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



A Syndemic Approach to Public Health and Updates from NCHHSTP

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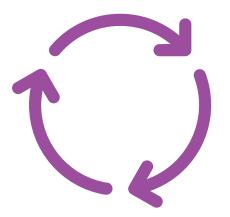
NASTAD Annual Meeting

May 24, 2022

The Syndemic Approach

Population-level clustering of social and health problems

- (1) two or more diseases or health conditions cluster within a population
- (2) contextual and social factors create the conditions for clustering
- (3) results in adverse disease interaction, either biological, social or behavioral, increasing the health burden of the affected population



Potential Benefits of a Syndemic Approach

- Holistic service delivery
- Increased efficiency and cost-effectiveness
- Reduced stigma
- Supports a focus on policy and SDOH drivers
- Increased flexibility by enabling partners to adapt, implement, and modify integrated services to increase responsiveness to evolving epidemics or changing contexts
- Provides implementing partners with increased control and ability to provide comprehensive services



People Matter

Differential incidence and morbidity among groups is frequent and frustrating

Inequities
will naturally
form in an
unjust
society, but
they are not
inevitable

Embrace
holistic
approaches
and
multi-faceted
outcomes

Good
Partnerships
lead to
success

Populations

Men who have sex with men

70% of HIV diagnoses, 42% of P&S syphilis cases, 42% of gonorrhea cases, 17% of chlamydia cases

Persons who inject drugs

Most acute HCV and a large proportion of HBV infections, 11% of HIV diagnoses, large proportion of overdose deaths

Some racial and ethnic groups disproportionately affected

- African Americans 8 times, and Hispanic/Latinos 3 times more likely to get new HIV infections than whites
- More than a third of TB and HBV among Asian Americans
- Justice-involved populations higher incidence of all infections



Place Matters

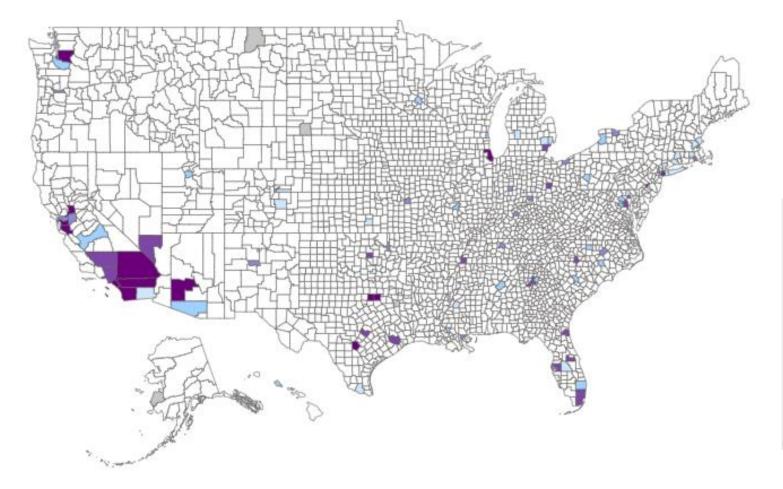
Extreme disparities in geographic distribution exist

Resources are not distributed equally

Social and economic determinants lead to most major disparities

Focus
resources in
disparately
affected
geographic
areas and
venues

Counties with a High Burden of HIV, Chlamydia, Gonorrhea, Syphilis, & TB*



EHE Priority Areas



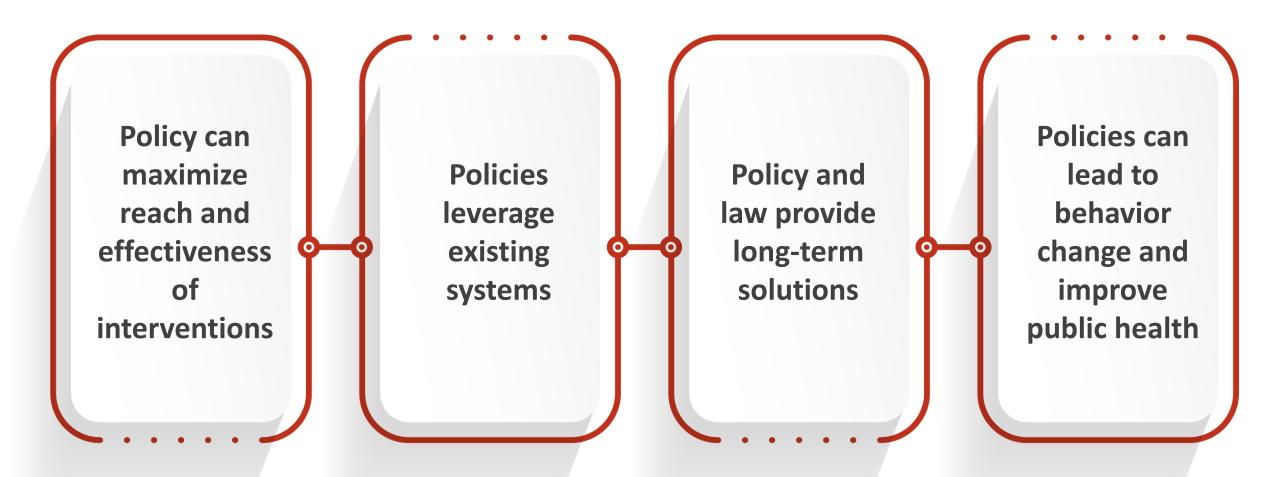
Place Provides Opportunity

- HIV, STD, and Student Health Clinics
- Community Health Centers
- Syringe Service Programs
- Substance Use Disorder Treatment Centers
- Correctional Facilities
- Homeless Shelters
- Emergency Departments
- Hospitals
- Schools
- Virtual Spaces: dating sites, digital interest groups, influencers



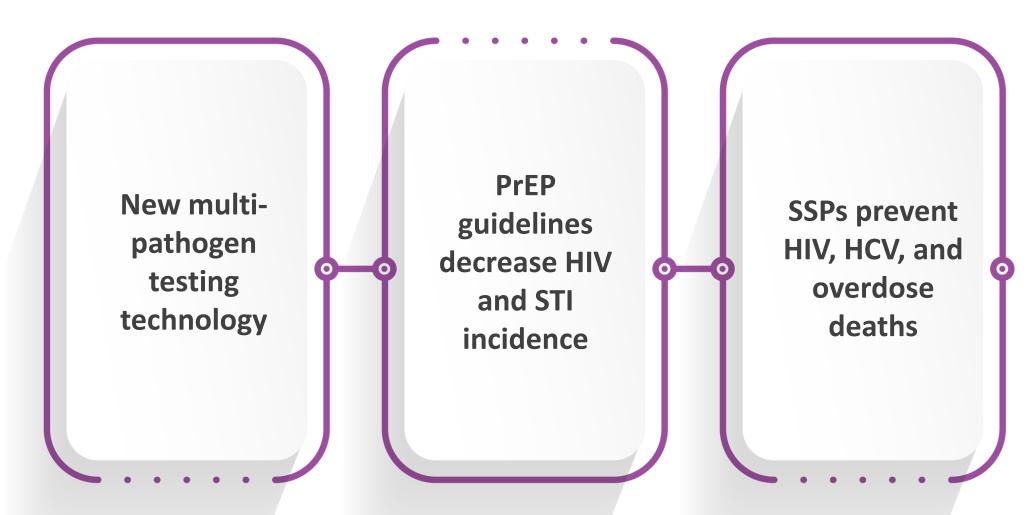


Policy Matters





Science Matters



High Impact Strategies

- Multi-pathogen test-and-link
- Policy change
- Routine and outbreak response interventions
- Venue- and program-based multi-disease prevention
- Data sharing and analyses
- Digital communication campaigns and interventions

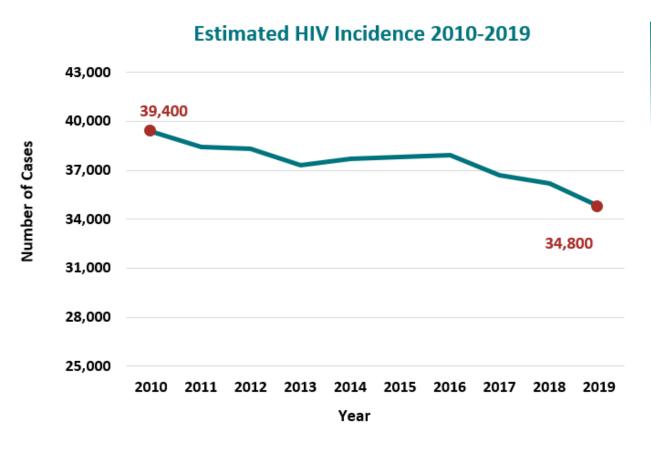
Supportive Structures & Processes

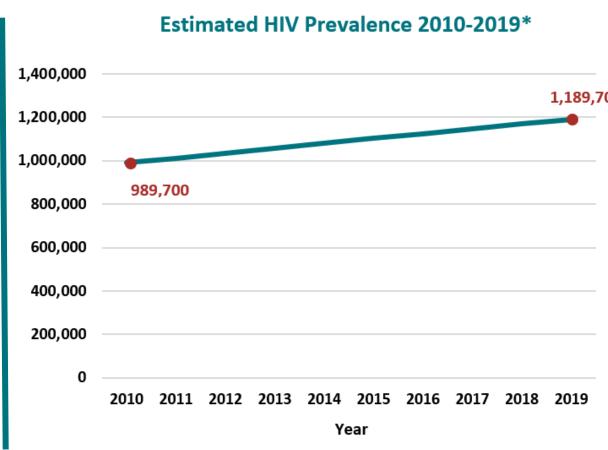
- Administrative, financial, and managerial processes that enable a syndemic approach to prevention
- Evaluations of the impact, costs, and benefits of a syndemic strategy
- Strategic communications to gain and maintain support for syndemic approaches



NCHHSTP Updates

HIV Incidence Declined Slightly While Prevalence Increased





*Includes both diagnosed and undiagnosed cases

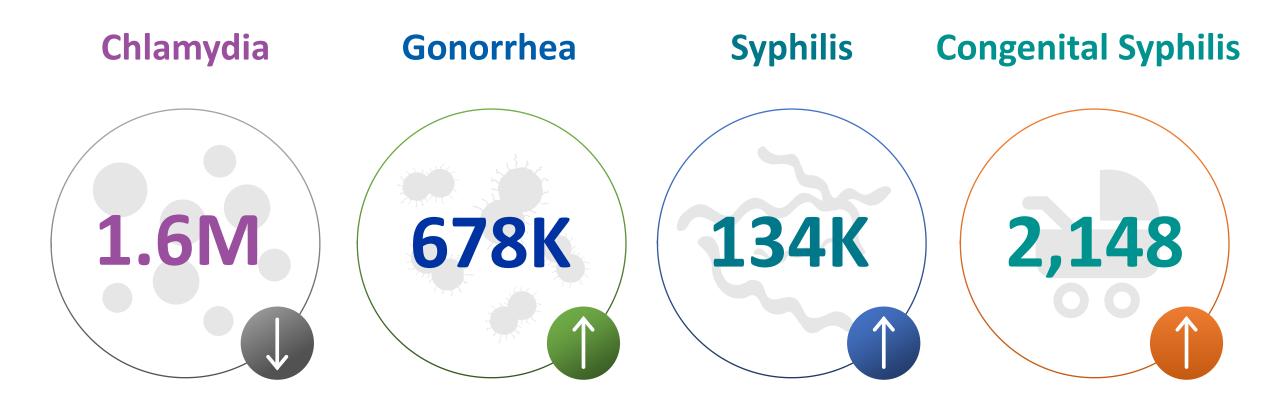
Innovation for HIV Prevention and Advancing Health Equity

Status Neutral Syndemic **CBO PrEP** Self-Testing Models of Approaches Capacity Uptake Care **Diagnose** Diagnose **Treat Treat**

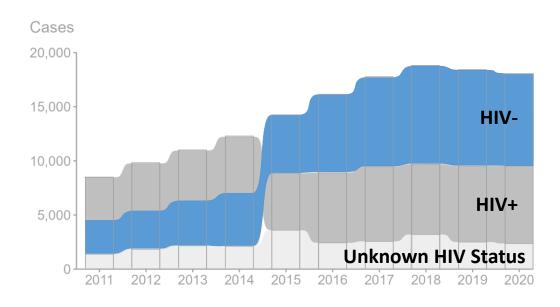
Respond

Prevent

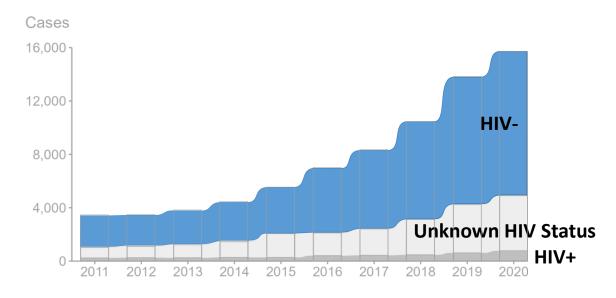
STD Incidence is Far Too High in the U.S. 2020 STD Surveillance Report



Syphilis Diagnoses Provide HIV Prevention Opportunities



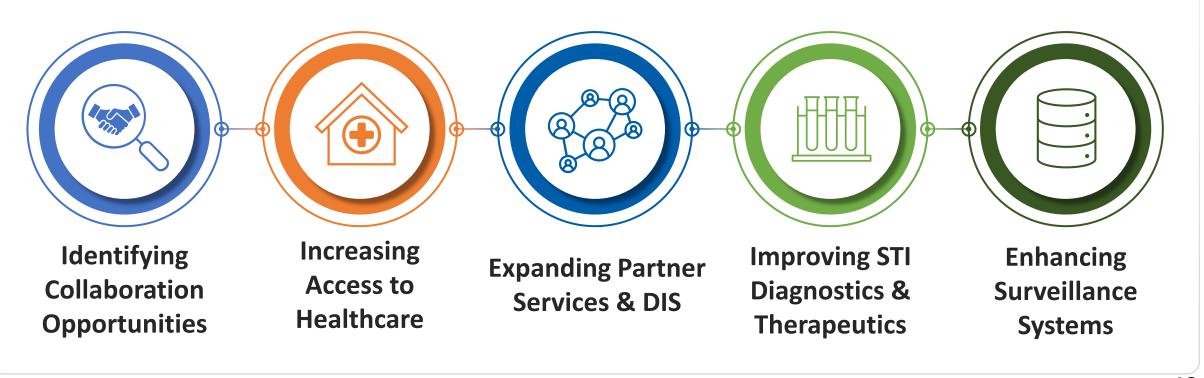
Primary and Secondary Syphilis — Reported Cases
Among Men Who Have Sex with Men by HIV Status,
United States, 2011–2020



Primary and Secondary Syphilis — Reported Cases
Among Women and Men Who Have Sex with
Women Only and by HIV Status, United
States, 2011–2020

STI Prevention and Control in the 21st Century Integrating Services to Address Syndemics

Addressing Disparities & Inequities Through



STD Division Programs and Grants



State & Local

- ✓ Strengthening STD Prevention & Control for Health Depts.
- ✓ Community Approaches to Reducing STD
- ✓ Integrated HIV Programs for Health Departments to Support EHE



Supplemental Surveillance

- ✓ Enhanced Gonococcal Isolate Surveillance Project
- ✓ STD Surveillance Network
- ✓ Strengthening the US
 Response to Resistant
 Gonorrhea



Training

- ✓ Disease Intervention Training Centers
- National Network of STD Clinical Prevention Training Centers

Programs and grants account for approximately 85% of STD Division funds

CDC's Strategic Plan to Reduce Infectious Diseases Among People Who Use Drugs

Vision: Eliminate injection drug use-associated infections

Mission: Decrease morbidity, mortality, and incidence of infectious diseases associated with injection drug use, as well as stigma experienced by people who use drugs



Strategic Priorities:

- 1. Strengthen the syringe services program (SSP) infrastructure nationwide and further integrate SSPs into the U.S. public health system
- 2. Establish coordinated surveillance, monitoring, and program implementation

Innovative Harm Reductio Approaches for Prevention

National Harm Reduction Technical Assistance Center



Provides technical assistance and consultation services to support **implementation of effective**, **evidence-based harm reduction programs**, **practices**, **and policies** in diverse community settings



Strengthening Syringe Services Programs (CDC-RFA-PS22-2208) announced March 2022

Aims



increase access to harm reduction services for PWID





reduce incidence of infectious diseases and other complications of injection drug use



Component 1

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



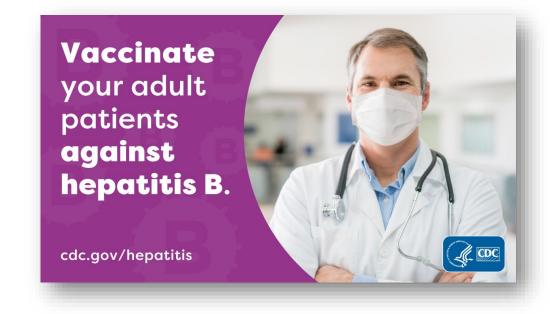
Component 2

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

Advances in Adult Hepatitis B Vaccine Recommendations

Updated hepatitis B vaccination recommendations published in April 2022: A move away from risk-based approaches

- All adults 19-59 years and adults
 ≥60 with risk factors should
 receive hepatitis B vaccines
- Adults ≥60 without known
 risk factors may receive hepatitis
 B vaccines



Advances in Adult Hepatitis B Screening and Testing Recommendations

Screening and testing guidelines posted in the Federal Register for public comment

 Proposed recommendation: At least once in a lifetime for adults aged ≥ 18 years

■ Comment closes June 3, 2022



New CDC Data Reveal the Magnitude of Challenges Youth are Experiencing

37%



Of students reported poor mental health during the pandemic

26%



Of students who identify as LGB **attempted suicide** in prior year

17%



Of students who identify as other or questioning **attempted suicide** in prior year

55%



Of students experienced emotional abuse in the home

64%



Of Asian students have experienced racism in school

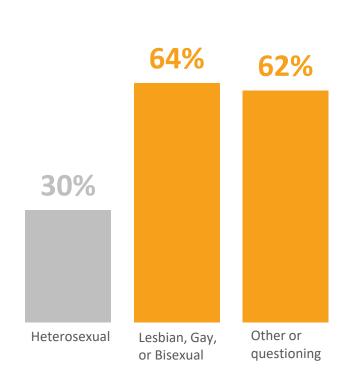
55%



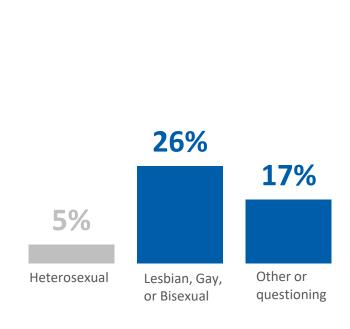
Of both Black and Multiracial students have experienced racism in school

Schools Need Support to Promote Recovery and Resilience

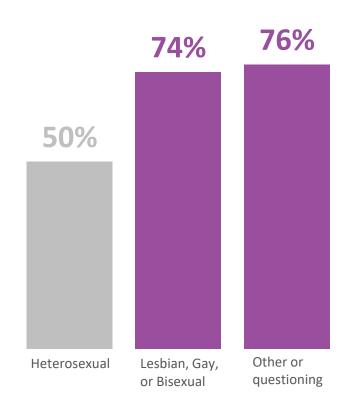
LGBQ Youth Have Been Disproportionately Impacted by the Pandemic



More than 60% of LGBQ students experienced poor mental health during the pandemic

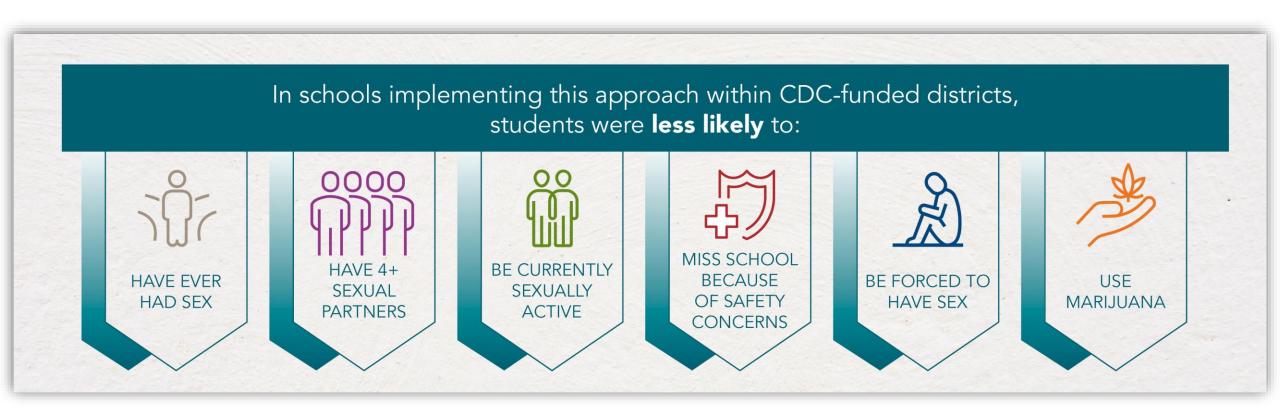


LGBQ students were more than 3x as likely to have attempted suicide in the past year

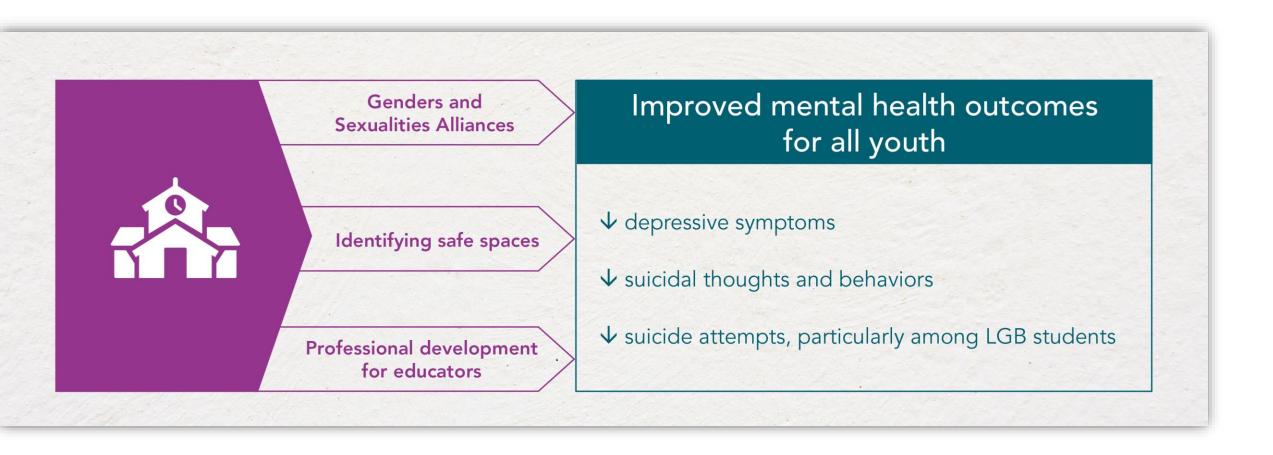


Three quarters of LGBQ students experienced **emotional abuse at home** during the pandemic

CDC's "What Works in Schools" Approach Improves Adolescent Health and Well-being



LGBTQ-Supportive School Policies and Practices Support All Youth

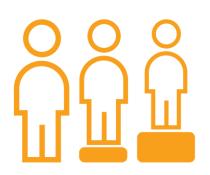


CALL TO ACTION:

Key Actions to Address Syndemics



Put People First



Focus on Equity



Put Money Where The Epidemic Is



Leverage
Policy as a
Public Health
Tool



Prioritize Innovation