HIV.gov attended the CDC’s National HIV Prevention Conference March 18-21 in Atlanta; here are conference highlights. The conference gathered more than 3,000 HIV stakeholders to share and discuss refining, improving, and strengthening the nation’s response to HIV so that we can end the HIV epidemic.

The conference theme is “Getting to No New HIV Infections,” which highlights dynamic approaches to HIV prevention, detection, and management, and the critical roles that different communities have in achieving this vision. Participants will include representatives of state, local, and tribal health departments, community-based organizations, federal agencies, as well as researchers, clinicians, people with HIV, and others sharing the latest advancements, strategies, and accomplishments in HIV prevention. The topics of these sessions include: *Ending the HIV Epidemic: A Plan for America*, PrEP, the infectious disease consequences of the opioid crisis, and HIV-related stigma.

The 2019 National HIV Prevention Conference opened on Monday, March 18, with a plenary session titled “Getting to No New HIV Infections,” which is the theme of the conference and the focus of the President’s proposed initiative *Ending the HIV Epidemic: A Plan for America*. The conference is taking place in Atlanta and is organized by the Centers for Disease Control and Prevention (CDC).

At the opening session, leaders of key federal HIV activities from CDC, the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH) shared their vision and insights on the proposed coordinated federal plan to eliminate HIV in the United States within a decade. They each underscored the vital roles that individuals attending the conference, along with many other stakeholders from communities across the nation, will play in achieving the ambitious but achievable goals of reducing new HIV infections by 75% in five years and by 90% in 10 years.

**Ending the HIV Epidemic: Seeing the Possible and Leading the Nation to Act**

Dr. Robert Redfield, Director of the CDC, highlighted data that provide a strong foundation for the plan. He first pointed to data recently released by CDC indicating that the number of new HIV infections has plateaued in recent years rather than continuing to decline.

He also reviewed CDC data that shows that new HIV infections are concentrated demographically and geographically in the United States. HIV disproportionately affects different groups [PDF, 246KB], especially gay, bisexual, and other men who have sex with men, with young African American and Latino men who have sex with men particularly affected. Geographically, Dr. Redfield explained that more than 50% of new HIV diagnoses occurred in just 48 counties plus, Washington,
Dr. Redfield then referenced data released just this week by CDC that shows that 80% of new HIV infections in the United States in 2016 were transmitted from the nearly 40% of people with HIV who either did not know they had HIV, or who had received a diagnosis but were not receiving HIV care. This important data that is descriptive of the state of the epidemic today, coupled with the most powerful HIV prevention and treatment tools in history, present us with a major opportunity, Dr. Redfield remarked. “The time is now to apply the tools we have, in a concentrated effort hand-in-hand with communities across the nation, to put an end to the HIV epidemic once and for all.”

In Phase I of the initiative, the focus will be on those 48 jurisdictions, DC, San Juan, and the seven rural states where more than 50% of all new diagnoses occurred in 2017. Phase I will provide additional technical assistance, technology, and resources to stop the HIV epidemic. For the first year of the initiative, the President’s fiscal year 2020 budget proposes $291 million of new funding for the initiative. “Never underestimate the possible,” Dr. Redfield remarked as he concluded. “Recognize and embrace the possible and we can work together to bring new HIV infections to an end.”

**Ending the HIV Pandemic: From Science to Implementation**

Dr. Anthony Fauci, Director of NIH’s National Institute of Allergy and Infectious Diseases (NIAID), spoke next. He elaborated on powerful tools that are now available to treat and prevent HIV. Reviewing how much HIV treatment strategies have evolved over the history of the HIV epidemic, Dr. Fauci emphasized that, with today’s highly effective HIV treatments, a person diagnosed with HIV at age 20 who takes treatment as directed can live as long as his/her peers who are not living with HIV.

That same HIV treatment that suppresses the HIV viral load and protects the health of a person living with HIV has also become a game-changer in HIV prevention, he explained. Findings from several studies have made very clear that a person with HIV who takes HIV medication as directed and achieves and maintains a suppressed (or undetectable) viral load has effectively no risk of transmitting HIV sexually. This is known as treatment as prevention.

But, Dr. Fauci cautioned, NIH-supported studies have shown that treatment as prevention alone is not sufficient to eliminate HIV incidence. That’s why we also need pre-exposure prophylaxis (PrEP), another one of the powerful tools now available. PrEP is a daily pill taken by HIV-negative individuals who are at high risk of HIV to significantly lower their chances of getting infected.
The evidence behind these powerful HIV treatment and prevention tools provides the theoretical basis for the *Ending the HIV Epidemic* Plan, according to Dr. Fauci. The plan sets out to address what he characterized as an implementation gap, addressing the gap between what science tells us is theoretically possible and where we are today. As evidence of what can happen when this gap is thoughtfully and vigorously addressed, he pointed to very promising results from three jurisdictions—San Francisco, New York City, and Washington, DC—that have implemented focused efforts to deploy these tools and have seen declines in new HIV infections and improved outcomes for people living with HIV as a result.

Finally, Dr. Fauci discussed the role of NIH in implementing the Plan. NIH will focus on implementation science, collecting and disseminating data on the effectiveness of approaches being used in the initiative. This will inform CDC, HRSA, and other federal partners, as well as state, county, local, and tribal partners, about what is being learned about the best practices in pursuing the Plan’s four key areas of action for various populations across different settings. Dr. Fauci concluded his remarks by noting that now that we have these highly effective tools to end HIV infections, we have both an ethical and moral responsibility to implement them.

**Closing the Gap: The Ryan White HIV/AIDS Program Maximizing Viral Suppression**

Dr. Laura Cheever, HRSA’s Associate Administrator for the HIV/AIDS Bureau, discussed the Ryan White HIV/AIDS Program’s (RWHAP) comprehensive system of HIV primary care, medications, and support services that reached nearly 535,000 clients in 2017. She highlighted a continued upward trend in viral suppression among RWHAP clients, with 85.9% of clients achieving viral suppression in 2017—a 16.4 percentage point increase since 2010.

Dr. Cheever also provided an overview of how HRSA uses data to drive improvement. For example, HRSA identifies disparities in outcomes by geography and subpopulation and then works with grantees and other partners to develop interventions to address them.

Under the *Ending the HIV Epidemic* Plan, Dr. Cheever explained, RWHAP will focus primarily on the second key area of activity: Treating HIV infection rapidly and effectively after diagnosis to assist RWHAP clients in achieving sustained viral suppression. Its efforts will build on the successful outcomes achieved to date at RWHAP clinical sites across the nation. The program will work to improve viral suppression and decrease disparities among patients who are in care, enhance linkage to and engagement in HIV care of the newly diagnosed, and expand re-engagement and retention for those diagnosed but out of HIV care.
Dr. Cheever elaborated, “We estimate that there are approximately 400,000 people living with HIV who are not engaged in care—either because they are not yet diagnosed or they are diagnosed but not in care and therefore, not achieving viral suppression. We need to reach them in order to achieve our goal of ending the HIV epidemic. This is the next great challenge for the Ryan White Program—and for the nation.”

Reflections and Challenges: Voices from the Community

The opening session also included presentations by Gina Brown of the Southern AIDS Coalition and Dr. David Malebranche of the Morehouse School of Medicine. Each shared personal reflections about ways in which they’ve connected powerfully with others in their HIV work in communities. Ms. Brown, an advocate and a woman living with HIV, discussed the power of sharing her personal story with other women and about the importance of persisting in efforts to reach some individuals who initially resist learning about HIV, believing they are not risk. Dr. Malebranche, a clinician and researcher, reflected on lessons in empathy and understanding gleaned from his experience seeing patients living with HIV. He noted that giving people a better healthcare experience, one that supports their continued engagement in care... “requires going further than ‘meeting people where they are.’ It requires imagining being them.”

Seeking Input at CDC’s National HIV Prevention Conference on NHAS, NVHAP, and on Federal Efforts to Address STDs

We will continue to gather input to inform development of the next iterations of the National HIV/AIDS Strategy (NHAS) and National Viral Hepatitis Action Plan (NVHAP), and will also gather input for federal efforts to address sexually transmitted diseases (STDs) with a listening session at the CDC National HIV Prevention Conference next week. I am pleased that Dr. Jonathan Mermin, Director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, and Dr. Laura Cheever, HRSA’s Associate Administrator for the HIV/AIDS Bureau, will be joining us to hear your ideas.

The current NHAS and NVHAP both expire in 2020 and we have begun work in collaboration with agencies and offices across HHS and with partners from other Federal departments to develop the next iterations of both national strategies. Thursday, March 21, 2019, from 8:30–10:00 AM in Regency VI at the Hyatt Regency in Atlanta. The second plenary session at the CDC’s 2019 National HIV Prevention Conference featured remarks by HHS Secretary Alex Azar, thoughts on how we can get to no new HIV infections, and a conversation about Prep. The second plenary was held Tuesday morning, March 19.
Secretary Azar on Working Together to End the HIV Epidemic in America

The featured speaker was Secretary of Health and Human Services Alex Azar, who discussed *Ending the HIV Epidemic: A Plan for America*, the Administration’s Plan to reduce new infections nationally by 75% in the next 5 years, and by at least 90% in the next 10 years. The Secretary declared that today, we have the right data, the right tools, and the right leadership to end the HIV epidemic. This Plan is built around data, he noted, reviewing data about the geographic and demographic concentration of new HIV infections in the United States. He also observed that new HIV infections are also disproportionately concentrated in places where socio-economic and cultural barriers to treatment and prevention remain high, including the South. That data informed the selection of the 48 counties, San Juan, DC, and seven rural states where new resources will be focused in the first phase of the initiative. That data will help make best use of the biomedical, programmatic, and public health tools we have available today. The initiative will focus on using those tools to diagnose, treat, protect, and respond.

Secretary Azar discussed each of the four pillars of the initiative and highlighted steps that HHS would take to support implementation. He also highlighted new investments proposed in the President’s FY2020 budget to support the initiative. Secretary Azar also mentioned that the Food and Drug Administration, a part of HHS, had just announced new guidance to support development of prescription drugs for HIV. One is for pediatric HIV infections, and the other is for the development of new forms of pre-exposure prophylaxis, or PrEP, with a special focus on long-acting formulations.

Finally, he highlighted the Administration’s commitment to this Initiative and promised that the execution of the plan to end the HIV epidemic in the U.S. will be a top priority for his entire tenure as Secretary. He recognized new members from the Presidential Advisory Council on HIV/AIDS (PACHA) that were in attendance at the conference and highlighted their important role in advising on this effort. Last, but certainly not least, the Secretary emphasized that the leadership of all of
those attending the conference and many others working on the frontlines of the HIV response in communities across the country would be vital to the success of the Plan.

CDC’s Dr. McCray on Specific Actions Needed to Get to No New HIV Infections

Dr. Eugene McCray, Director of CDC’s Division of HIV/AIDS Prevention, discussed the demographic and geographic statistics that support the need for a focused effort such as the new *Ending the HIV Epidemic* initiative. Dr. McCray highlighted populations in need of focused efforts, underutilized tools, and missed opportunities that could be addressed, noting that:

- While 1 in 7 people with HIV in the U.S. are unaware of their infection, it is younger people who are more likely to not know their HIV status. Many more HIV infections could be prevented—especially among gay, bisexual, and other men who have sex with men (MSM) and people who inject drugs—if HIV testing was offered more frequently in clinical settings.
- Syringe services programs (SSPs) can play a vital role in preventing HIV & other health problems among pwids, but we know that SSPs are not in places where they are needed most.
- New HIV infections are increasing among young Black and Latino MSM, an alarming and a clear signal that our work is nowhere near done.
- Diagnosis delays are too common; one half of people who received an HIV diagnosis in 2015 had been living with HIV for three years or more.
- Cluster detection can identify more individuals affected by an HIV outbreak and link them to appropriate testing, prevention, and care services.

Dr. McCray underscored his belief that, working together, we can achieve the goals of reducing new infections by 75% in five years and by 90% in ten years.

**PrEP Debate** - The plenary session also featured a mock debate over PrEP, examining some of the various issues involved in increasing awareness and uptake of this HIV prevention tool among populations at high risk for HIV infection. Dr. Judith Aberg of the Icahn School of Medicine at Mount Sinai squared off against Dr. Michael Saag of the University of Alabama at Birmingham School of Medicine, in the debate moderated by Dázon Dixon Diallo of Atlanta’s SisterLove. After the presenters examined issues including adherence, STIs, and price, Ms. Diallo summed up the “argument,” noting that the debaters – as well as much of the audience – agreed that PrEP is a critical tool in our response to HIV, and that we must work together to identify and implement the best ways to make it accessible to those who need it.
The third plenary session at the CDC’s 2019 National HIV Prevention Conference was held Wednesday morning, March 20. The session focused on the intersection of opioid, substance use and infectious diseases. The session featured remarks by ADM Brett Giroir, MD, Assistant Secretary for Health, CDC’s Dr. Jonathan Mermin, and others who explored roles for health departments, syringe services programs, health centers, and law enforcement. CDC’s Dr. Jonathan Mermin opened the session observing that, “Opioids are a major public health problem in the U.S., not only because there were tens of thousands of overdoses last year, but also because the crisis is increasing infections of hepatitis A, B, and C, HIV, and STDs.” Dr. Mermin is the Director of CDC’s National Center for HIV, Viral Hepatitis, STD, and TB Prevention. He observed that every part of the country has been touched by the infectious disease consequences of drug use. He added that clusters of HIV infections in people who inject drugs (PWID) have occurred in a number of states in recent years due to the practice of sharing needles, which poses a high risk for HIV transmission. He observed that syringe services programs (SSPs) are an effective, evidence-based intervention to stop these infections. SSPs are a comprehensive program that can provide access to sterile injection equipment and risk reduction education as well as linkage to treatment for substance use, HIV, and viral hepatitis. Dr. Mermin emphasized that SSPs have been shown to prevent new HIV and hepatitis infections by over 50% and do not increase drug use or crime.

**HHS Assistant Secretary for Health Discussed the Linked Epidemics of HIV and Substance Use** - ADM Brett Giroir, MD, Assistant Secretary for Health at the Department of Health and Human Services, addressed the critical public health issues of HIV and substance use, which he observed are inextricably linked.

While the opioid epidemic is most often discussed, ADM Giroir explained that the latest data about the extent of the drug misuse and overdose epidemic in the U.S. makes it clear that this is a polysubstance use issue, meaning that many drugs in addition to opioids are also involved. He shared data on overdose deaths by class of drugs. It showed that while deaths from heroin appear to be declining, deaths associated with synthetic opioids and psycho-stimulants like methamphetamine are increasing.

He provided an overview of the Department of Health and Human Services’ five-point strategy to combat this crisis. He observed that as a result of this strategy and the programs being implemented in communities across the country, the tide is beginning to turn and drug-related deaths are beginning to decline. He also highlighted a workshop at the National Academies of Sciences, Engineering, and Medicine that was sponsored by his office. This workshop explored the infectious disease consequences of the opioid crisis and considered opportunities to better integrate effective responses.
To really end the syndemics of substance use and infectious diseases, ADM Giroir pointed to several things that need to be done:

- **We must recognize the issue and put resources toward it.** He explained that the President’s fiscal year 2020 budget proposes $53 million for CDC to focus on infectious complications of the opioid use epidemic. This is in addition to the $291 million in new resources requested to support the *Ending the HIV Epidemic: A Plan for America*, and other activities already underway to provide enhanced support for substance use prevention and treatment.

- **Expand comprehensive SSPs.** ADM Giroir affirmed that SSPs are an evidence-based solution to the infectious complications of opioid use and also for opioid use disorder itself. Building on what Dr. Mermin stated previously, he added that the evidence is clear: SSP participants are five times more likely to enter drug treatment and 3.5 times more likely to cease injecting compared to those who don’t use SSP programs. Even with such results, ADM Giroir observed that work remains to get some states experiencing opioid-related deaths and HIV outbreaks to adopt such evidence-based services.

- **Integrate HIV prevention and substance use services into all that we are doing.** As an example, ADM Giroir pointed to the Title X family planning program which this year has added screening for substance use and PrEP to its services that reach millions of young people each year. He also highlighted new data from a survey of opioid treatment programs that showed that only 60% were offering HIV testing and fewer than 10% were offering PrEP or HIV treatment. “We need to get everybody from the HIV and sexually transmitted infections side to be screening for substance use, and everyone on the substance use treatment side screening for HIV, STIs, and viral hepatitis.” This is an enormous opportunity to address these syndemics, he remarked.

**Joeys’ 4 points to the HHS / HRSA Administrators listening session:**

- **STD services** should be contracted to FQHCs & other providers of primary medical care for PLWH. Why serve them, but tell them to go elsewhere for STD treatment? Admin should signal to local CHDs this is a good practice to increase timeliness to treatment

- **FQHCs** should be serving plwh; require an “if not, why not” section in the scoring application process for non-compete funding
➢ **Social Media platforms**, webinars & topic specific websites & other telecommunication formats should be required to increase diversity of feedback, input and meaningful participation of people from local communities in all aspects of Federal fact finding & KABs.

➢ Integrate screening & treatment for STD services, make it 1 stop shopping

First National STD plan since 1937. NHAS will be updated for 2020.