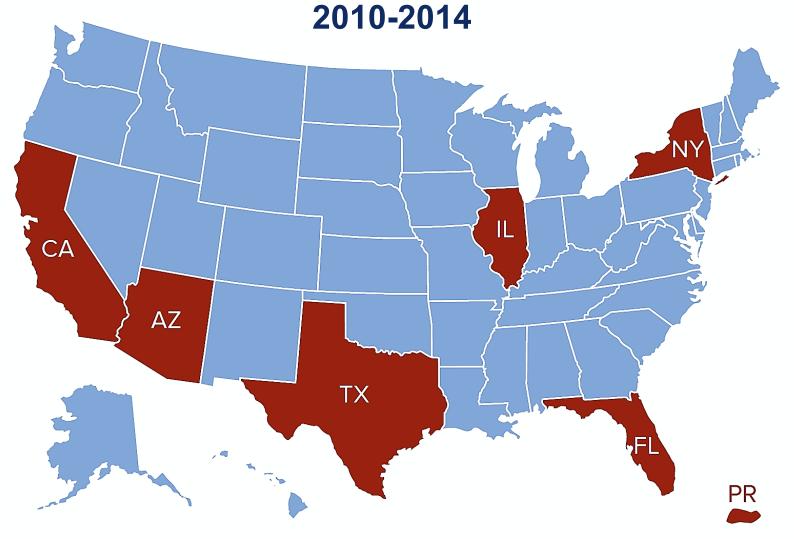
NATIONAL VIRAL HEPATITIS **ACTION PLAN**

Ending the **Epidemic**

www.hiv.gov



Increases in HIV Diagnoses Among Latino MSM Concentrated in Six States 2010-2014



Ending the HIV Epidemic

WHAT IS VIRAL HEPATITIS?

- Hepatitis means inflammation of the liver.
- The liver is a vital organ that processes nutrients, filters the blood, and fights infections.
- When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis.
- However, hepatitis is often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C.



10 Leading Causes of Death Among Hispanic Males 2014-2017

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 2,483	Unintentional Injury 581	Unintentional Injury 379	Unintentional Injury 390	Unintentional Injury 7,107	Unintentional Injury 9,281	Unintentional Injury 7,690	Heart Disease 8,528	Malignant Neoplasms 17,309	Heart Disease 53,572	Heart Disease 82,063
2	Short Gestation 1,793	Congenital Anomalies 205	Malignant Neoplasms 235	Malignant Neoplasms 256	Homicide 3,208	Homicide 2,873	Heart Disease 3,217	Malignant Neoplasms 8,382	Heart Disease 14,788	Malignant Neoplasms 48,849	Malignant Neoplasms 80,425
3	Maternal Pregnancy Comp. 773	Malignant Neoplasms 175	Congenital Anomalies 94	<u>Suicide</u> <u>146</u>	<u>Suicide</u> <u>2,637</u>	<u>Suicide</u> <u>2,752</u>	Malignant Neoplasms 2,880	Unintentional Injury 6,947	Liver Disease 5,377	Cerebro- vascular 12,562	Unintentional Injury 43,001
4	SIDS 474	Homicide 139	Homicide <u>51</u>	Homicide 83	Malignant Neoplasms 926	Malignant Neoplasms 1,385	<u>Suicide</u> <u>2,109</u>	Liver Disease 4,451	Unintentional Injury 4,651	Diabetes Mellitus 11,032	Cerebro- vascular 18,507
5	Unintentional Injury 401	Heart Disease 63	Heart Disease 31	Congenital Anomalies 80	Heart Disease 375	Heart Disease 1,326	Homicide 1,764	Diabetes Mellitus 2,132	Diabetes Mellitus 4,027	Chronic Low. Respiratory Disease 8,786	Diabetes Mellitus 18,232
6	Placenta Cord Membranes 400	Influenza & Pneumonia 46	Septicemia 27	Heart Disease 45	Congenital Anomalies 166	Liver Disease 502	Liver Disease 1,763	Cerebro- vascular 1,706	Cerebro- vascular 2,901	Alzheimer's Disease 7,924	Liver Disease 16,614
7	Bacterial Sepsis 296	Perinatal Period 24	Chronic Low. Respiratory Disease 24	Cerebro- vascular 26	Cerebro- vascular 88	Cerebro- vascular 294	Cerebro- vascular 846	<u>Suicide</u> <u>1,679</u>	Nephritis 1,279	Unintentional Injury 5,565	Suicide 11,290
8	Neonatal Hemorrhage 229	Cerebro- vascular 23	Cerebro- vascular 22	Chronic Low. Respiratory Disease 24	Influenza & Pneumonia 78	HIV 290	Diabetes Mellitus 712	HIV 914	Viral Hepatitis 1,232	Nephritis 5,130	Chronic Low. Respiratory Disease 10,557
9	Respiratory Distress 211	Septicemia 22	Benign Neoplasms 19	Influenza & Pneumonia 16	Chronic Low. Respiratory Disease 66	Diabetes Mellitus 257	HIV 528	<u>Homicide</u> <u>901</u>	Chronic Low. Respiratory Disease 1,069	Influenza & Pneumonia 5,107	Homicide 9,758
10	Circulatory System Disease 168	Chronic Low. Respiratory Disease 18	Influenza & Pneumonia 18	Septicemia 16	Diabetes Mellitus 61	Influenza & Pneumonia 187	Influenza & Pneumonia 343	Viral Hepatitis 723	Influenza & Pneumonia 1,029	Liver Disease 4,499	Alzheimer's Disease 8,083

Between 2014-2017, liver disease, HIV, and viral hepatitis were among the Top 10 causes of death for Hispanic/Latino men between the ages of 15-65+.

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