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WASHINGTON

ONAP Update to NASTAD

Access, Engage & Activate: Recentering Key Populations

May 22, 2023

Harold J. Phillips, MRP

Director

White House Office of National AIDS Policy

Outline

1. FY2024 President's Budget
2. NHAS & EHE Initiative Updates
3. ONAP Updates & Priorities
4. Addressing Challenges





The President's FY2024 Budget Proposal

President Biden's FY2024 Budget Proposal

- Budget proposal reinforces Administration's commitment to end HIV as component of addressing health disparities and achieving health equity in the U.S.
- Includes \$850 million for EHE activities (\$277 m increase over FY2023)
 - \$290 m for Ryan White
 - \$310 m for CDC HIV prevention
 - \$172 m for community health centers
 - \$52 m for Indian Health Services

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President Biden's FY2024 Budget Proposal

- Budget includes proposal for PrEP Delivery Program to advance equitable access to PrEP by providing PrEP at no cost, eliminating costs for enabling services and establishing a provider network in underserved communities
 - \$237 million in funding proposed for FY2024
- Budget also requires states Medicaid & CHIP beneficiaries requires states Medicaid & CHIP program to cover PrEP and associated laboratory services with no cost sharing, and places guardrails on utilization management practices like prior authorization and step therapy.
 - Together these two proposals will produce net savings over 10 years



President Biden's FY2024 Budget Proposal

- Hepatitis C Elimination Program
- Increases are also included for HOPWA, Division of Adolescent & School Health, Title X, Community Harm Reduction & Engagement Initiative at SAMHSA
- Proposes to modernize state eligibility for the HIV-set aside of the Substance Abuse Block grant by using HIV cases instead of AIDS cases.





The National HIV/AIDS Strategy &
the *Ending the HIV Epidemic in the
U.S. Initiative Updates*

NHAS & EHE Updates

- Agencies working on actions detailed in NHAS Federal Implementation Plan
 - CDC & HUD recently convened a meeting with national experts focused on addressing housing challenges
 - Indian Health Service expanding training and funding for PrEP & related services
 - Continued focus on rapid-start and linkage to care
 - Continuing work with communities on HIV criminalization laws and regulations



NHAS & EHE Updates

- Agencies ramping up reporting and storytelling about EHE Initiative
 - Extremely important to make a strong case for initiative due to funding environment and recent report of slow spending and distribution of funds
 - Looking towards future of initiative and lessons learned from first several years





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Recent Activities/Updates

NHAS Implementation Priorities/Updates

- Updated clinical guidelines for infant feeding to support variety of feeding options
 - Also notes the inappropriateness of engaging Child Protective Services – working to ensure all service providers who interact with people who may be interested in infant feeding are aware
- Final FDA blood donation recommendations using individual risk-based questions instead of time-based deferrals for MSM
- CMS national coverage analysis for Medicare coverage of PrEP
 - Will inform National Coverage Determination
 - Decision expected this summer



NHAS Implementation Priorities/Updates

- Recent releases:
 - Department of Defense Defense Health Agency rolled out additional information about PrEP on the health.mil website.
 - Department of Justice released 2021 data report on people with HIV in state & federal correctional facilities
- Increased focus on syndemics of STIs
- Collaborative efforts with Office of National Drug Control Policy, National Institute on Drug Abuse to address stimulant and methamphetamine use
- Ongoing conversations with federal and community partners on updating criminalization laws



NHAS Implementation Priorities/Updates

- U.S. Business Action to End HIV launched
 - 2023 planning to stimulate activity within private industry partners, actively recruiting additional companies
 - Held virtual National Employers Summit to End HIV
 - Encouraging internal review of insurance, policies
 - Convening HIV Leadership Advisory Council to ground coalition in latest science & best practices
 - Planning industry action cohorts starting with retail pharmacies



NHAS Implementation Priorities/Updates

- Held meeting with CDC/HUD to discuss opportunities to address housing challenges
- Working with agencies to use data tell the story of NHAS and *EHE* Initiative
 - Critical to educate larger community about impact of initiative and continued need to focus on priority populations
- Developing specific actions to engage other Departments and programs that could impact the quality of life for people with HIV and the NHAS indicators.



NHAS Implementation Priorities/Updates

- Focus on ensuring best practices in implementation science continue to be disseminated and adopted
- Workforce Issues
 - Working with pharmacy associations, community partners, and pharmacies on scope-of-practice issues particularly for PrEP & PEP
 - Recent success in Arkansas
- Beginning to look at role that AI can play in healthcare: assisting providers in increasing PrEP, clinic workflows





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Addressing Challenges

Opportunities to Address Challenges Together

- National PrEP Program – working with Administration and Congress to gain support
 - Also working with CDC to ensure health departments and CBOs are ramping up activities to increase PrEP uptake
- STI rates increasing at alarming rates – NHAS & EHE are roadmaps for expansion of co-located services:
 - PrEP an opportunity for testing, screening, & treatment
 - Increased inclusion of diverse workforce to educate & screen
 - Increase status-neutral, no-wrong door services





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WH.GOV



The White House National Mpox Response: NASTAD Update

Demetre C. Daskalakis, MD MPH
Deputy Coordinator, White House
National Mpox Response



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May 18, 2023

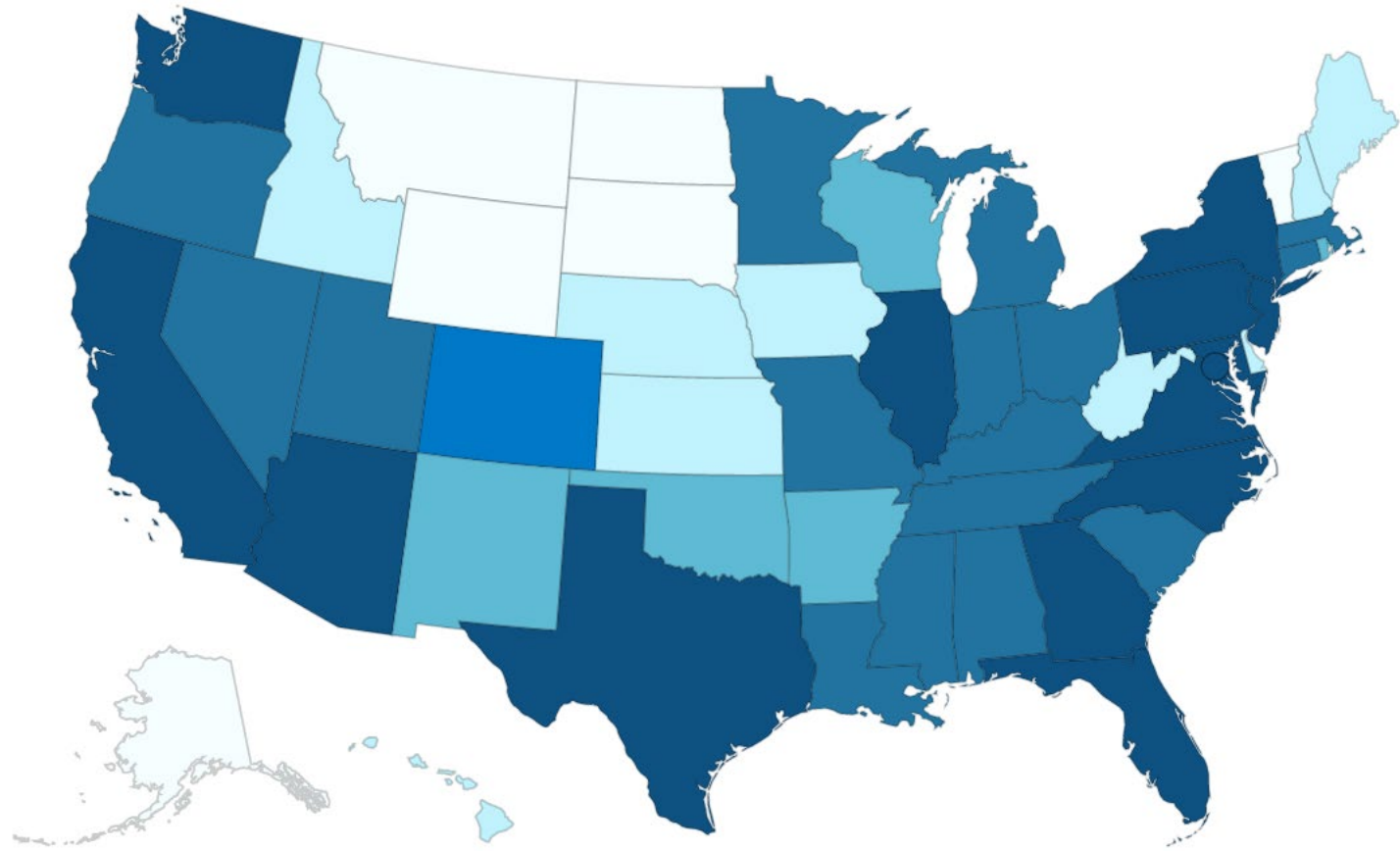
This briefing is open to the public, however the conversation should be considered off the record and any press inquiries for the White House should be directed to the White House Press Office.



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State of the Epidemiology

U.S. Situation Update – May 17, 2023



Territories **PR**



Legend

- 1 to 10
- 11 to 50
- 51 to 100
- 101-500
- >500

30,401

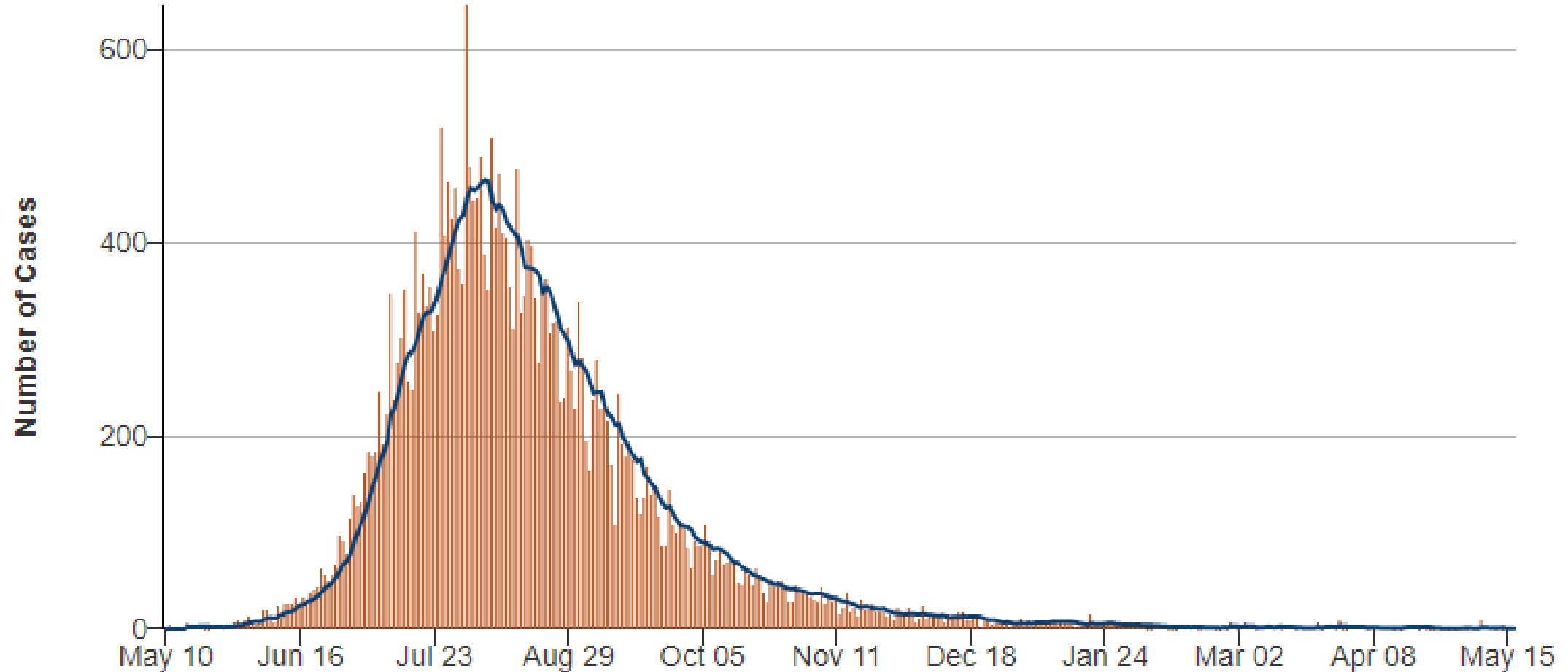
Total confirmed mpox / orthopoxvirus cases

42

Total deaths

*For recent mpox case numbers see CDC Situation Summary: <https://www.cdc.gov/mpox>

Daily Mpox Cases and 7 Day Daily Average Reported in U.S.

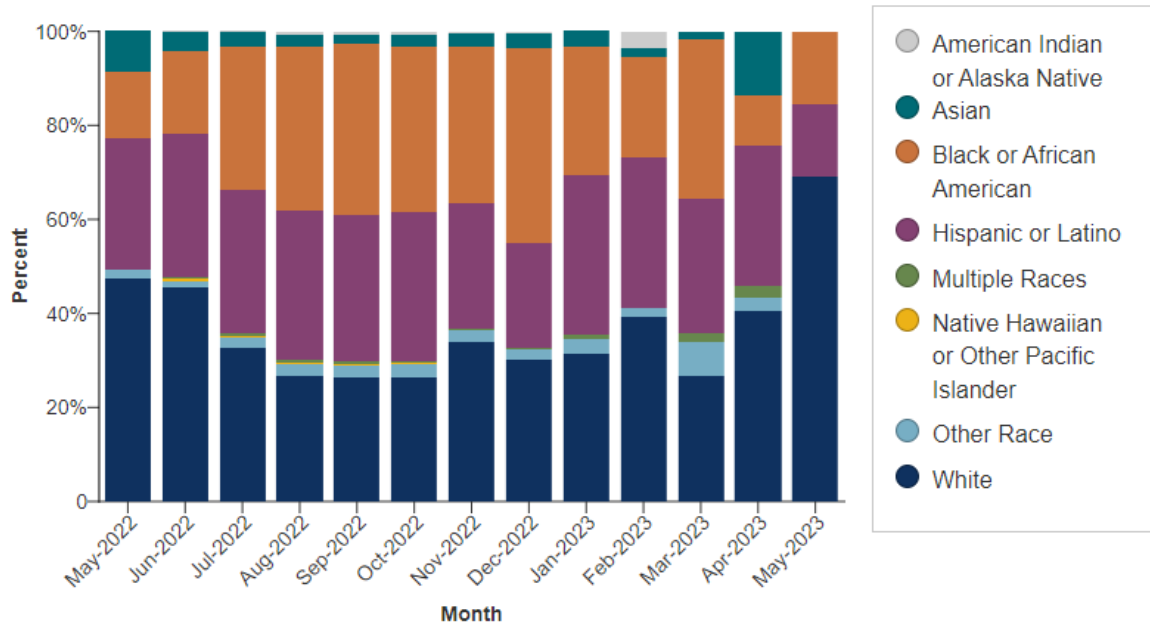


Data as of May 17, 2023

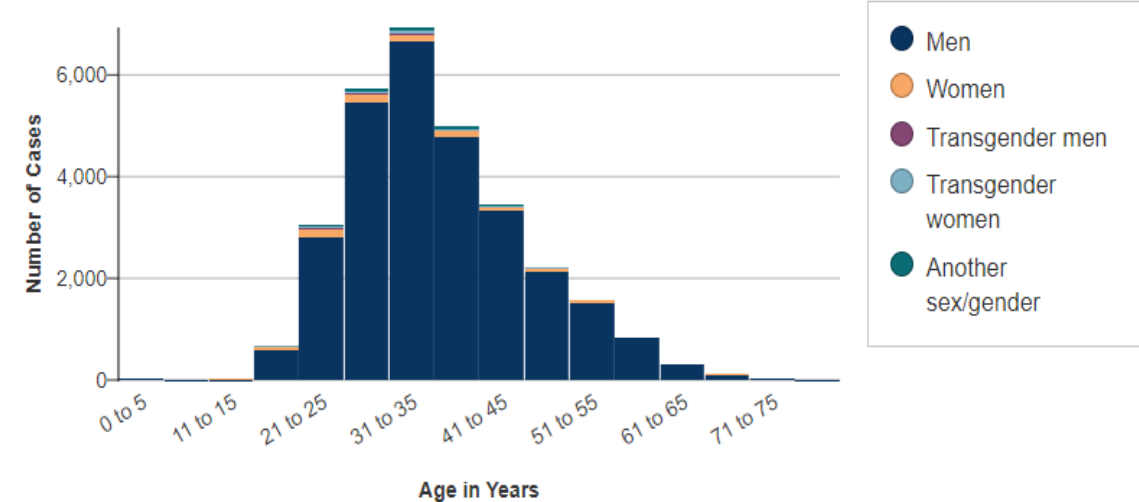
*For recent mpox case numbers see CDC Situation Summary: <https://www.cdc.gov/mpox>

Mpox Demographics- May 17, 2023

Proportion of All Cases by Race and Ethnicity by Month



Mpox cases reported to CDC: Age and Gender





Health Alert



RESURGENCE OF MPOX **Provider Update** **May 9, 2023**

Summary and Action Items

- Chicago Department of Public Health (CDPH) has identified a resurgence of cases of mpox (formerly monkeypox).
- From April 17th-May 5th 2023, 12 confirmed and one probable case of mpox were reported to CDPH. All cases were among symptomatic men. **Nine (69%) of 13 cases were among men who were fully vaccinated for mpox.**
- Transmission of mpox continues locally and disproportionately affects the same populations affected by Sexually Transmitted Infections (STIs) and human immunodeficiency virus (HIV).
- Healthcare providers are urged to remain diligent in screening and vaccinating at risk populations.
- Vaccination is an important tool in stopping the spread of mpox, although vaccine-induced immunity is not complete. **People who are vaccinated should continue to avoid close, skin-to-skin contact with someone who has mpox.**
- JYNNEOS is a 2-dose vaccine approved for the prevention of mpox and smallpox. All eligible Chicagoans should receive both doses of the vaccine for the best protection against mpox. The second dose should be given 4 weeks after the first dose. If more than 35 days has elapsed since the first dose was given, administer the second dose as soon as possible. **Vaccine boosters are not recommended at this time.**
- CDPH encourages healthcare providers to adopt a syndemic approach to addressing mpox and including incorporating mpox, STI and HIV screening, treatment and prevention into existing sexual health services.

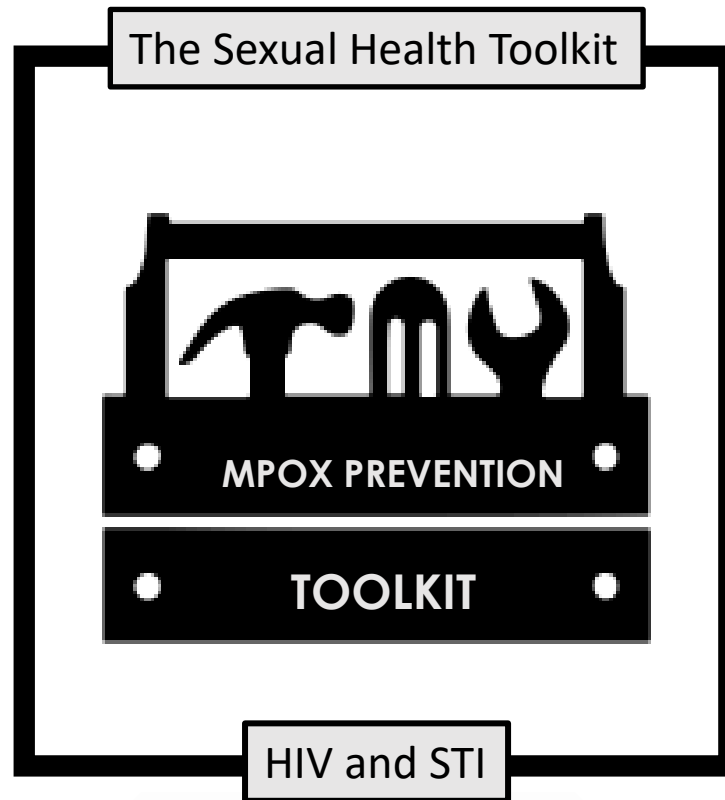


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Mpox Prevention and The Risk of Future U.S. Mpox Outbreaks



Vaccine: Prevents infection & complications of mpox



Education: Informing people of how mpox is transmitted so they can make informed decisions about their sex lives and harm reduction.



Testing: Identifies infections and allows for public health action and supportive treatment/investigational drug access. Think HIV/STI!



Summary of VE Studies May 18, 2023

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Morbidity and Mortality Weekly Report (MMWR)

Estimated Effectiveness of JYNNEOS Vaccine in Preventing Mpox: A Multijurisdictional Case-Control Study — United States, August 19, 2022–March 31, 2023

Weekly / May 19, 2023 / 72(20):553–558

Overlapping Confidence Intervals

1 dose VE=75.2% (61.2-84.2%)

Mpox cases from surveillance compared to self-identified controls at sexual health services with self report on survey.

difference in SQ, ID or Mixed

ised with 2 dose VE not than non-IC.

The NEW ENGLAND JOURNAL of MEDICINE

This article is available to subscribers

Vaccine Effectiveness of JYNNEOS

Nicholas P. Deputy, Ph.D., Joseph Deckert, Ph.D., Anna N. Chard, Ph.D., Sweet, M.S., Amanda C. Cohn, M.D., David

Zero Doses, VE=ZERO

nd to MSM with

Large sample.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Morbidity and Mortality Weekly Report (MMWR)

Effectiveness of JYNNEOS Vaccine Against Diagnosed Mpox Infection — New York, 2022

Weekly / May 19, 2023 / 72(20):559–563

[Print](#)

Eli S. Rosenberg, PhD^{1,2,3}; Vajeera Dorabawila, PhD¹; Rachel Hart-Malloy, PhD^{1,2,3}; Bridget J. Anderson, PhD¹; Wilson Miranda, MPH¹; Travis O'Donnell¹; Charles J. Gonzalez, MD^{1,3}; Meaghan Abrego, MPH¹; Charlotte DelBarba, MPH¹; Cori J. Tice, MPH¹; Claire McGarry, MPH¹; Ethan C. Mitchell, MPH¹; Michele Boulais, MPA¹; Bryon Backenson, MS^{1,2}; Michael Kharfen¹; James McDonald, MD¹; Ursula E. Bauer, PhD¹ ([VIEW AUTHOR AFFILIATIONS](#))

1 or 2 dose VE=75.7% (48.5-88.5%)

2 dose=88.5% (44.1-97.6%)

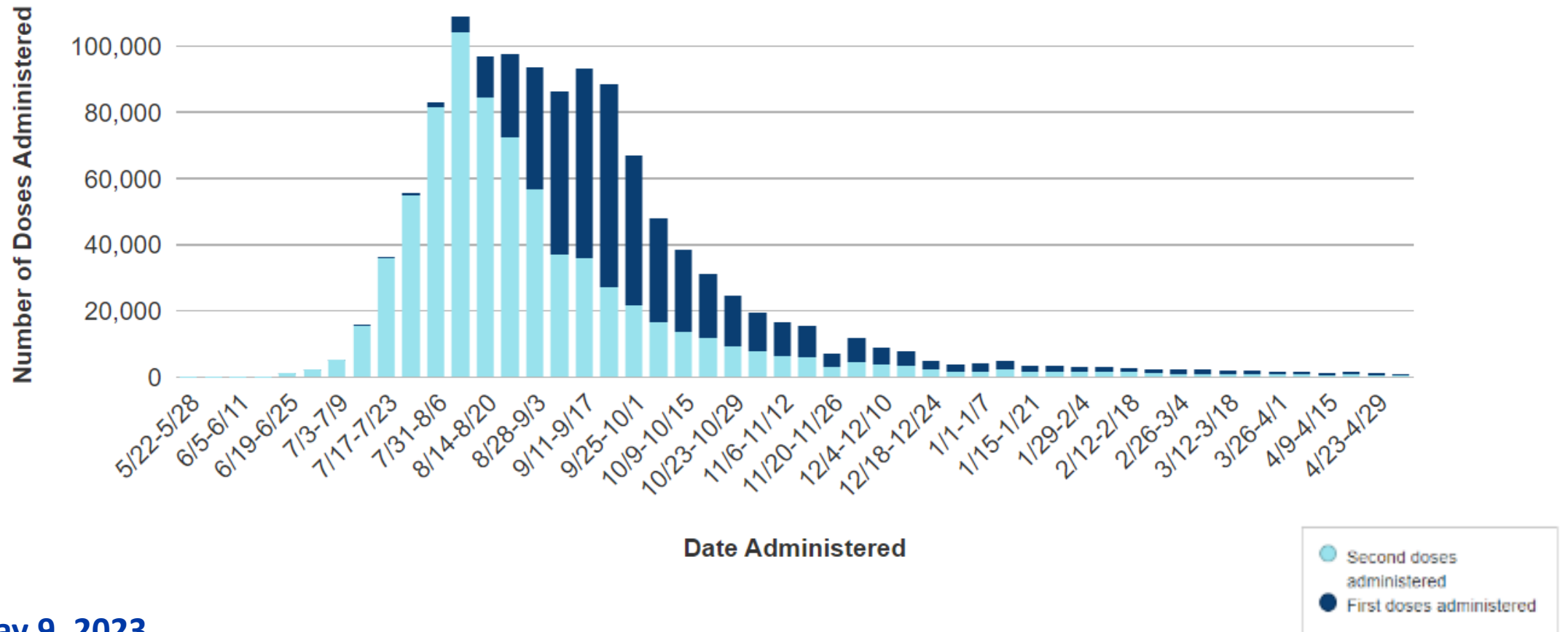
registry based. Mpox cases to MSM with incident rectal GC/Ct or syphilis.

study focused on people with biomarkers of recent behaviors that might increase mpox exposure risk.

Mpox Vaccine Administration in the U.S.

1,218,441

doses administered in the 57 U.S. jurisdictions



Data as of May 9, 2023

Mpox Vax to Case compared to HIV PrEP to Need Ratio

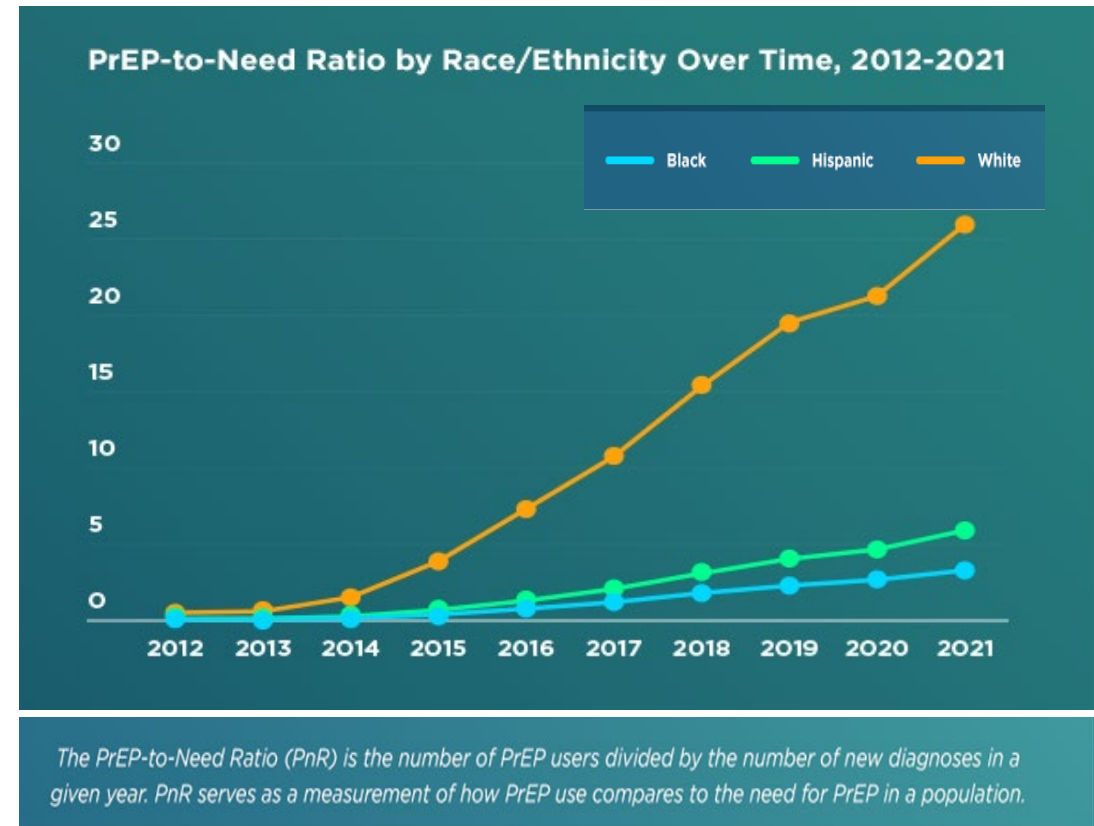
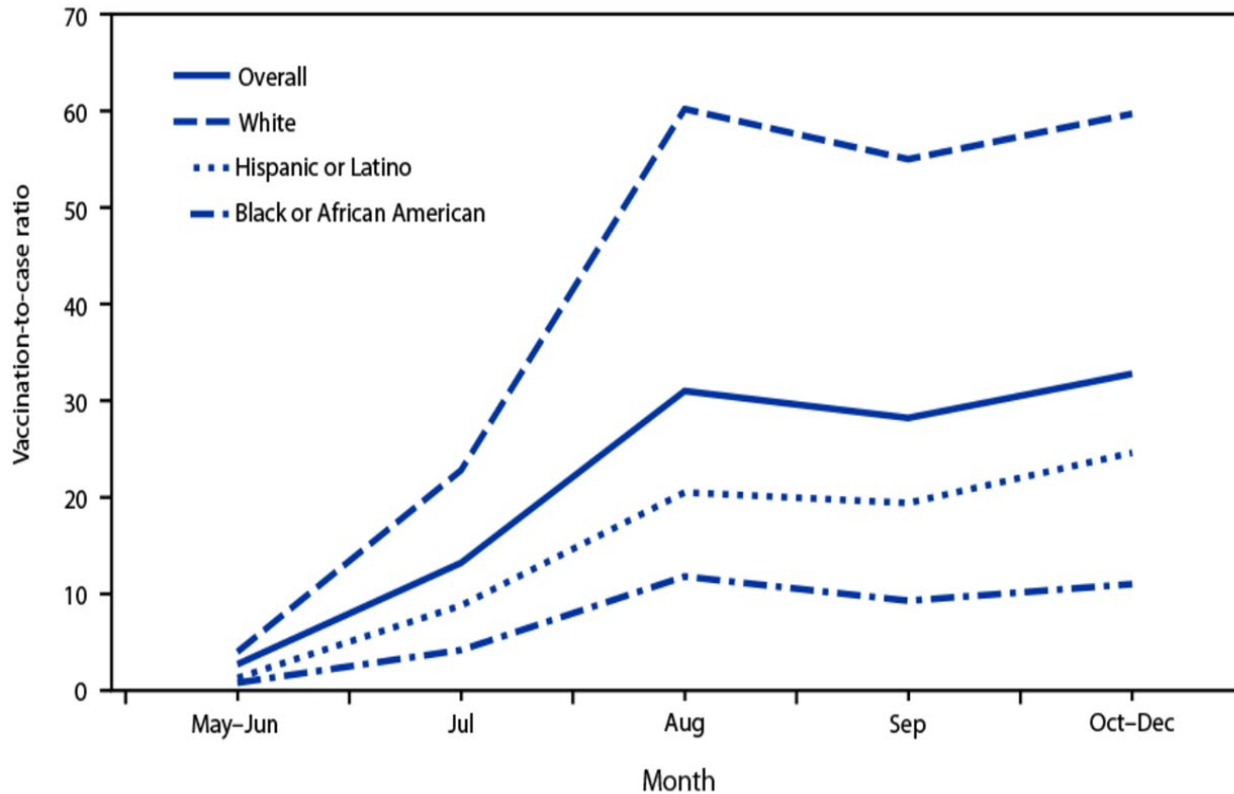
Morbidity and Mortality Weekly Report (MMWR)

Racial and Ethnic Disparities in Mpox Cases and Vaccination Among Adult Males — United States, May–December 2022

Weekly / April 14, 2023 / 72(15):398–403

[Print](#)

Krishna Kiran Kota, PhD^{1,2}; Jaeyoung Hong, PhD¹; Carla Zelaya, PhD¹; Aspen P. Riser, MPH¹; Alexia Rodriguez, MPH¹; Daniel L. Weller, PhD¹; Ian H. Spicknall, PhD¹; Jennifer L. Kriss, PhD¹; Florence Lee, MPH¹; Peter Boersma, MPH¹; Elizabeth Hurley, MS¹; Peter Hicks, MA, MPH¹; Craig Wilkins, MPH¹; Harrell Chesson, PhD¹; Jennifer Concepción-Acevedo, PhD¹; Sascha Ellington, PhD¹; Ermias Belay, MD¹; Jonathan Mermin, MD¹ [\(VIEW AUTHOR AFFILIATIONS\)](#)



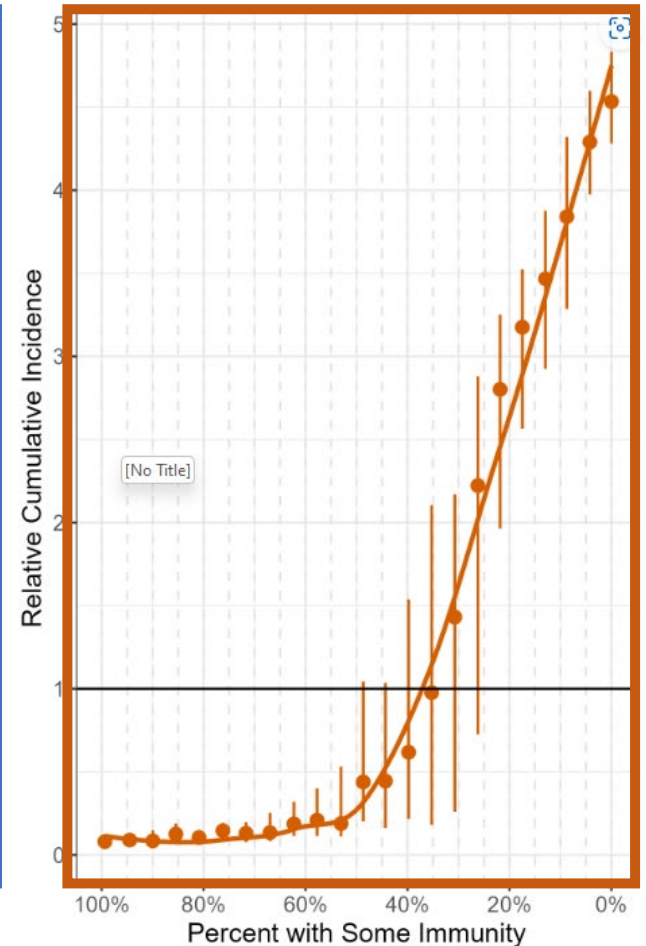
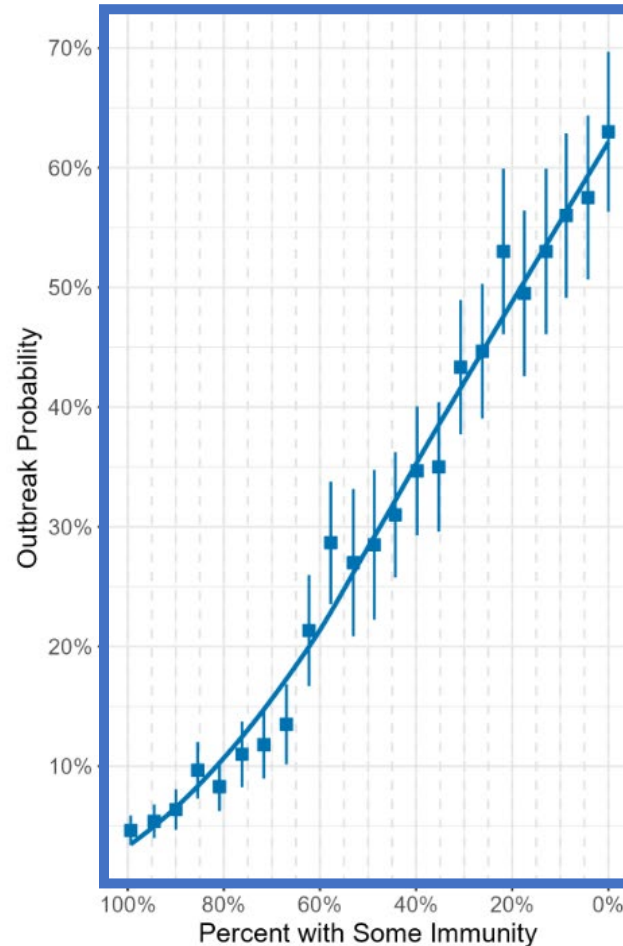
The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

<https://aidsvu.org/prep-use-race-ethnicity-launch-22/>

CDC Modeling Forecast: We Are Still at Risk of a Large and Costly Outbreak !

- The more immunity we have in the community, the lower the chance that we will have any outbreaks.
 - Higher vaccination=Lower risk for an outbreak
- The size of future outbreaks could be equal to or larger than our current outbreak if vaccination coverage is less than 30-35%.

1st Dose = 37%
Fully Vaccinated = 23%



Updated Mpox Risk Assessment-May 17,2023



NEW May 17, 2023

Renewed Mpox Outbreaks Likely

A recent uptick in mpox cases in Chicago underscores the risk of renewed mpox outbreaks, which we judge is substantial across the United States.

[Read the Analysis](#)

Summary

CDC continues to assess that the risk of resurgent mpox outbreaks is substantial in the United States. Although the daily number of reported mpox cases has fallen dramatically since August 2022, the diagnosis of several unlinked cases each week and intermittent wastewater detections across jurisdictions are consistent with ongoing undetected transmission. The risk of outbreaks could further increase as people gather this spring and summer for festivals and other events with high potential for skin-to-skin contact or increased sexual activity. Healthcare providers, public health agencies, and partner organizations should help ensure disproportionately affected populations—currently gay, bisexual, other men who have sex with men (MSM), and transgender people—have access to vaccines, testing, and treatment. People at risk for mpox exposure should 1) be vigilant of the possibility of community transmission, 2) take steps to reduce risk of infection, and 3) seek vaccination.



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Mpox Therapeutics

STOMP Study

NEWS RELEASES

Friday, September 9, 2022

U.S. clinical trial evaluating antiviral for monkeypox begins

NIH trial to gather data on tecovirimat (TPOXX).



Interested volunteers can visit the ACTG website for information on clinical trial A5418. Please do not call or email the News and Science Writing Branch to inquire about enrolling in this trial.

A Phase 3 clinical trial evaluating the antiviral tecovirimat, also known as TPOXX, is now enrolling adults and children with monkeypox infection in the United States. Study investigators aim to enroll more than 500 people from clinical research sites nationwide. Interested volunteers can visit the ACTG website (clinical trial A5418) for more information. The trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The NIAID-funded AIDS Clinical Trials Group



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Call Center: 1-855-876-9997 (U.S. only)



STOMP About the Study Participating Research Sites



Think you
might have
Monkeypox?

WE
NEED
YOUR
HELP!



1-855-876-9997

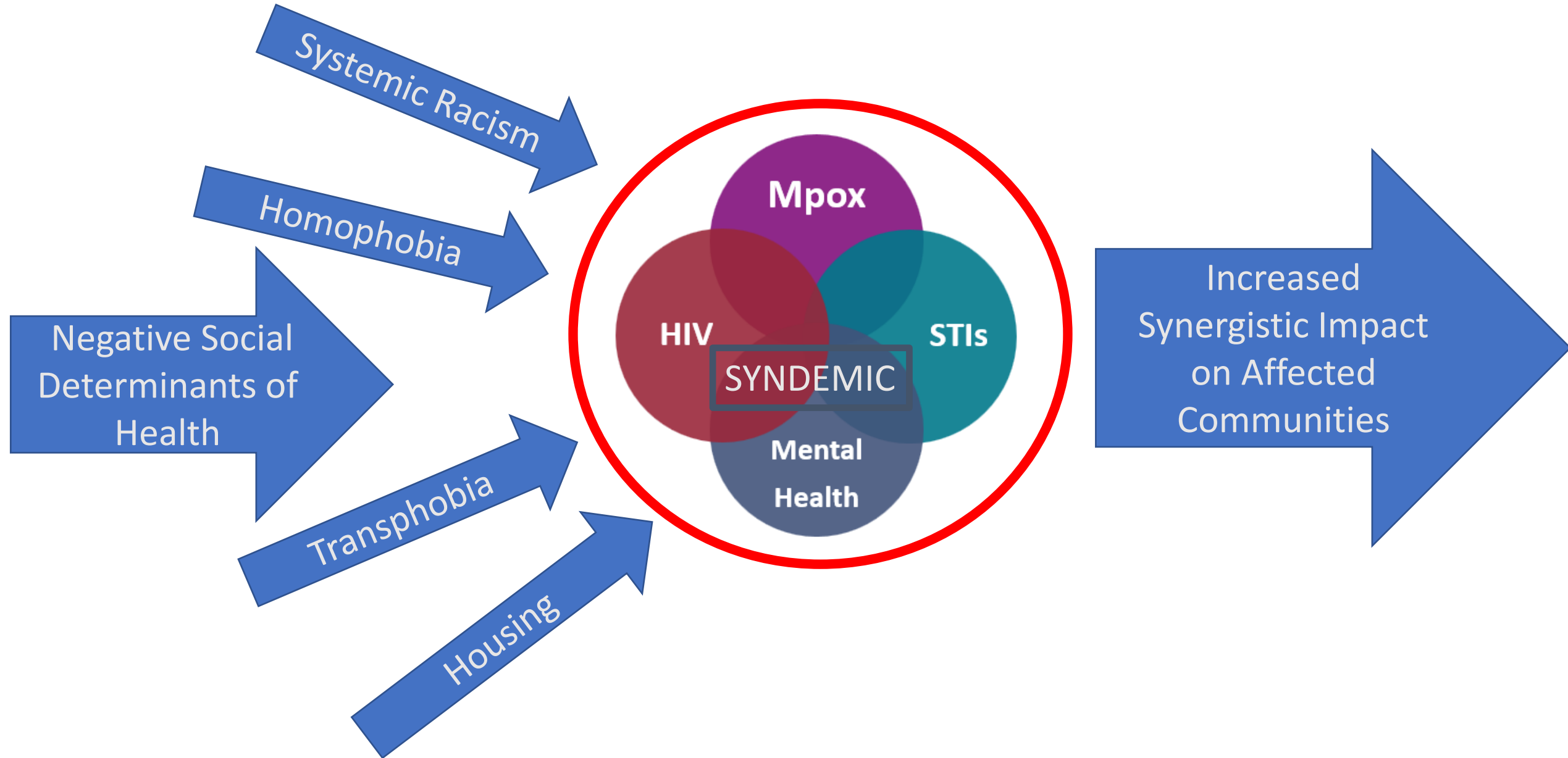
*Stock photo. Posed by models.



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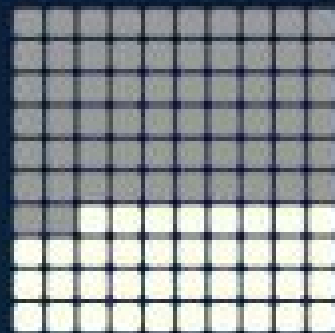
The Mpox Syndemic

Mpox Joins the Syndemic

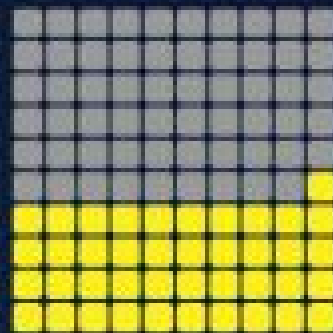


In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox

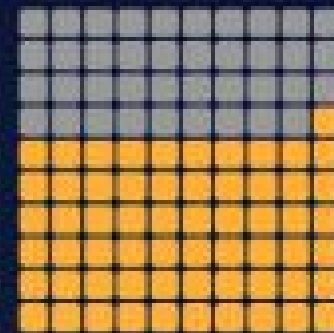
Among nearly 2,000 people with monkeypox:†



38%
had HIV



41%
had an STI in the past year



61%
had either HIV or an STI

It is important to

Prioritize people with HIV and STIs for monkeypox vaccination

Offer HIV and STI screening for people evaluated for monkeypox



*Diagnosed with an STI other than HIV in the past year

† People diagnosed with monkeypox in eight jurisdictions during May 17–July 22, 2022

bit.ly/mm7136a1

SEPTEMBER 9, 2022

MMWR

HIV Makes Mpox More Severe

People with mpox and HIV were more likely to report severe symptoms

**People with mpox and HIV were more likely to be hospitalized.
(8% vs 3%).**

People with a detectable VL experienced more severe symptoms and were more than 3X more likely to be hospitalized than all people with HIV and 9X more likely than people without HIV.

People with T cells <350 were 2X as likely to be hospitalized than all people with HIV and 5X more likely than people without HIV.

Severe Monkeypox in Hospitalized Patients — United States, August 10–October 10, 2022

Early Release / October 26, 2022 / 71

- 57 people with severe disease reported to CDC for consultation
 - 82% had HIV, others with non-HIV immunocompromising conditions
 - 72 % with CD4 count less than 50
 - Less than 9% on HIV medications
 - 68% Black
 - 23% homeless
- 12 deaths reported among the 57
 - 5 confirmed related to mpox

Characteristic (no. with information available)	No. (%)
HIV CD4, cells/mm³ (43)	
<50	31 (72.1)
50–200	9 (20.9)
>200	3 (7.0)
HIV Treatment (47)	
On ART at the time of mpox diagnosis	4 (8.5)

Epidemiologic and Clinical Features of Mpox-Associated Deaths — United States, May 10, 2022–March 7, 2023

Weekly / April 14, 2023 / 72(15);404–410

[Print](#)

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[AFFILIATIONS](#))

Summary

What is already known about this topic?

Severe manifestations of mpox have occurred in the United States, particularly among persons with uncontrolled viral spread resulting from moderately to severely immunocompromising conditions.

What is added by this report?

Thirty-eight mpox-associated deaths occurred in the United States during May 10, 2022–March 7, 2023 (1.3 mpox-associated deaths per 1,000 cases). Most decedents were non-Hispanic Black or African American (87%) persons and cisgender men (95%). Among 24 decedents with HIV for whom data were available, all had advanced HIV, typically with a CD4 count <50.

What are the implications for public health practice?

Equitable and early access to prevention and treatment for both mpox and HIV is critical to reducing mpox-related mortality.

Homelessness and Mpox- Los Angeles County, 2022

EMERGING INFECTIOUS DISEASES®

ISSI

EID Journal > Volume 29 > Early Release > Main Article

Disclaimer: Early release articles are not considered as final versions. Any changes will be reflected in the online version in the month the article is officially released.

Volume 29, Number 6—June 2023

Synopsis

Epidemiologic Characteristics of Mpox Infections among People Experiencing Homelessness, Los Angeles County, California, USA, 2022

Hannah K. Brosnan, Karen W. Yeh, Padma S. Jones, Sohum Gokhale, Dalia Regos-Stewart, Hang Tran, Kathleen Poortinga, Phoebe Danza, Rebecca Fisher, Lauren E. Finn, Chelsea Foo, and Alicia H. Chang✉

Author affiliation: Los Angeles County Department of Public Health, Los Angeles, California, USA

[Suggested citation for this article](#)

On This Page

[Methods](#)

Abstract

In Los Angeles County, California, USA, public health surveillance identified 118 mpox cases among persons experiencing homelessness (PEH) during July–September 2022. Age and sex were similar for mpox case-patients among PEH and in the general population. Seventy-one (60%) PEH mpox case-patients were living with HIV, 35 (49%) of them virally suppressed. Hospitalization was required for 21% of case-patients because of severe disease. Sexual contact was likely the primary mode of transmission; 84% of patients reported sexual contact ≤ 3 weeks before symptom onset. PEH case-patients lived in shelters, encampments, cars, or on the street, or stayed briefly with friends or family (couch surfed). Some case-patients stayed at multiple locations during the 3-week incubation period. Public health follow-up and contact tracing detected no secondary mpox cases among PEH in congregate shelters or encampments. Equitable efforts should continue to identify, treat, and prevent mpox among PEH, who often experience severe disease.

Syndemic Challenges Require Syndemic Solutions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration
Rockville, MD 20857
HIV/AIDS Division

August 8, 2022

Dear Ryan White HIV/AIDS Program Colleagues:

On August 4, 2022, the monkeypox outbreak was declared a public health emergency in the U.S. From the outset, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) engaged with federal partners across the Department of Health & Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), to provide assistance to control the accelerating spread of monkeypox, help health care providers who are treating patients who have monkeypox, and ensure those most at risk are at the focus of our response efforts.

As of today, there are more than [2,821 confirmed cases](#) of monkeypox in the U.S., and the outbreak continues to spread nationwide. Gay, bisexual, and other men who have sex with men (MSM) have been particularly affected by this outbreak. As trusted providers with a strong history of supporting the health and well-being of the MSM community, many HRSA Ryan White HIV/AIDS Program (RWIAP) recipients and subrecipients are responding to the monkeypox outbreak, while continuing to provide essential HIV care and support services. Therefore, HHS/HAB is providing clarification on the use of RWIAP funds for monkeypox testing, treatment, and vaccination.

Monkeypox testing is available through public health and commercial laboratories. Testing through public health laboratories is free of charge, while there are costs associated with test at commercial laboratories. If a provider caring for a RWIAP client does not have ready access to public health laboratory testing, RWIAP funds can be used to cover co-pay and deductible for at-risk clients and the cost of testing for at-risk clients when a commercial laboratory is used for testing.

CDC-recommended post-exposure prophylaxis and antiviral treatments are available for people exposed to monkeypox or diagnosed with monkeypox virus infection. Please note, as the test monkeypox vaccines and treatments are being provided by the U.S. Federal government, RWIAP providers should work with their state/territorial health departments to access the orthopox antiviral [TPOXX \(tecovirimat\)](#) for the treatment of monkeypox and the [smallpox vaccine](#).

RWIAP funds may be used to pay for fees associated with vaccine administration and treatment of monkeypox for eligible clients, such as medical visit costs, including personal protective equipment for staff, vaccination supplies, including co-pay and deductible for at-risk clients in accordance with Public Health Service Notice H-5401 Ryan White HIV/AIDS Program New Eligible Individuals & Additional Lines of Funds. RWIAP providers should continue to partner with health departments and work together to address monkeypox in their communities.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30333
September 7, 2022

Dear Colleague:

The United States is currently experiencing a nationwide monkeypox outbreak. Most monkeypox transmission is occurring through sexual transmission in the same populations who experience the highest risk for HIV and other STDs. The purpose of this message is to provide additional guidance to NCHHSTP partners about the appropriate use of current award resources based on NCHHSTP's syndemic approach to HIV, STD, and monkeypox prevention. This guidance builds on CDC.gov information linked here ([Monkeypox Guidance for Prevention and Response](#), [CDC.gov](#); [Temporary Reassignment of Personnel - CDC/12-02-22-0001](#), [CDC](#)).

Recipients funded under the following CDC Notice of Funding Opportunities (NOFOs) may use their grant resources, including funds or staff, for monkeypox activities that are conducted in conjunction with your HIV or STD prevention activities:

- PS19-1901, "Strengthening STD Prevention and Control for Health Departments"

SAMHSA
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-784-4772)

September 26, 2022

SAMHSA grantees may use SAMHSA grant resources, including funds or staff, for monkeypox-related activities conducted in conjunction with SAMHSA supported activities.

Dear Colleague:

At present, there are more than 24,000 confirmed monkeypox cases in the US, and the outbreak continues to spread. Currently, monkeypox is disproportionately affecting gay, bisexual and other men who have sex with men (MSM). However, anyone can get monkeypox. Although limited transmission has been seen in groups who live in close quarters, like people experiencing homelessness, awareness of monkeypox is needed to quickly identify and prevent the spread of infection in such settings. Like other infectious diseases, the monkeypox virus can affect people of any sexuality or gender identity.

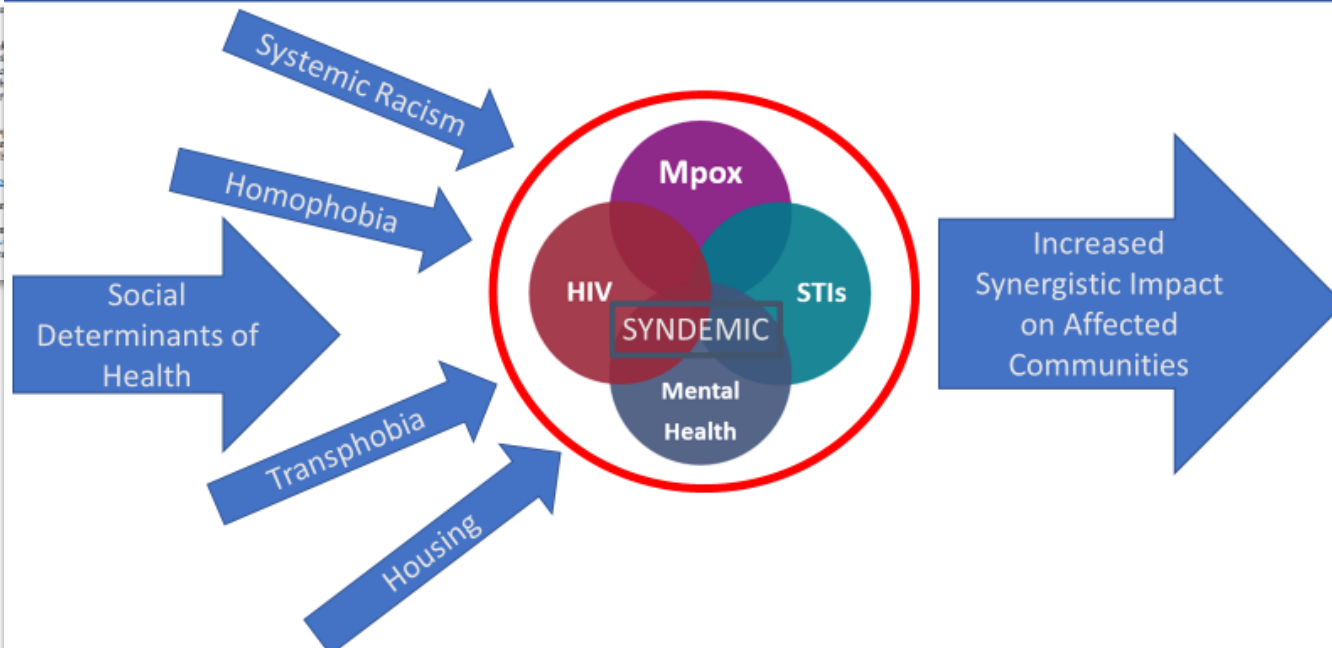
SAMHSA embraces a whole-person approach to the prevention, treatment, and recovery of mental health and substance use conditions. Although SAMHSA grant recipients are not permitted to use SAMHSA funds for monkeypox treatment, testing, or vaccine administration, SAMHSA grantees may use grant resources, including funds or staff, for monkeypox activities conducted in conjunction with SAMHSA supported work. Such monkeypox activities include, but are not limited to, navigating people served by SAMHSA funds to testing, treatment, and prevention resources identified through collaboration with local health departments and mental health providers.

In Focus: MMWR Severe Monkeypox (MPX) Study

The first Monkeypox (MPX) case in the United States was confirmed on May 17, 2022, and after a significant rise in cases, MPX was declared a public health emergency in the United States on August 4, 2022. New data is showing that the current MPX outbreak is disproportionately affecting people living with HIV and those experiencing homelessness. This is the same population that meets eligibility requirements for assistance through HUD's Housing Opportunities for Persons With AIDS (HOPWA) and Homeless Assistance programs.

The latest publication of the [Morbidity and Mortality Weekly Report \(MMWR\)](#) by the Centers for Disease Control and Prevention (CDC) on October 26, 2022 provides evidence through a study that people with HIV and people experiencing homelessness are highly impacted with the most severe cases of MPX. Of the sample of people with severe MPX disease, 82% were people with HIV and 23% were people experiencing homelessness. Further, 72% of the severe MPX cases among people with HIV had <50 CD4 cells/mm3. A person with HIV is considered to have progressed to AIDS when their CD4 cells drop below 200 CD4 cells/mm3. A CD4 cell count of <50 CD4 cells/mm3 indicates a badly damaged immune system and is a likely sign that a person with HIV is not maintaining an HIV medication regimen. In this study, just 9% of these patients were on antiretroviral at the time of their MPX diagnosis. [The full study can be accessed here.](#)

To investigate cases of severe MPX, we need to get people housed, linked to HIV care and protected through MPX vaccination, and connected to needed supportive mental health and substance use services. Housing can and should be used as a strategy for individuals who have disengaged from HIV care to reconnect, and to ensure their regimen can be maintained. Both HOPWA and the Homeless Assistance Grants (HAG) are the Continuum of Care (CoC) and Emergency Solutions Grants (ESG) that provide housing and supportive services for individuals most vulnerable to MPX and poor health outcomes. Individuals and families who have HIV and who are experiencing homelessness are eligible for assistance under the CoC and ESG programs. HOPWA and ESG are designed to provide assistance for individuals or families experiencing homelessness with the only eligibility requirements being that the family is low-





THE WHITE HOUSE
WASHINGTON

Summer Health Resources and Engagement

Syndemic Messages for Summer 2023

Get Healthy and Ready for Summer 2023

[Print](#)



The warmer months are full of events that celebrate the LGBTQ+ community. Preparing for this season is a great opportunity to make sure that you stay healthy before, during, and after these celebrations.

<https://www.cdc.gov/lgbthealth/summer/index.html#print>



Know Before You Go

If travelling, check out travel or health-related advisories for your destination a month before you go and again closer to your trip.

- Visit the [State Department's website](#) to see if there are any travel advisories for your destination.
- Visit CDC's [Traveler's Health website](#) and [Traveler's Health Notices](#) to see if there are health-related warnings or recommendations.



Stay Up to Date on Your Sexual Health Care

Visit your health care provider or find a health clinic to stay up to date with your sexual health care. Discuss the types of sex you have so that your provider can offer [testing](#) and prevention services, including [vaccines](#), that are right for you.

- If you don't know your [HIV status](#), [get tested](#) near where you live, work, or play, including options for ordering [free self-testing kits](#). No matter your results, there are steps you can take to stay healthy. If you don't have HIV, you have options to [prevent HIV](#), including [finding a PrEP provider](#) to see if PrEP is right for you. If you test positive, you can [find a care provider](#) and [live well with HIV](#). HIV treatment will keep you healthy and [prevents you from transmitting HIV](#) to your sex partners.



Stay Up to Date on COVID-19

Whether you are staying close to home for events or [travelling internationally or domestically](#), stay up to date with [COVID-19 vaccination, testing, and other prevention strategies](#).



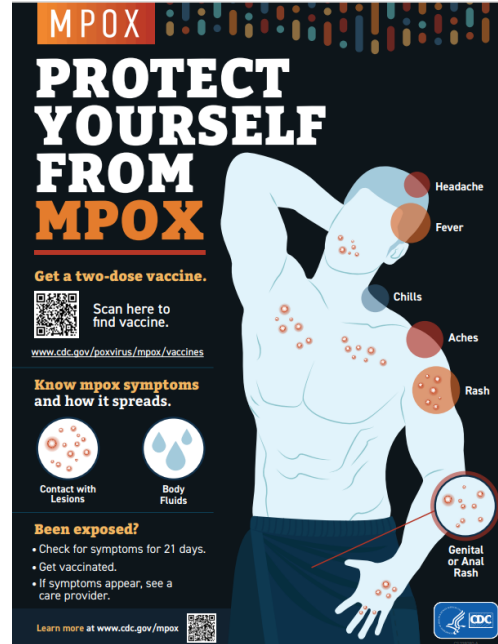
Stop Overdose

To address the increasing number of overdose deaths related to both prescription opioids and illicit drugs, CDC created a [website](#) to educate people who use drugs, or are in environments where drugs might be used, about the dangers of [illicitly manufactured fentanyl](#), the risks and consequences of [mixing drugs](#), the lifesaving power of [naloxone](#), and the importance of [reducing stigma](#) around recovery and treatment options. It is important to be aware that fentanyl is often added to other drugs, including stimulants like cocaine, which makes drugs cheaper, more powerful, more addictive,

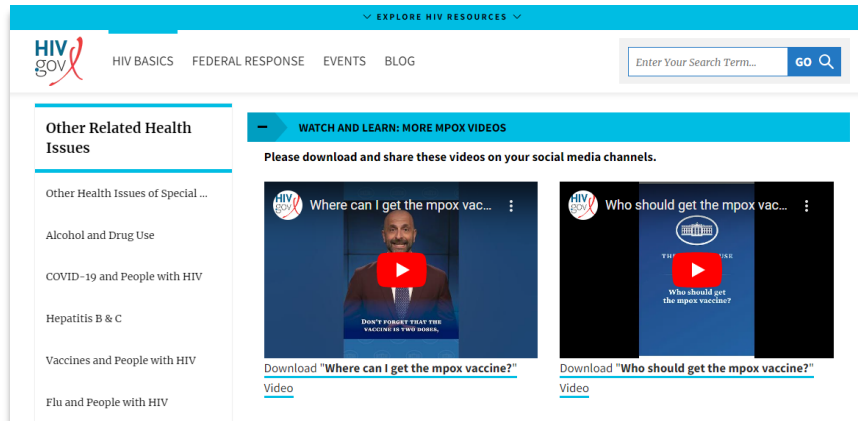
Additional Resources



<https://www.cdc.gov/poxvirus/mpox/collections/pages/pride-event-card.html>



<https://www.cdc.gov/poxvirus/mpox/pdf/Mpox-Poster-for-Sex-Venues-8.5x11-508.pdf>



<https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/monkeypox/>

Get Healthy and Ready for Summer 2023

The warmer months are full of events that celebrate the LGBTQ+ community. This provides opportunities to share important messages that address testing, prevention, and treatment of health conditions that disproportionately impact LGBTQ+ people. This resource list contains a wealth of resources to help you and your event attendees "[Get Healthy and Ready for Summer 2023.](#)"

Planning to host an event?

- Please share the [Get Healthy and Ready for Summer 2023](#) website onto your event website.
- Use the CDC Vaccine and Services Locators to help event goers find prevention services.
 - Step 1: For Providers, if you offer the Mpox vaccine or provide HIV and STD prevention services, but are not listed on the CDC locators, please submit your information to npin.cdc.gov/orqanization/submit.

- Step 2: Add the [New Mpox Vaccine Locator](#) to Your Website by visiting www.cdc.gov/poxvirus/mpox/vaccines/ and clicking on "Embed" on the widget. Or copy the code below and paste it into your Web page:

```
<div data-cdc-widget="DynWidgets" data-component-name="MpoxLocator"></div>
```

- Step 3: Embed the [HIV Prevention Services locator](#) on your website. Copy the code below and paste it into your Web page to help event goers find prevention services.

```
<div data-cdc-widget="DynCombinedWidgets" data-component-name="Lets-Stop"></div> <script
```



- [CDC's Mpox Toolkit for Event Organizers](#) is a ready-to-use resource on how to promote mpox prevention strategies during large gatherings.
- Use the [Let's Stop HIV Together Pride-In-A-Box Toolkit](#) to incorporate HIV campaign messaging and resources into your activities during Pride season.
- Consult the [Stop Overdose Toolkit for Public Health and Safety Professionals](#) for information and strategies that are critical to preventing overdoses and reducing stigma related to drug use and addiction.
- Download and share crowdsourced [Mpox Resource Videos](#). Videos are also available [in Spanish](#).

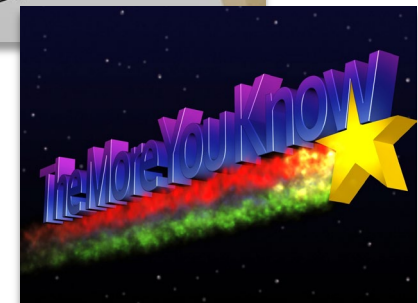
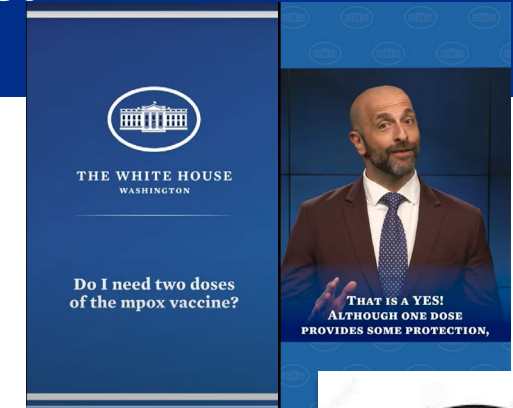
Need resources for event attendees?

Below is a collection of resources that can be distributed to event goers to help them make informed choices that can keep them healthy before, during and after attending events this summer.



We Need Your Help to Implement the Whole Tool Kit!

- **Lead with Joy, Love, and Respect for the Community.**
 - It's your superpower!
- **Vaccine is our best defense against mpox.**
 - Vaccinate people who could benefit from the shot.
 - If they ask for it, they need it– minimize risk assessment.
 - Make sure that people have had BOTH doses of the vaccine.
 - Consider administering vaccine in your practice if you aren't doing it.
 - Partner with local events to “Get Ready for Summer” before, during and after events
- **Take a syndemic and sexual health point of view.**
 - When you think mpox, think HIV, STI, and harm reduction and visa versa
 - Include mpox vaccine on your Sexual Health checklist!
- **Keep mpox on your list!**
 - if you see a rash that is suspicious, even in people with prior infection or vaccination, encourage providers to test for mpox.
- **Knowledge is power**
 - Use a harm reduction approach by reminding people of how mpox is transmitted so that they can make informed decisions about their sex lives.





THE WHITE HOUSE
WASHINGTON

Demetre.C.Daskalakis@who.eop.gov

CDC Update: Centering Key Populations 2023 NASTAD Annual Meeting



CAPT Robyn Neblett Fanfair, MD, MPH
Acting Director
Division of HIV Prevention, CDC

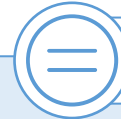


DHP's Cross-Cutting Focus Areas



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

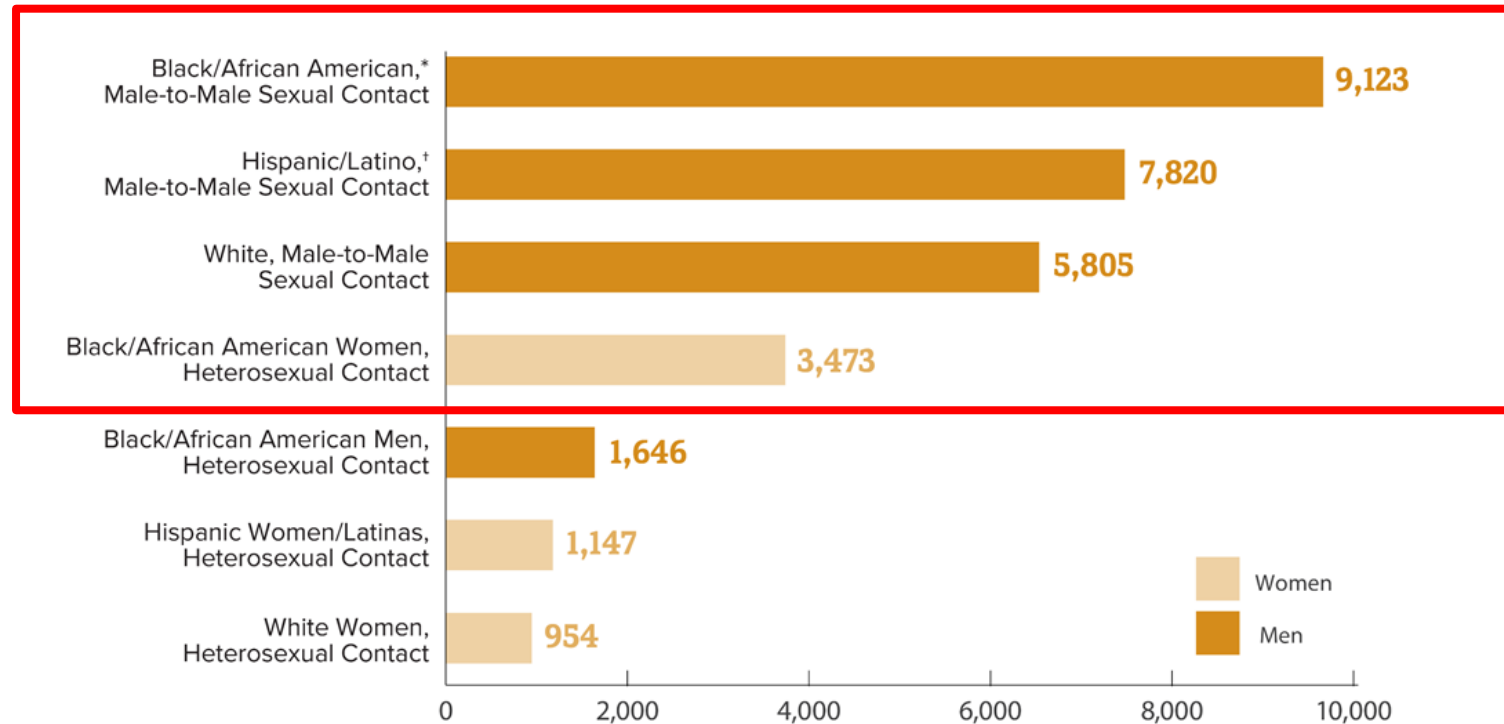
Syndemics are epidemics – of diseases or health conditions such as viral hepatitis, STIs, drug use and mental health– that interact with each other and by that interaction increase their adverse effects on the health of communities that face systematic, structural, and other inequities. Collectively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



Data Overview for Key Populations

New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2019

Gay and bisexual men are the population most affected by HIV.



NOTE: Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2019 are not represented in this chart.

* *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

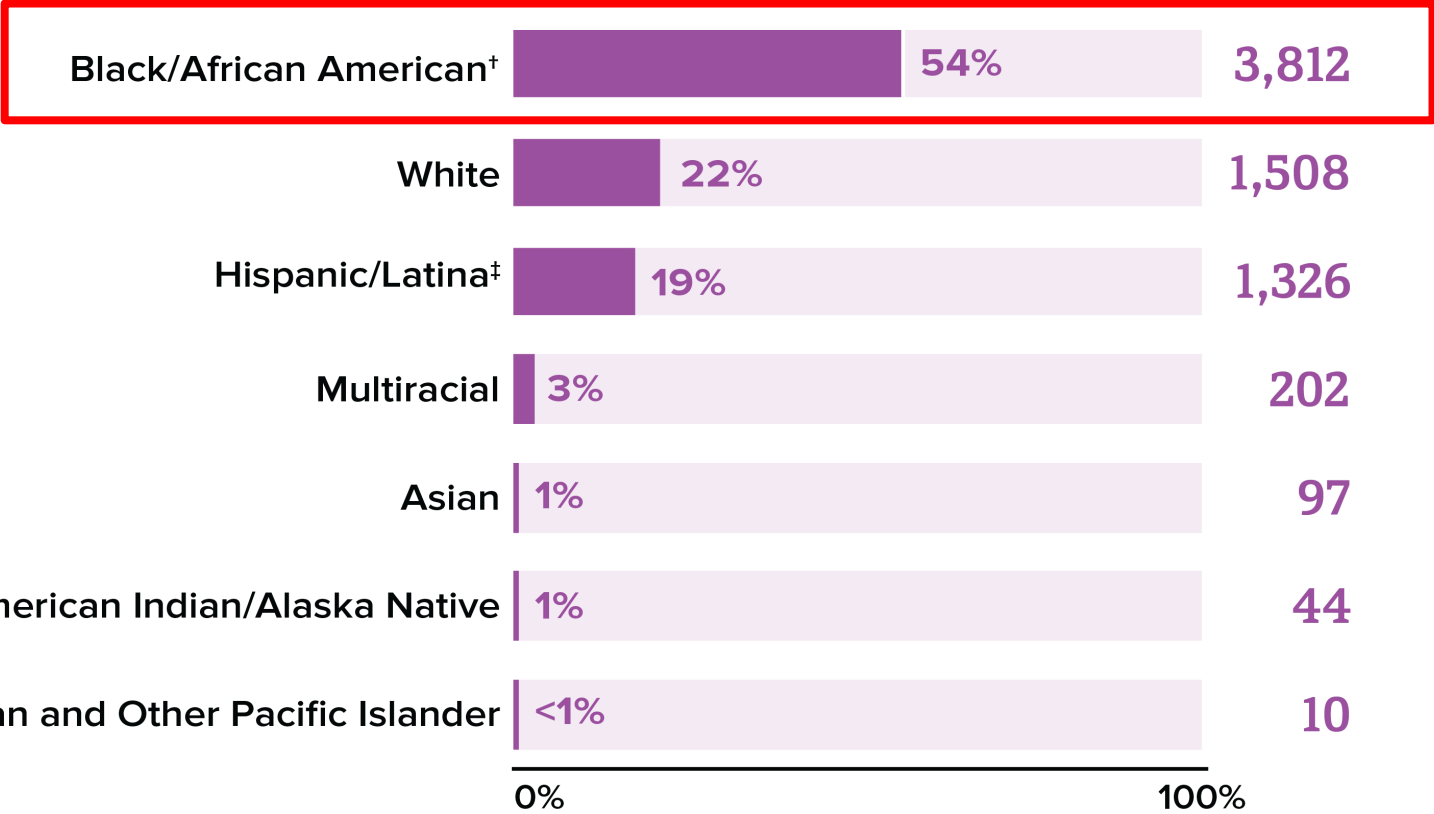
† Hispanic/Latino people can be of any race.

Despite only making up **13%** of the female population in the U.S., black women accounted for more than **54% of HIV diagnoses among women in 2019.**

Black/African American women continue to be disproportionately affected by HIV.



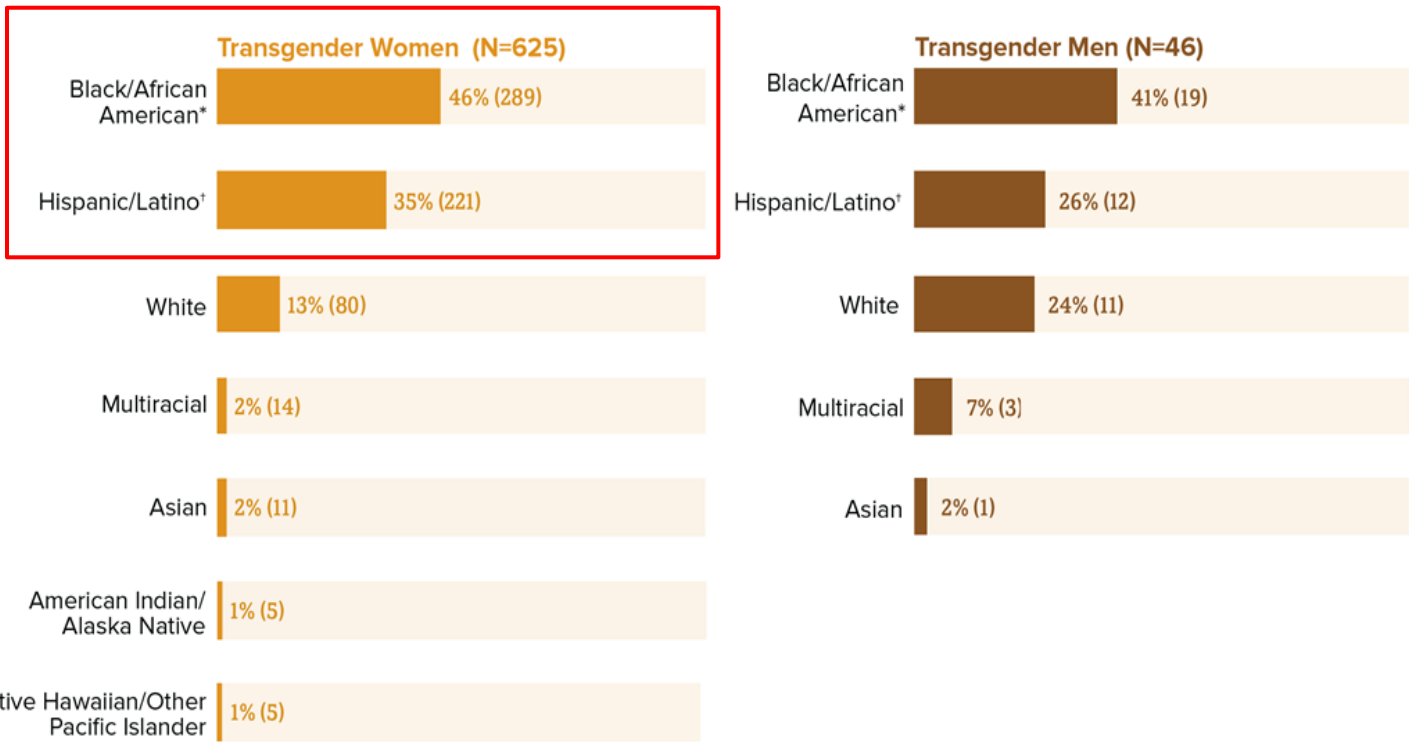
New HIV Diagnoses in the U.S. and Dependent areas, 2019



* Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's HIV and Transgender People web content.
[†] Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.
[‡] Hispanic/Latina women can be of any race.

New HIV Diagnoses Among Transgender People by Race/Ethnicity in the US and Dependent Areas, 2019

Most new HIV diagnoses among transgender people were among Black/African American people.



* Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.
 † Hispanic/Latino people can be of any race.

Prevent

PrEP Coverage by **Race/Ethnicity** in 2020*

● Black/African American ● Hispanic/Latino ● White ● Other



PrEP Coverage by **Sex at Birth** in 2020**

● Female ● Male



PrEP is underutilized and disparities in use are stark.

About

25%

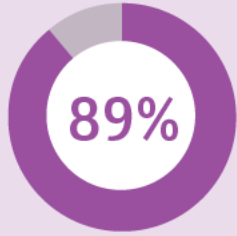
who could benefit from PrEP are prescribed it.

More than

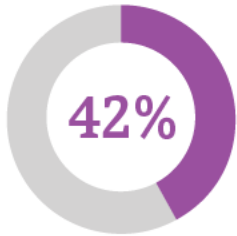
1.2 million

people could benefit from PrEP.

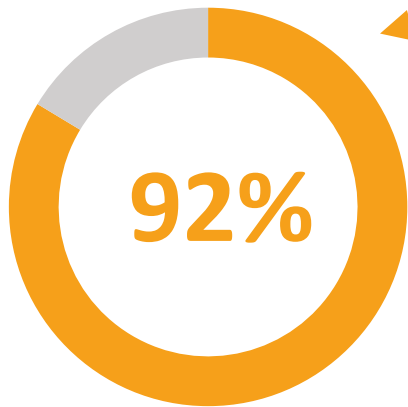
Prevent – PrEP Awareness and Use



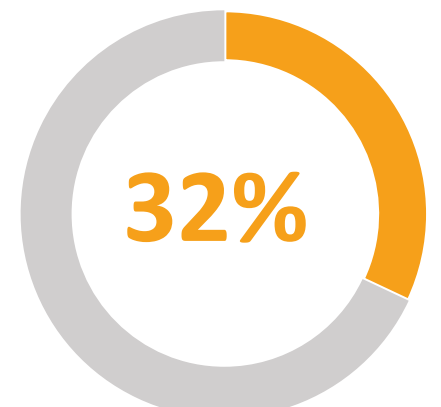
of gay and bisexual men without HIV were aware of PrEP



of gay and bisexual men without HIV used PrEP*

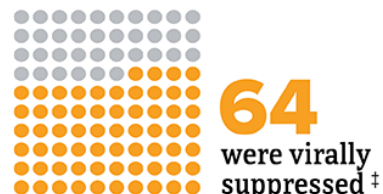
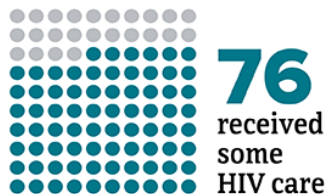


Among transgender women who were HIV-negative, **92%** had heard of PrEP but only **32%** had used PrEP in the past 12 months

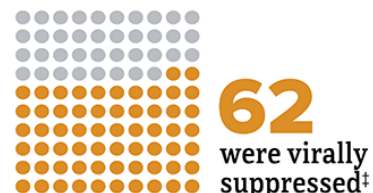
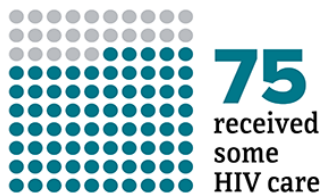


Treat

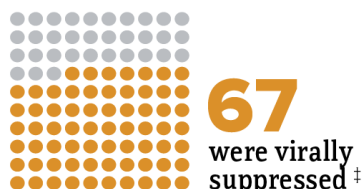
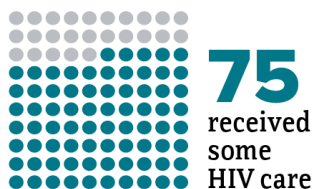
For every 100 women with diagnosed HIV in 2019:



For every 100 Black/African American gay and bisexual men with diagnosed HIV in 2019:



For every 100 Hispanic/Latino gay and bisexual men with diagnosed HIV in 2019:



For comparison, for every
100 people overall with
diagnosed HIV,

76 received some HIV care,

58 were retained in care,

66 were virally suppressed.

1.2 Million People in the U.S. have HIV and Health Disparities Persist

Snapshot of Disparities

Higher HIV Incidence:

- Gay and Bisexual Men
- Black/African American Persons
- Hispanic/Latino Persons

Larger Gaps in PrEP Coverage:

- Black/African American Persons
- Hispanic/Latino Persons

Lower Rates of Viral Suppression:

- American Indian/Alaskan Native Persons
- Black/African American Persons

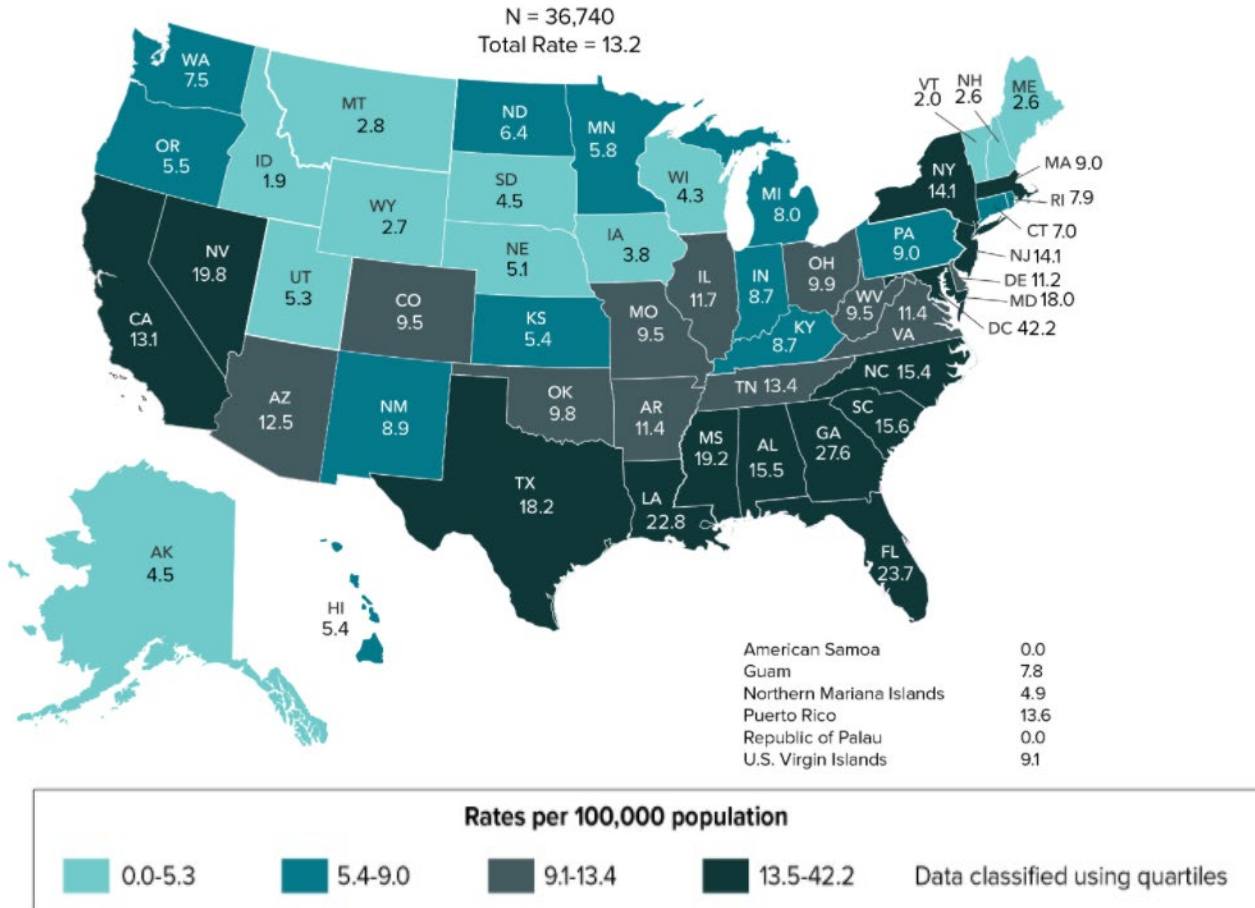
Higher HIV Prevalence:

- MSM
- Transgender Women

More HIV Outbreaks

- People Who Inject Drugs

Rates of Diagnoses of HIV Infection are Highest in the South (More than 50% of all new HIV diagnoses in 2019)





CDC Community Engagement

Principles of CDC's Community-Centered Engagement

- Ensure community partners are meaningfully engaged in the planning and implementation of EHE
- **Build trust, support, and continued dialogue for the initiative with community partners**
- Provide additional opportunity for CDC to provide technical assistance to partners
- **Allow CDC to report directly to our partners on EHE activities**
- Identify barriers or unmet needs that exist within communities as well as identify potential solutions and address gaps



Community Engagement Activities



Regional Leadership Roundtables

90 minute sessions invited leadership

Leadership perspectives in each region included:

- Public health leaders
- Health care providers
- People with lived HIV experience
- Community health centers
- Community-based organizations
- Community advocates



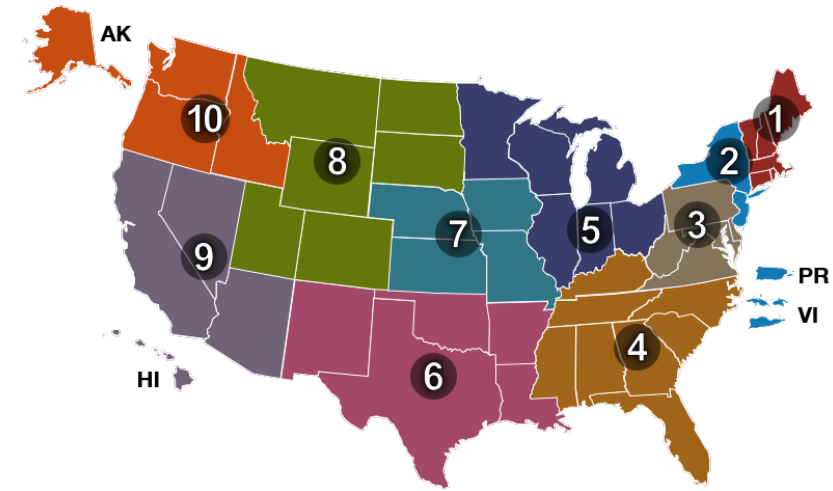
Regional Community Town Halls

90 minute sessions open to public

- Opportunity for the community to speak with CDC and ask questions
- Facilitated discussions on barriers and facilitators in their community
- CDC's role is to listen, respond to questions, and provide updates, and share next steps, as appropriate.

Community Engagement Themes

- **Break down silos in collaboration and funding**
- **Ensure the EHE initiative considers the whole person**
- **Expansion of HIV testing in ER's, primary clinics, pharmacies, and urgent care facilities**
- **Increased focus on social determinants of health (housing, employment, mental health services etc.)**
- **Increased focus on transgender and cisgender populations**





Addressing Key Populations EHE Pillars, NOFOs, and Effective Interventions

Diagnose: Self-Testing-Together Take Me Home

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

Of these orders:

63% were among people from racial/ethnic minority groups
25% placed by Black persons
27% placed by Hispanic persons

CDC will distribute 175,000 free HIV self-test kits every year for 5 years

TREAT: Rapid ART and RxD2C

Black and Hispanic/Latino communities are more likely to have delayed ART start after HIV diagnosis.



Using real-time pharmacy claims data to identify persons who fail to pick up medications

Rapid ART ensures equal access to care for all persons living with HIV.



Tailored interventions to address adherence barriers and reengage patients can improve equity.

Prevent: Implementing PrEP Navigation

70% of clients
are Black

Sliding scale model
for medical services,
turns no one away

Nurse-led effort
launched a PrEP
program



Prevent: Let's Stop HIV Together "#ShesWell: PrEP for Women"



#SHESWELL: PrEP FOR WOMEN

Talk to a healthcare provider about PrEP.

FIND A PROVIDER >

LET'S STOP HIV TOGETHER™



Share the Power of PrEP with Your Female Patients to Prevent HIV

Pre-exposure prophylaxis (PrEP) is a powerful tool for preventing acquisition of HIV. Studies show that when taken as prescribed, PrEP reduces the risk of getting HIV from sex by 99% and from injection drug use by at least 74%. Yet not enough women are prescribed PrEP. In 2019, only 9.7% of U.S. women who may have benefited from PrEP were prescribed PrEP.

You Can Help End the HIV Epidemic by Prescribing PrEP to Your Female Patients

The Centers for Disease Control and Prevention (CDC) recommends that health care providers prescribe PrEP to their patients to prevent new HIV infections and improve health outcomes. PrEP should be considered part of your patients' comprehensive prevention plans that include discussions about

PrEP IS SAFE to take while pregnant or breastfeeding

▶

Prevent: Syringe Service Programs

EHE funds supported **108** SSPs in 2021



57 fixed locations



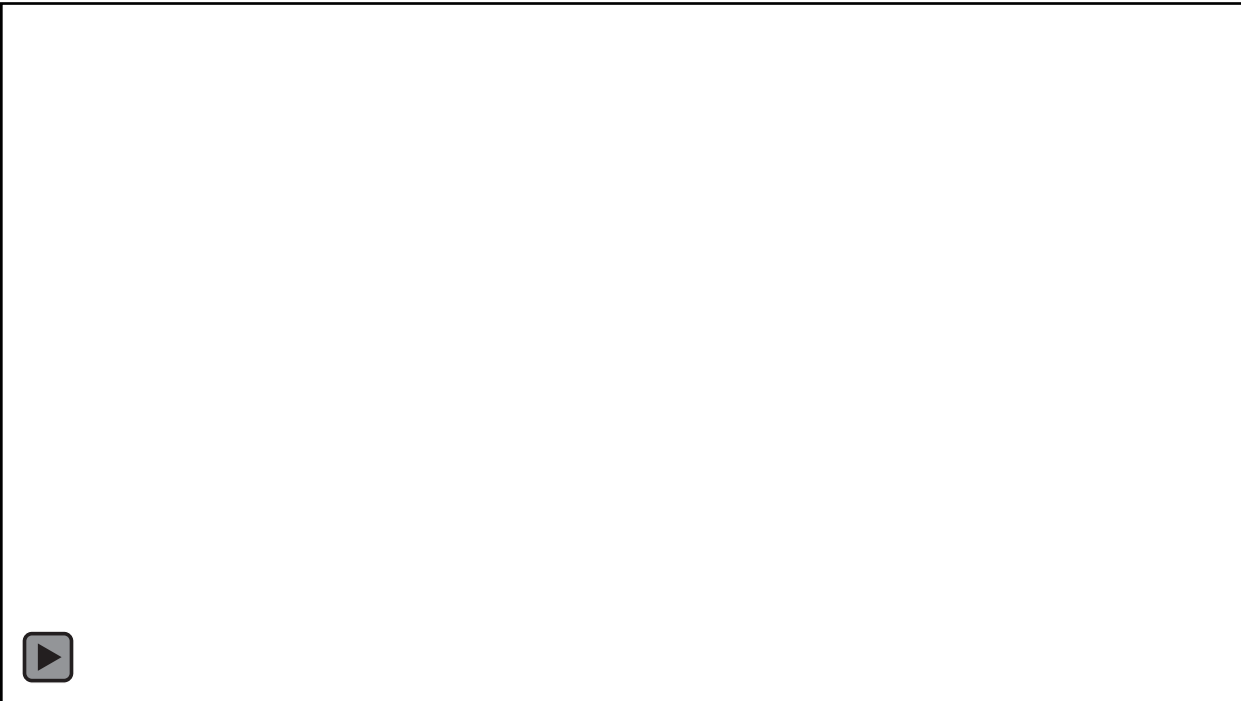
51 mobile/outreach locations





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
- Developed mobile services with comprehensive, gender-affirming care
- Created community-oriented messaging campaigns and expanded HIV self-testing





HIV Prevention Programs for Young Men of Color Who have Sex with Men and Young Transgender Persons of Color*

36 CBO Grantees

in 18 States

with \$400,000 Funding per Grantee



*<https://www.cdc.gov/hiv/funding/announcements/ps22-2203/index.html>

New CDC Funding Opportunities focused on improving health equity



**Increasing PrEP Use Among
Black Cisgender Women in
the United States (HerPrEP)**



**Telehealth to Support
Retention and Adherence
to ART**



**Long-Acting Antiretroviral
Therapy Preferences among
Black Women**



**Long-Acting Injectables in
Non-Clinic Settings**



**Rapid ART Initiation in the
Emergency Department**



**Medical Mistrust Among
Hispanic/Latino MSM**

Transgender Women
Involved in Strategies
for Transformation
(TWIST)



Effective Interventions for Key Populations



STYLE (Strength Through Livin' Empowered)

No Excuses (Sin Buscar Excuses)

Sister to Sister: Take Control of Your Health

A Brief Skills-Based HIV Risk-Reduction Program for
Women in Primary Health Care Clinics

Take control, protect yourself, because you're worth it.



Centering our Community and Partner Engagement



U... WE'VE NEEDED
NGAGE ENCOURAGE • EMPOWER • E

COMMUNITY... | CDC AND HRSA JOINT CO
ON | HHS REGION 3 LISTENING SESSION
TOWNHALL MEETING VIRTUAL COMMUNITY

RE 22, 2023 2PM-5:30PM ET | THURSDAY, HURSDAY, 20

SA... HRSA
Health Resources & Services Administration



Thank You





Engaging Key Populations for Viral Hepatitis Elimination in the United States

Neil Gupta, MD, MPH
Chief, Epidemiology & Surveillance Branch
Division of Viral Hepatitis

NASTAD Annual Meeting: Federal Partner's Response to Working with Key Populations
May 22, 2023

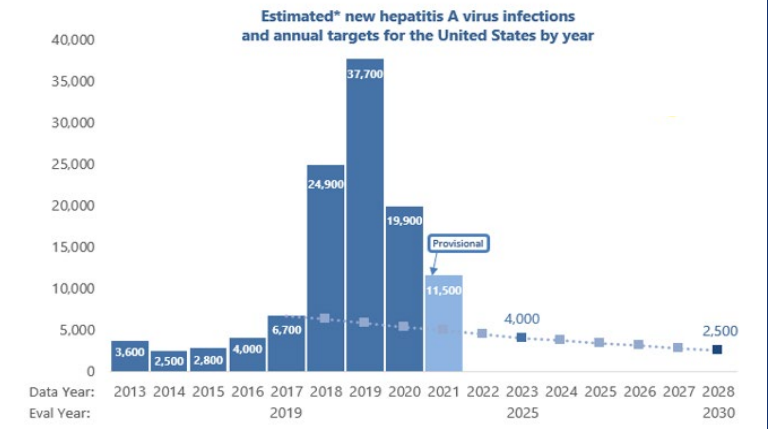
Objectives

- **Provide an overview of viral hepatitis in the context of injection drug use and other infectious diseases**
- **Describe the rationale and importance of engaging key populations to address syndemic infections**
- **Provide examples of activities centered on key populations (PWID):**
 - National syringe services programs survey pilot (*CDC-RFA-PS19-1909*)
 - Support and strengthen implementation of SSPs (*CDC-RFA-PS22-2208*)
 - Improve access to services for PWID in settings disproportionately affected by drug use (*CDC-RFA-PS21-2103*)

Accelerated Progress Is Needed To Meet National Viral Hepatitis Elimination Goals

Hepatitis A

Reduce estimated* new hepatitis A virus infections by $\geq 65\%$
(incremental 2025 goal of $\geq 40\%$ reduction)

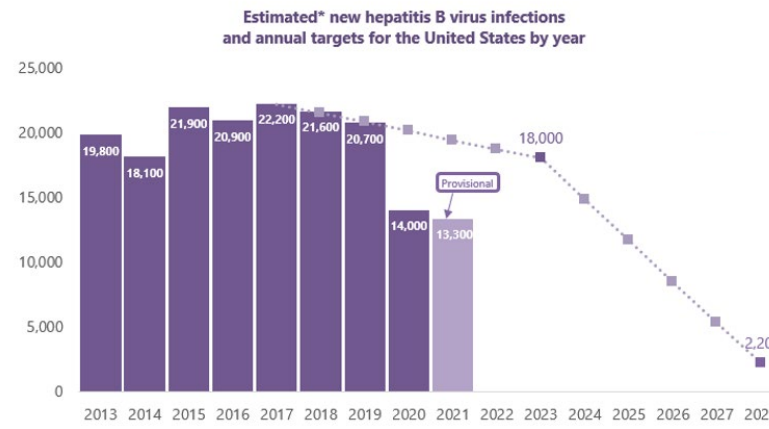


National Progress Report 2025 Goal

Status: Moving *toward* annual target, but annual target was not fully met

Hepatitis B

Reduce estimated* new hepatitis B virus infections by $\geq 90\%$
(incremental 2025 goal of $\geq 20\%$ reduction)

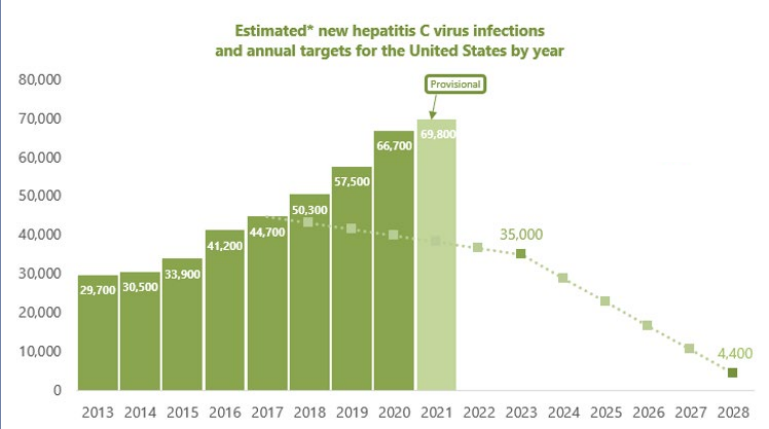


National Progress Report 2025 Goal

Status: Met or exceeded current annual target

Hepatitis C

Reduce estimated* new hepatitis C virus infections by $\geq 90\%$
(incremental 2025 goal of $\geq 20\%$ reduction)

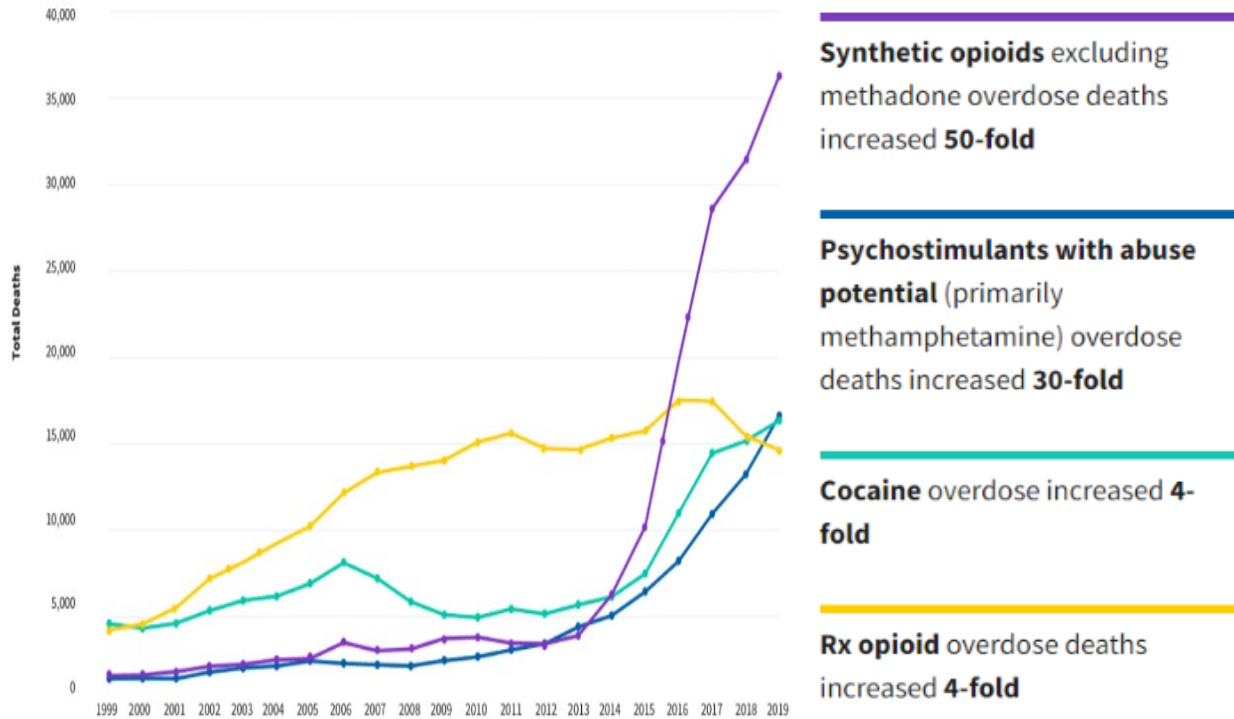


National Progress Report 2025 Goal

Status: Annual target was not met and has not changed or moved *away* from annual target

Source: CDC, National Notifiable Diseases Surveillance System. **2021 data are provisional.** The number of estimated viral hepatitis cases was determined by multiplying the number of reported cases by a factor that adjusted for under-ascertainment and under-reporting (Klebens et al, 2014).

Drug-Related Overdose Deaths Have Soared in Recent Years

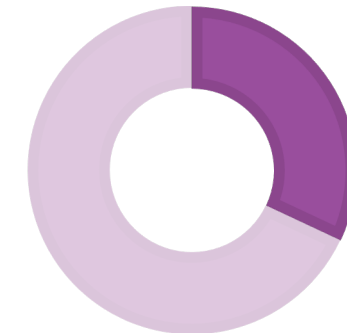


Sources: 1. [NVSS - Drug Overdose Deaths \(cdc.gov\)](https://www.cdc.gov/nvss/); 2. [Bradley et al., *Clinical Infectious Diseases*, 2022](#) ; 3. [CDC, National HIV Behavioral Surveillance: Injection Drug Use; HIV Surveillance Special Report 24; Published 2020.](#)

Injection Drug Use Puts Many People at Risk for Viral Hepatitis and Other Infectious Diseases

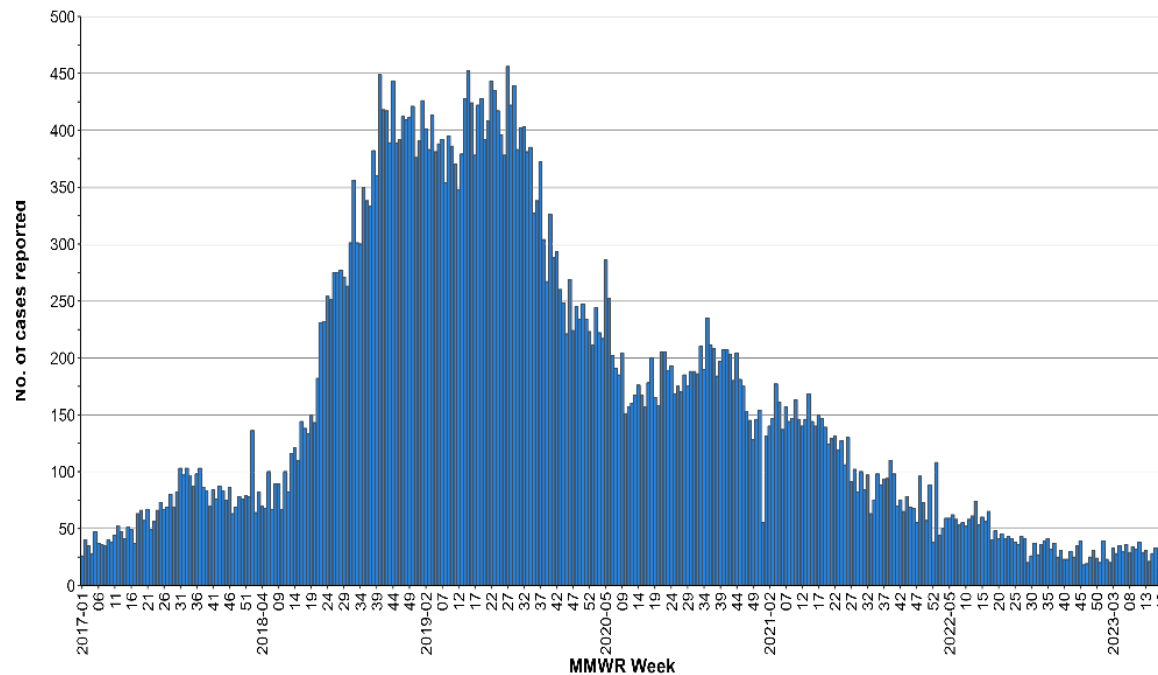


Estimated **3.7 million people who inject drugs (PWID)** in United States



32% of PWID shared syringes

Persons Affected by Widespread Outbreaks of Hepatitis A



Characteristics among 37,500 cases

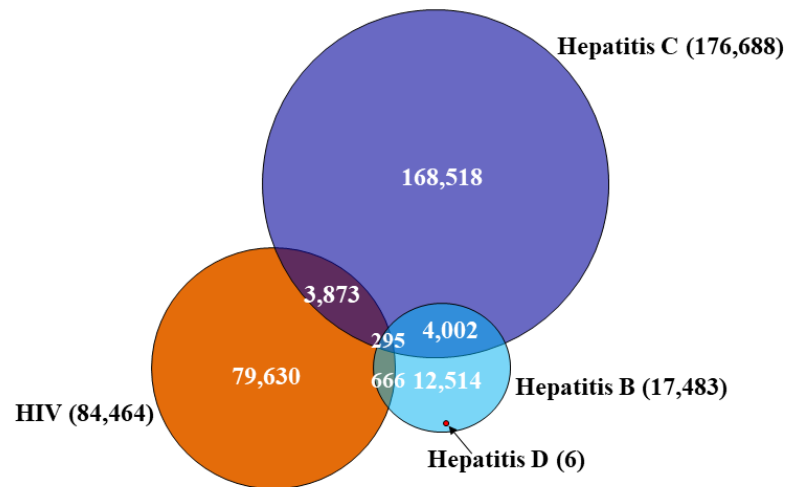
(Aug 2016–Dec 2020):

- Any drug use (56%)
 - Injection drug use (38%)
 - Non-injection drug use (35%)
 - Homelessness (14%)
 - Recent incarceration (12%)
 - Hepatitis B coinfection (5%)
 - Hepatitis C coinfection (30%)
- * High degree of missing data – actual proportions may be much higher!

Over 60% of cases have been hospitalized

Coinfection with Other Viruses Commonly Found Among Decedents with Hepatitis B Listed as a Cause of Death

Distribution of deaths listed with hepatitis B, hepatitis C, HIV, and hepatitis D – United States, 2010–2019 (n = 269,504)



Among 17,483 (6.5%) hepatitis B-listed deaths:

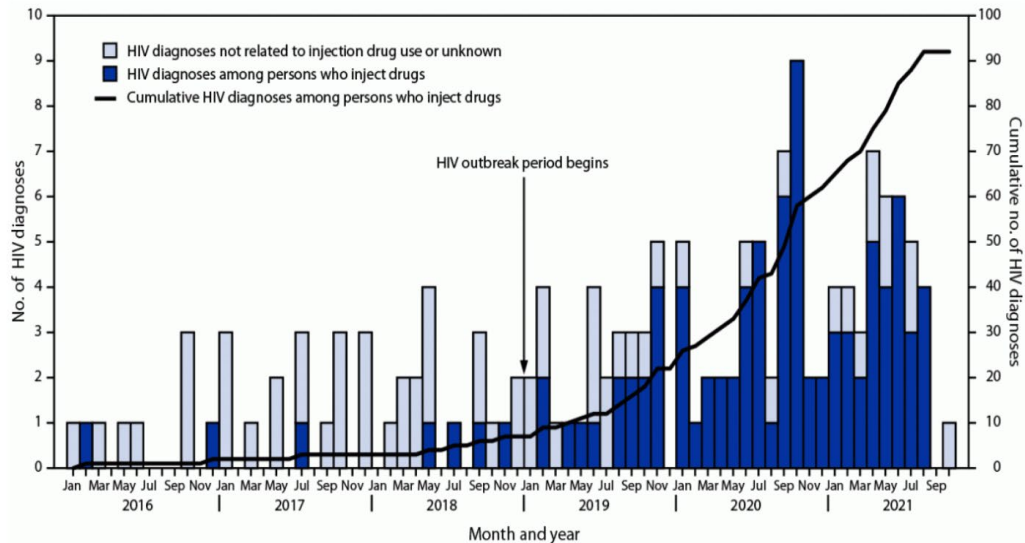
- **24.6%** (4,297) were with HCV infection
- **5.5%** (961) were with HIV infection
- **1.7%** (295) were with both HCV and HIV infection
- **0.03%** (6) deaths included HDV infection

Hepatitis B-listed decedents with HIV, HCV, or HDV **coinfection** had a **younger age at death** compared to decedents without coinfection

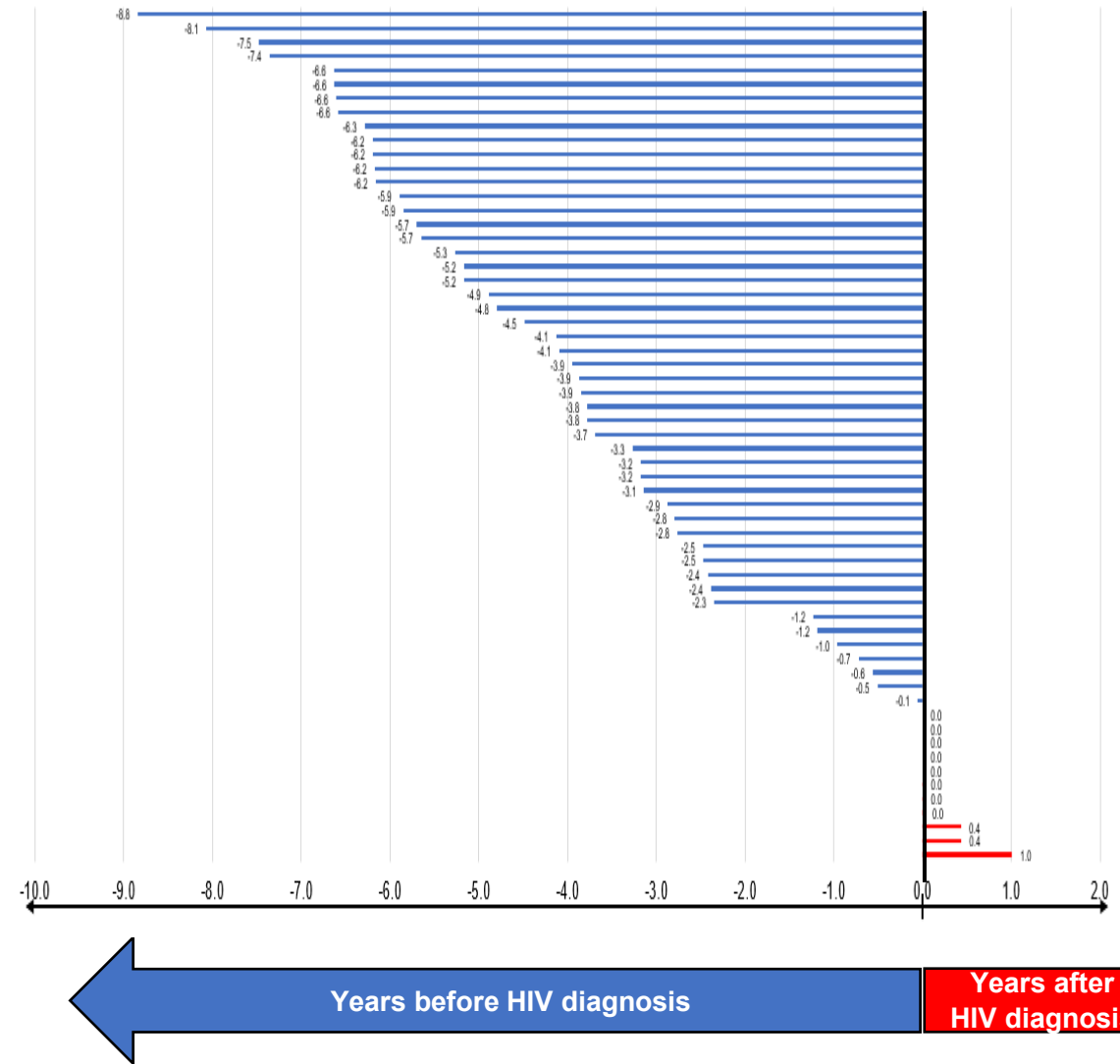
	With Coinfection	Without Coinfection
Age at Death		
0–34 years	2%	2%
34–44 years	7%	7%
45–64 years	70%	48%
≥65 years	20%	42%

During an HIV Outbreak Among People Who Inject Drugs in Kanawha County, West Virginia during 2019–2021:

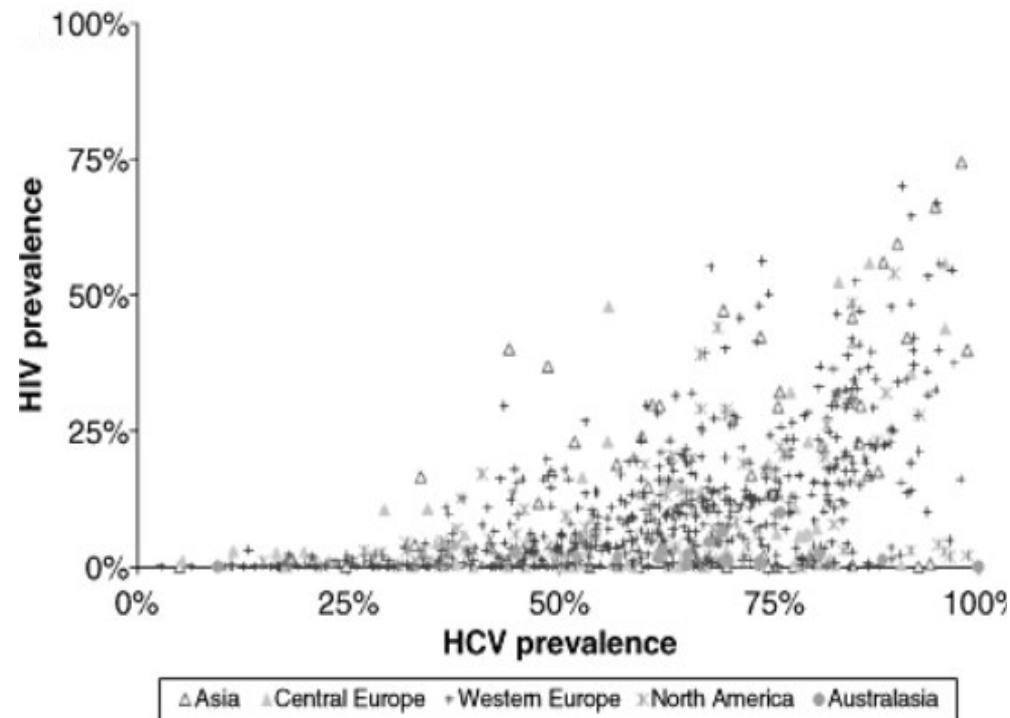
- **86%** of cases had current hepatitis C virus infection
- Hepatitis C diagnosis preceded HIV diagnosis by a median of **46 months** (IQR: 29–71 months)



Timing of Hepatitis C Diagnosis Relative to HIV Diagnosis

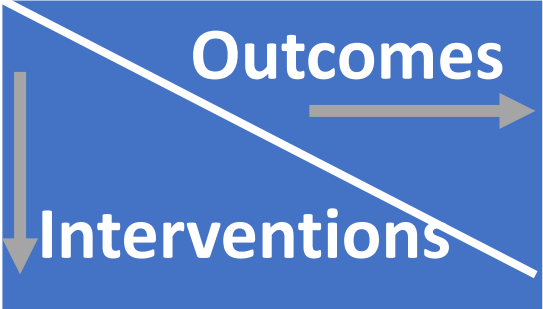


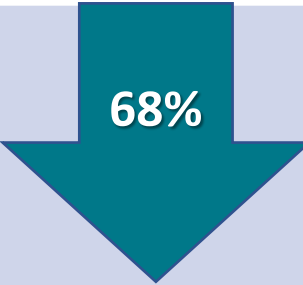
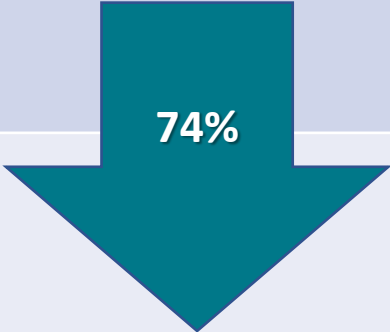




Strong Positive Relationship Between HCV Prevalence and HIV Prevalence Among People Who Inject Drugs



Vickerman et al. proposed that HCV prevalence could be an indicator of HIV risk among people who inject drugs, beginning at a threshold of approximately **30% HCV prevalence**

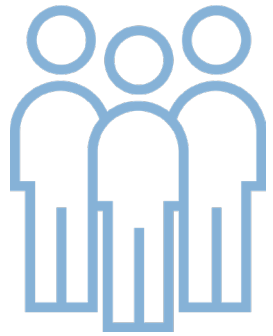
Interventions and Outcomes for PWID

 Outcomes Interventions	Overdose mortality	All-cause mortality	HIV transmission	HCV transmission
MOUD	 59%	 53%	 68%	 74%
Syringe services			 50%	 74%

Sources: Santo et al., [JAMA Psychiatry](#), 2021; Johnson et al., [J Infect Dis](#) 2020; Platt et al., [Cochrane Database Syst Rev](#), 2017.

CALL TO ACTION:

Key Actions to Address Syndemics



**Put
people
first**



**Focus
on
equity**



**Put your
money
where your
epidemic is**



**Leverage
policy as a
public
health tool**

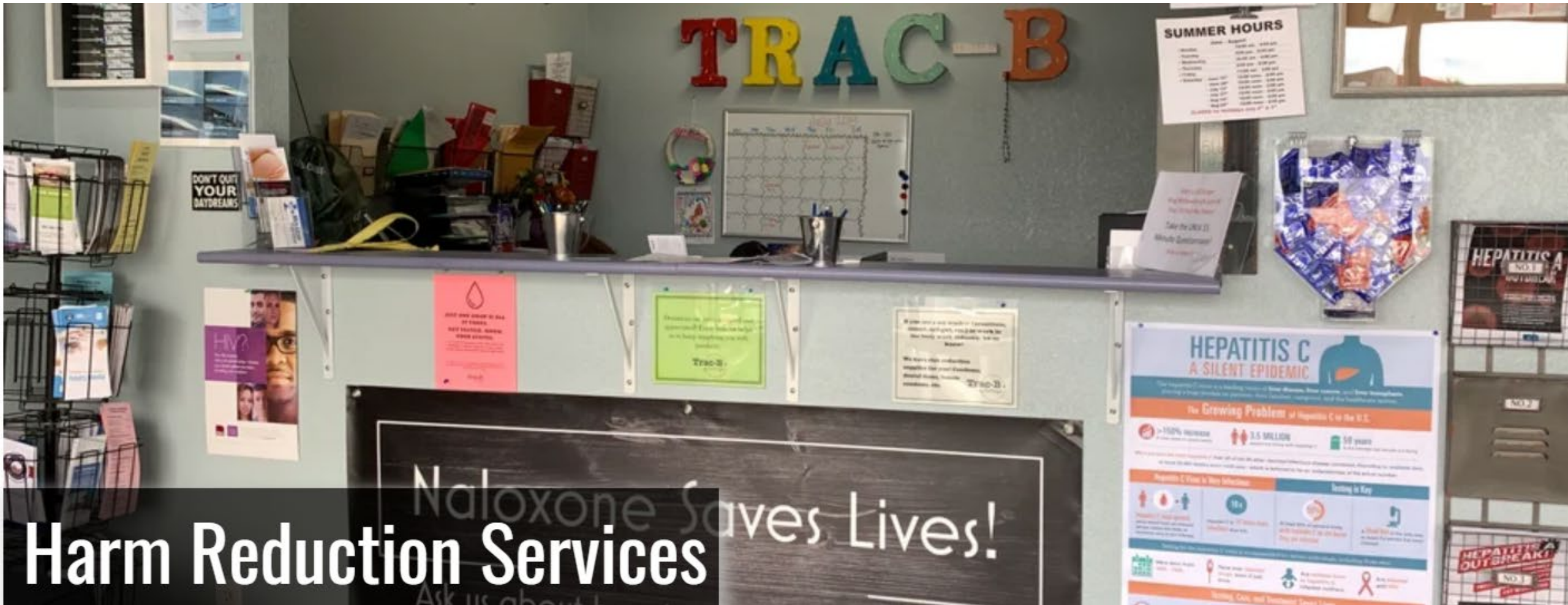


**Support
Workforce &
Partnerships**

Interventions Centered Around Key Populations



30+ Years of Research Demonstrate SSPs as an Effective Intervention for the Health and Wellness of People Who Use Drugs

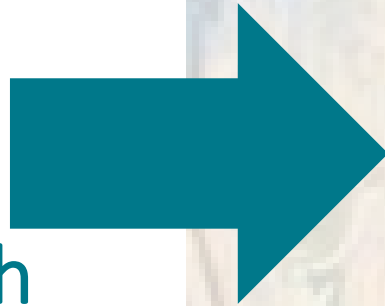


Harm Reduction Services

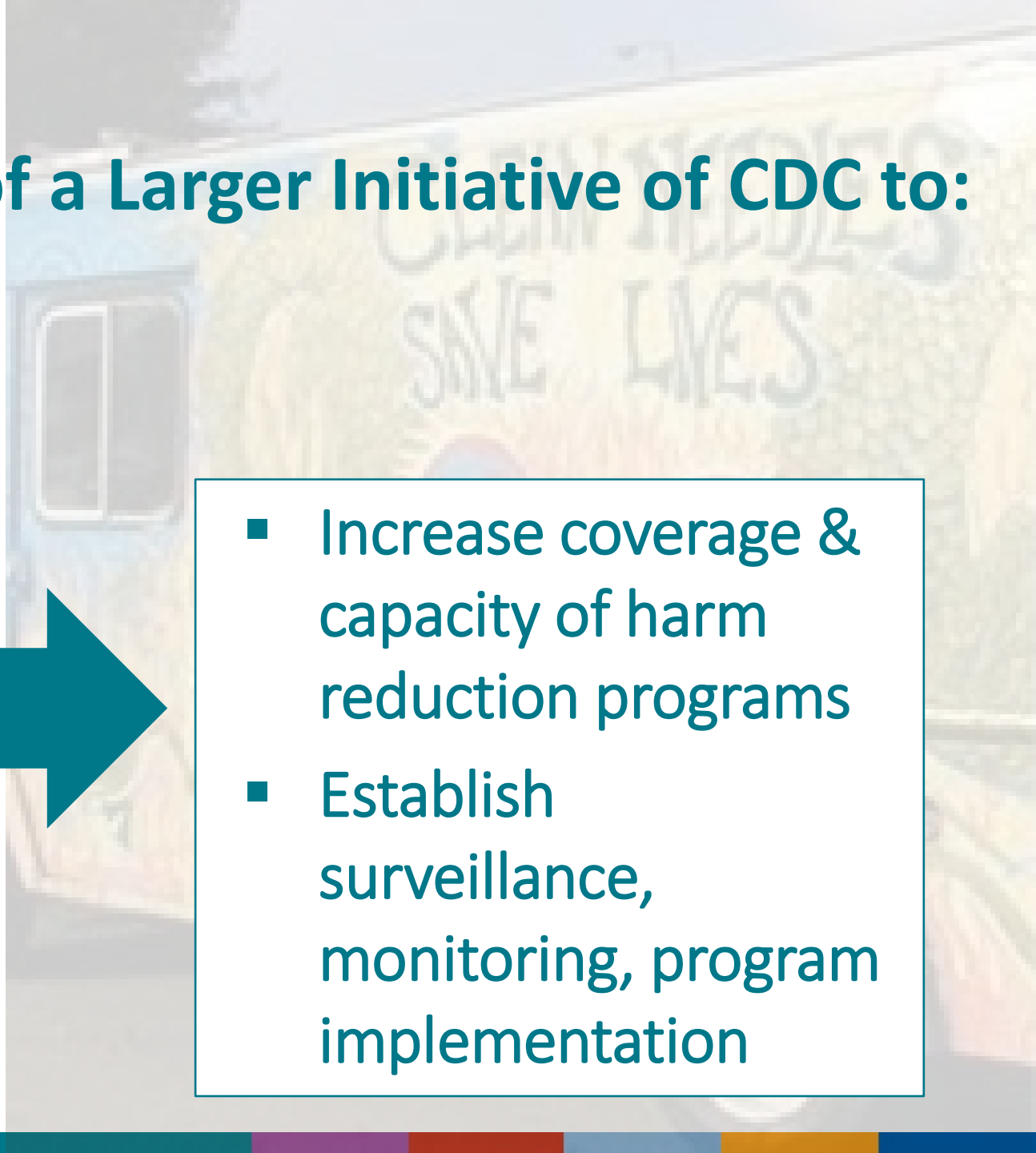
Source: Trac B - tracbexchange

Strengthening SSPs is Part of a Larger Initiative of CDC to:

- Eliminate injection drug use associated infections
- Reduce substance use disorder and improve health outcomes for people who use drugs



- Increase coverage & capacity of harm reduction programs
- Establish surveillance, monitoring, program implementation



National Syringe Services Programs Survey Pilot (2020-2021)

■ Objectives

- **Characterize and show the impact of harm reduction:**
 - Understand where harm reduction services are being offered
 - Assess the trends of the types of services provided by SSPs
 - Measure the impact of SSPs in reducing the adverse health effects of drug use
- **Identify gaps in harm reduction:**
 - Identify disparities in access to SSPs in places with high burdens of overdose deaths, HCV, HIV
 - Identify gaps in SSP services

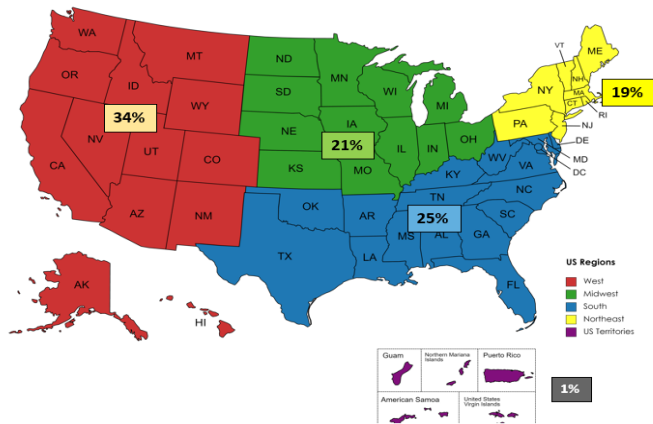


■ Survey topics

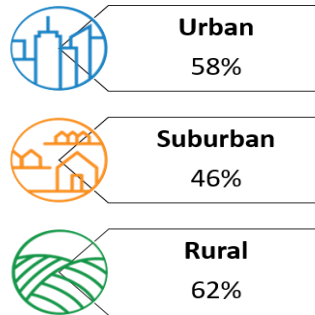
- Program and participant characteristics, services provided, funding resources, syringe collection and distributions, naloxone, community relations and challenges

National SSP Survey: Examples of Valuable Information Learned

Program Characteristics

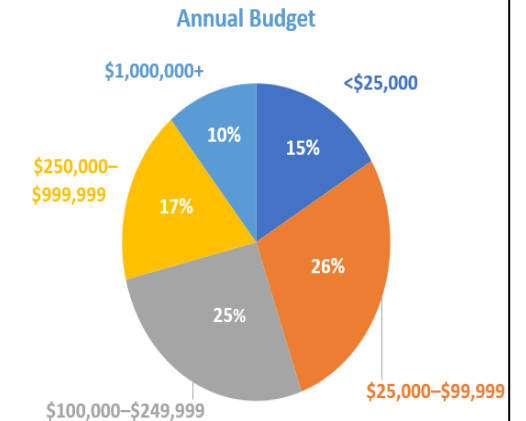
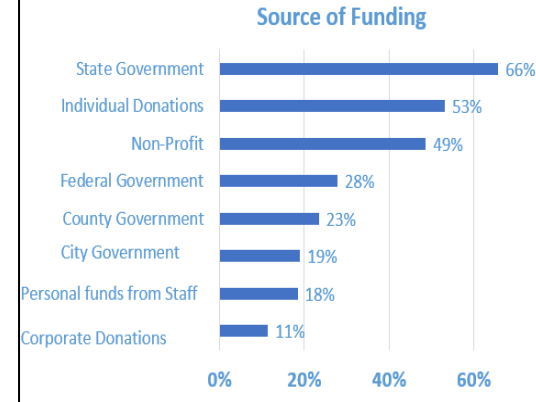


% of SSPs that operate in urban, suburban, and/or rural areas

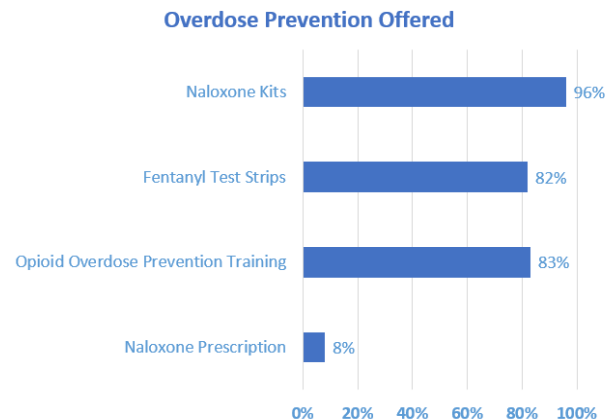
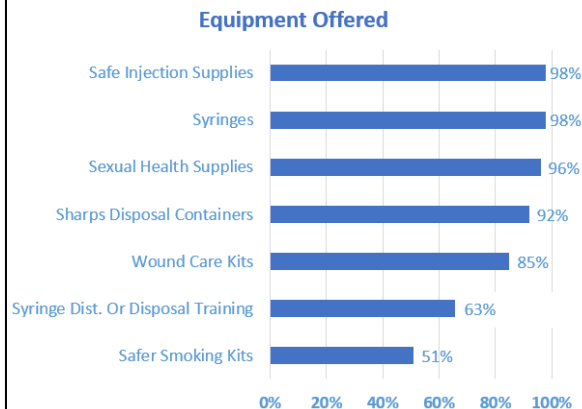


UNIVERSITY of WASHINGTON

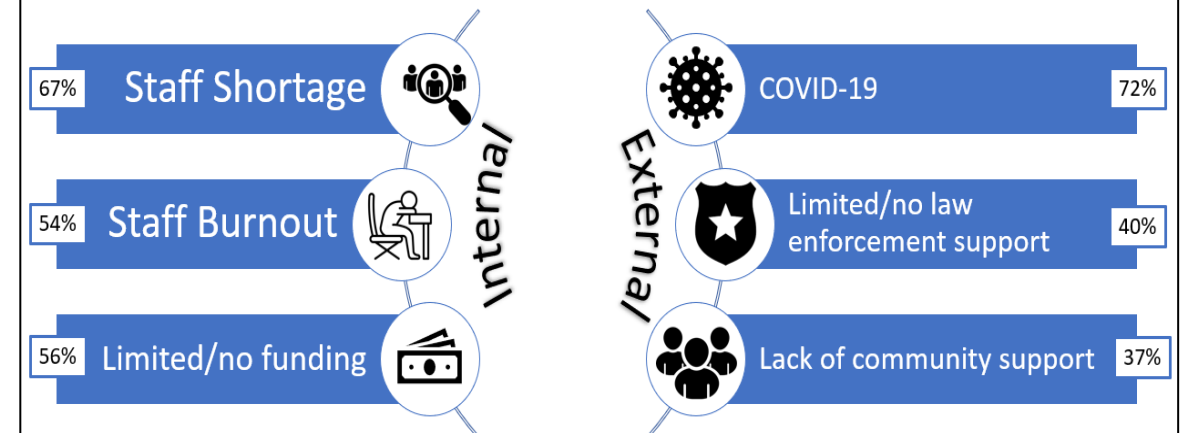
Budget and Funding Characteristics



Equipment and Services Offered by SSP Onsite



SSP Challenges Faced



CDC-RFA-PS22-2208: *Strengthening Syringe Services Programs*

- **Purpose**
 - Increase access to harm reduction services for people who inject drugs (PWID) and reduce incidence of infectious diseases and other complications of injection drug use in the United States

- **Component 1:** Support a **national network** of Syringe Services Programs (**SSPs**) and oversee implementation and use of an **annual survey** of SSPs

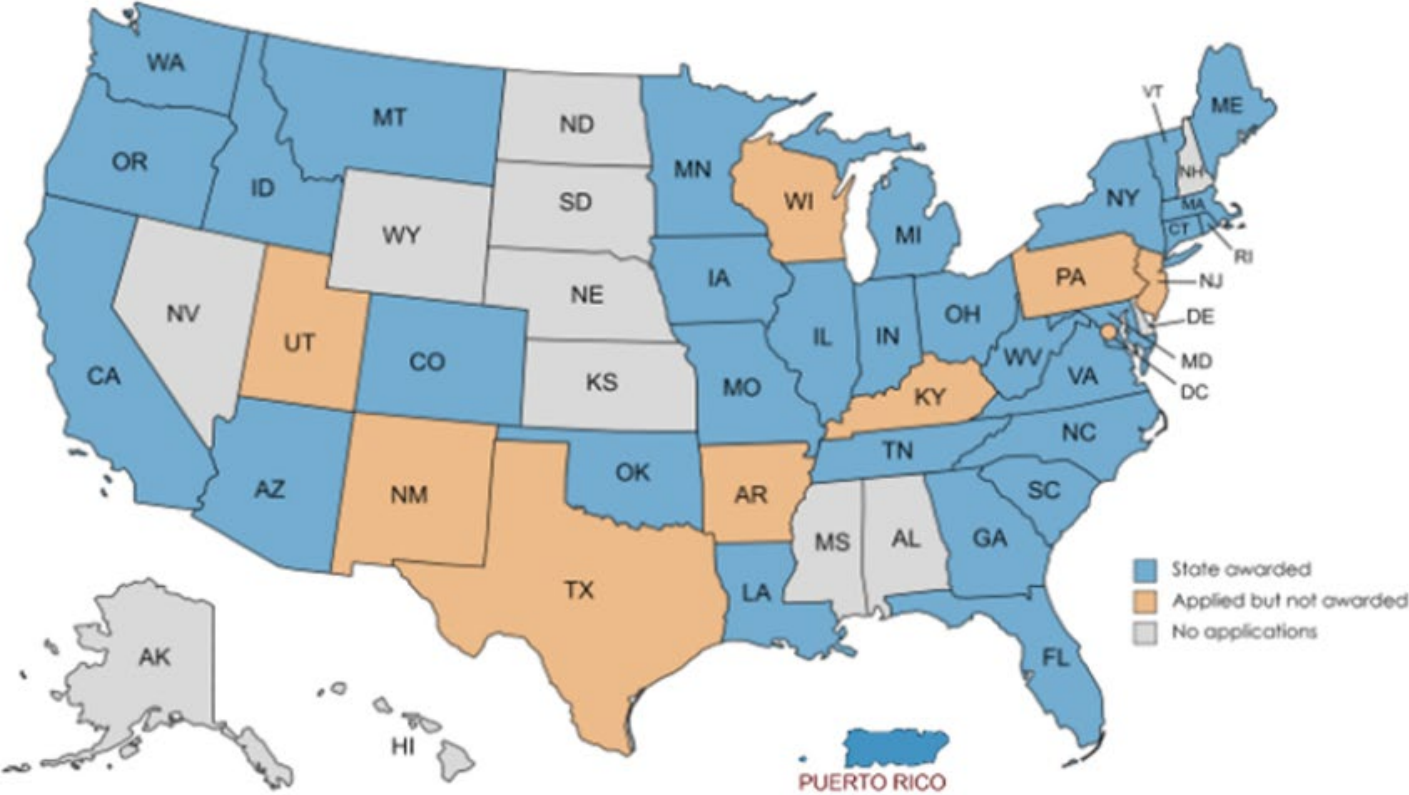
- **Component 2:** Support and strengthen **SSP implementation**
 - Applications: 194 completed, representing 41 states, \$25M requested
 - Funded: 65 SSPs representing 31 jurisdictions, \$6M awarded
 - 55 at \leq \$100K
 - 10 at \$125K - \$150K

CDC's First Dedicated Program to Directly Fund SSPs

(CDC-RFA-PS22-2208)

65 programs across 31 jurisdictions were awarded a total of \$6 million

PS22-2208 Component 2



Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103)

- **Component 1: Surveillance**

- Improve surveillance of viral hepatitis, including outbreak detection and control

- **Component 2: Prevention**

- Increase access to hepatitis testing, prevention, and treatment

- **Component 3: Special Projects**

- Enhance services to people who inject drugs through outcome-focused activities

By completing Component 3 projects, funded jurisdictions will help improve infectious disease outcomes for PWID

Strategies



3.1. Improve access to services for PWID in settings disproportionately affected by drug use

by

Activities



developing and implementing a **'PWID service bundle'**



in **settings that serve PWID**

e.g., SSPs, SUD treatment providers, hospital settings, correctional facilities

leading to

Outcomes



Increased access to **high-coverage needle-syringe exchange** among PWID



Increased **linkage to SUD treatment** (including MOUD for PWID with OUD)



Increased **HCV, HIV, and HBV testing** among PWID



Increased **hepatitis C cures** among PWID with hepatitis C



Increased **receipt of hepatitis B and A vaccination** among PWID



Decreased **new viral hepatitis, HIV and other infections** (e.g., bacterial, fungal) among PWID

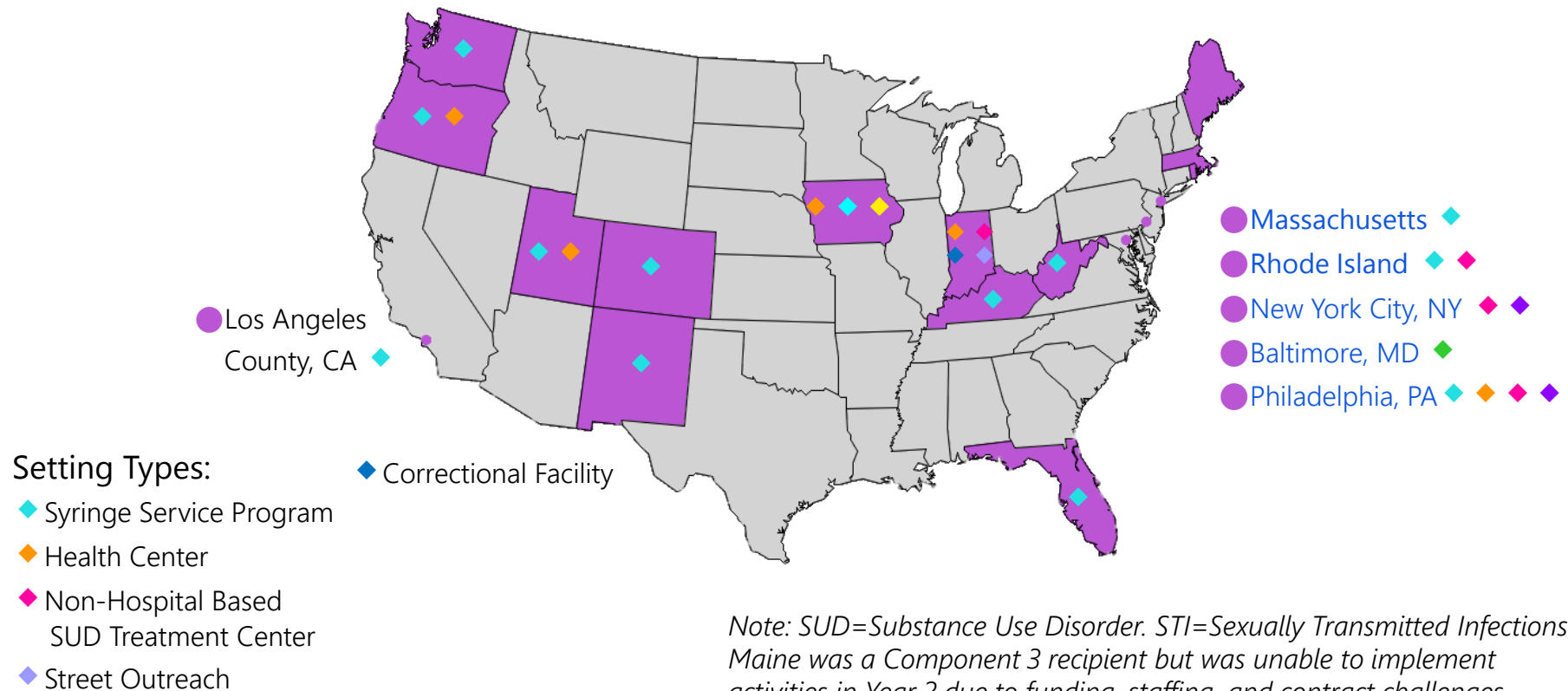
Acronyms:

HBV: hepatitis B virus HCV: hepatitis C virus HIV: human immunodeficiency virus

MOUD: medication for opioid use disorder SSP: syringe service program SUD: substance use disorder

Twelve States and Five Cities Funded for Projects Focusing on People Who Inject Drugs

PS21-2103 Component 3 Recipients and Setting Types, by Recipient (Year 2)



Note: SUD=Substance Use Disorder. STI=Sexually Transmitted Infections. Maine was a Component 3 recipient but was unable to implement activities in Year 2 due to funding, staffing, and contract challenges.

Conclusions

- Social and structural factors put **people** at risk for *multiple* viral hepatitis and other diseases. This negative interaction can potentially exacerbate the adverse health outcomes of the affected population.
- By **centering** our efforts on key **populations**, rather than pathogens, we can more effectively study the health outcomes and service gaps for populations, provide more **holistic** services, reduce **stigma**, and improve **efficiency** and **cost-effectiveness** of interventions.
- These recent investments in **PWID-centered activities** will provide valuable **lessons learned** on how to best optimize service delivery, inform upstream policy levers, and eliminate health disparities.

Acknowledgements

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Nicola Thompson
Clarisse Tsang
Michelle Van Handel
Carolyn Wester
Shaoman Yin

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

THANK YOU!!

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.



Advancing Health Equity Through Service Integration

Leveraging the STD Clinic Setting to Expand Access to HIV Prevention Services

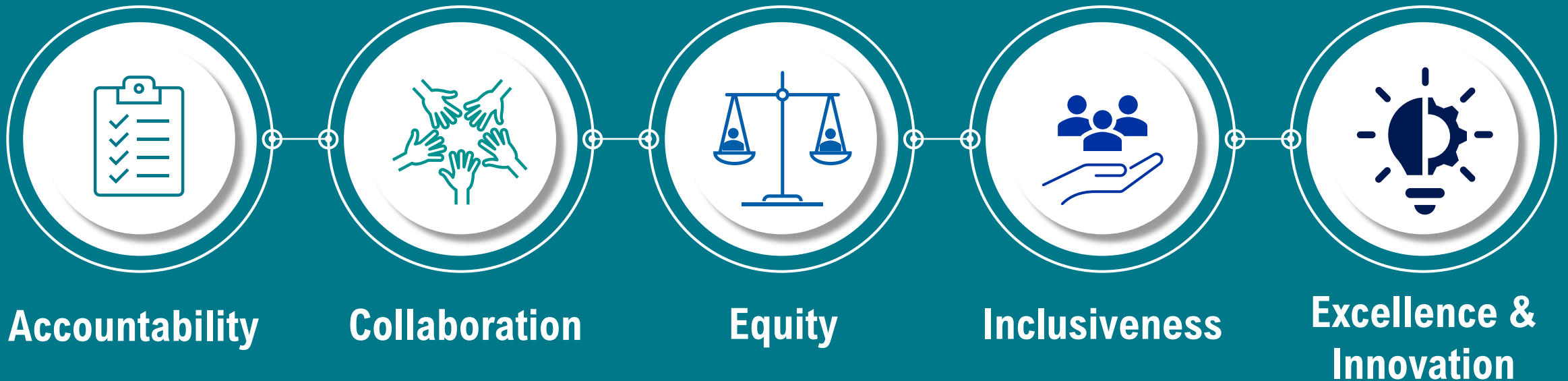
Diane Ballard, MD

Division of STD Prevention

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

Centers for Disease Control and Prevention

Division of STD Prevention: Core Values



Division of STD Prevention: Priority Populations

**Adolescents &
Young Adults**

**Men Who
Have Sex
with Men**

**People Who Are
Pregnant**

**Transgender
Individuals**

STI Prevention & Control: Guiding Principles

1

Equitable distribution of resources

With limited resources, areas with highest morbidity get higher proportion of resources



2

Tailored interventions

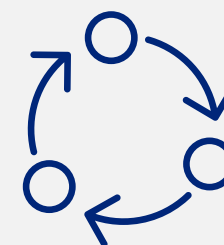
Engaging key populations in design and implementation of interventions



3

Integrating services for a syndemic approach

Ensuring a holistic, whole-of-society approach that includes addressing social and economic barriers

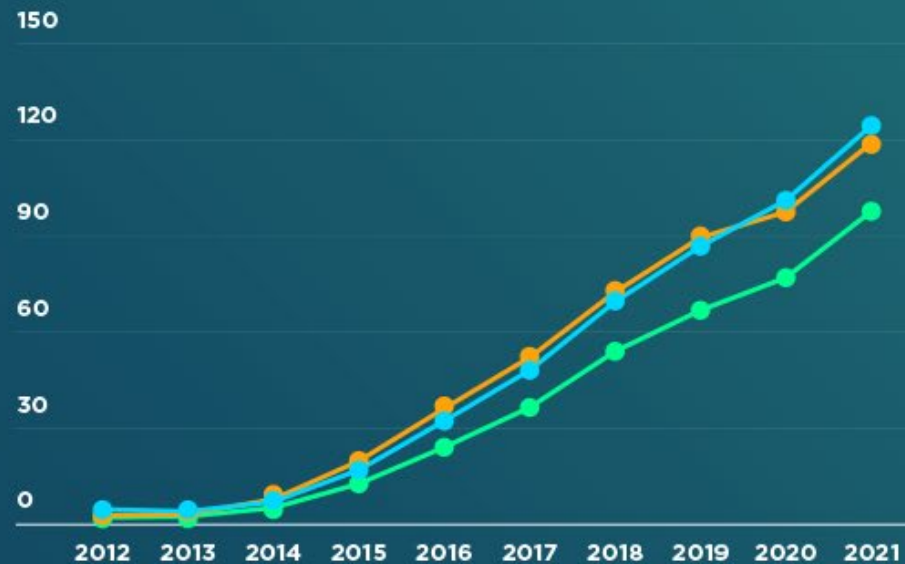


STD Clinics & Ending the HIV Epidemic in the U.S. (EHE)

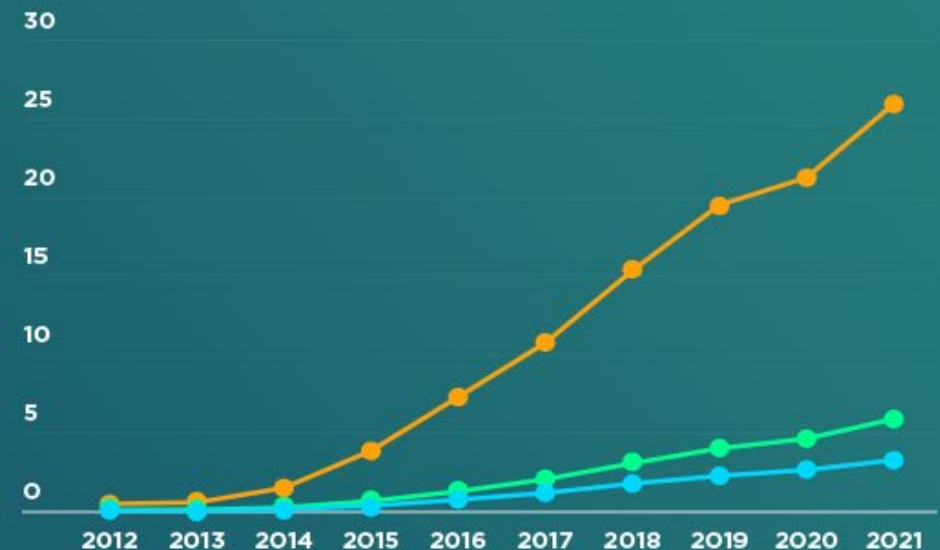
PrEP Use Data

While the **rate of PrEP use** has **increased consistently** across **all races/ethnicities**, **equity in PrEP use** by race/ethnicity has **decreased** over time.

PrEP Use Rate by Race/Ethnicity Over Time, 2012-2021



PrEP-to-Need Ratio by Race/Ethnicity Over Time, 2012-2021



Black Hispanic White

The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

Leveraging the STD Clinic Setting

STD clinics are important spaces for people who:

- are uninsured
- need flexible appointments
- need low- or no-cost services
- are looking for expert, confidential and inclusive services

Holistic, coordinated care is critical for addressing the overlapping HIV and STI epidemics

EHE-Funded Projects Scaling Up HIV Prevention Services in STD Clinics

PS20-2010 Component C

Scaling Up of HIV Prevention Services in STD Clinics

- 1 Assess or re-assess clinic infrastructure and service quality
- 2 Implement evidence-based approaches to scale up HIV prevention capacity
- 3 Expand and strengthen the capacity of STD clinics to offer PrEP and PEP
- 4 Optimize linkage to, retention in, and re-engagement with HIV medical care
- 5 Facilitate partnerships with other community HIV clinical providers, health departments, and community-based organizations

**PS-20-2004:
National Network of
Sexually Transmitted
Diseases Clinical
Prevention Training
Centers (NNPTC)
Supplement**

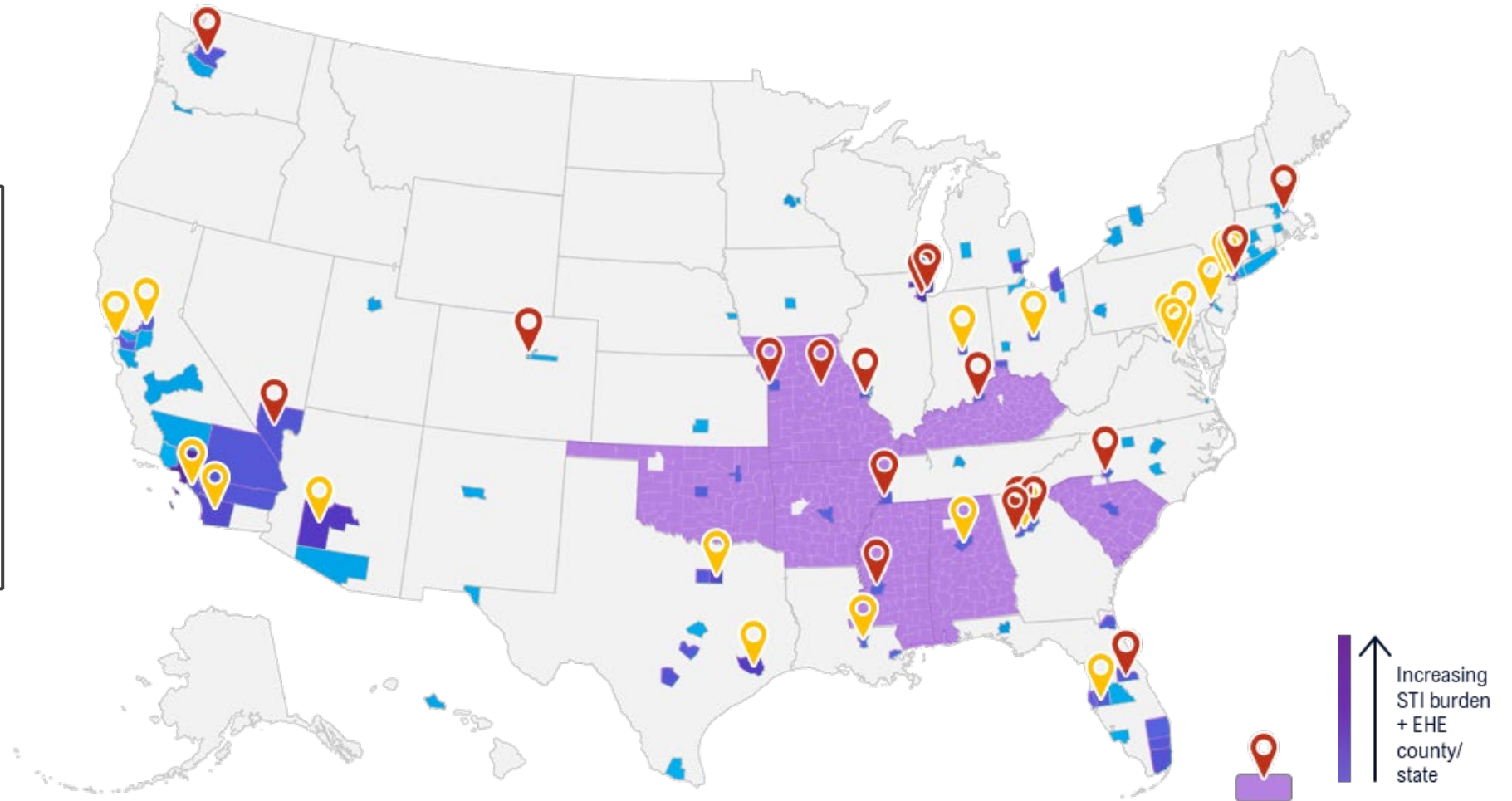
The NNPTC is providing training and technical assistance to **40+ STI specialty clinics** in EHE Phase I jurisdictions to **increase their capacity to offer HIV prevention services**

Examples of activities:

- **Trainings** on bias reduction, working with special populations
- Creating **patient promotional materials on PrEP** for Latinx community, adolescents, and gender diverse populations
- **Grand Rounds** topics such as trauma informed care, population-specific considerations, understanding gender identity language

41 STD Clinics Participating in EHE-Funded Projects

Counties with **highest burden*** of chlamydia, gonorrhea and syphilis in relation to EHE jurisdictions



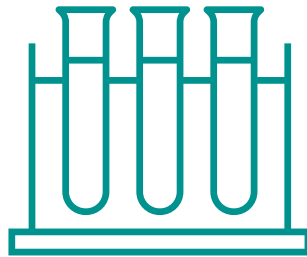
**Highest burden defined as counties with the highest number of diagnoses accounting for 50% of diagnoses for each infection*

What Have 41* STD Clinics Done in a Year?

July 1, 2021 – June 30, 2022

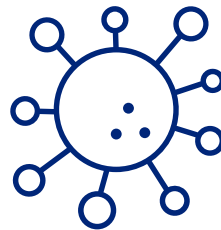
174,822

**Tested for
HIV**



1,109

**New HIV
Diagnoses**



6,968

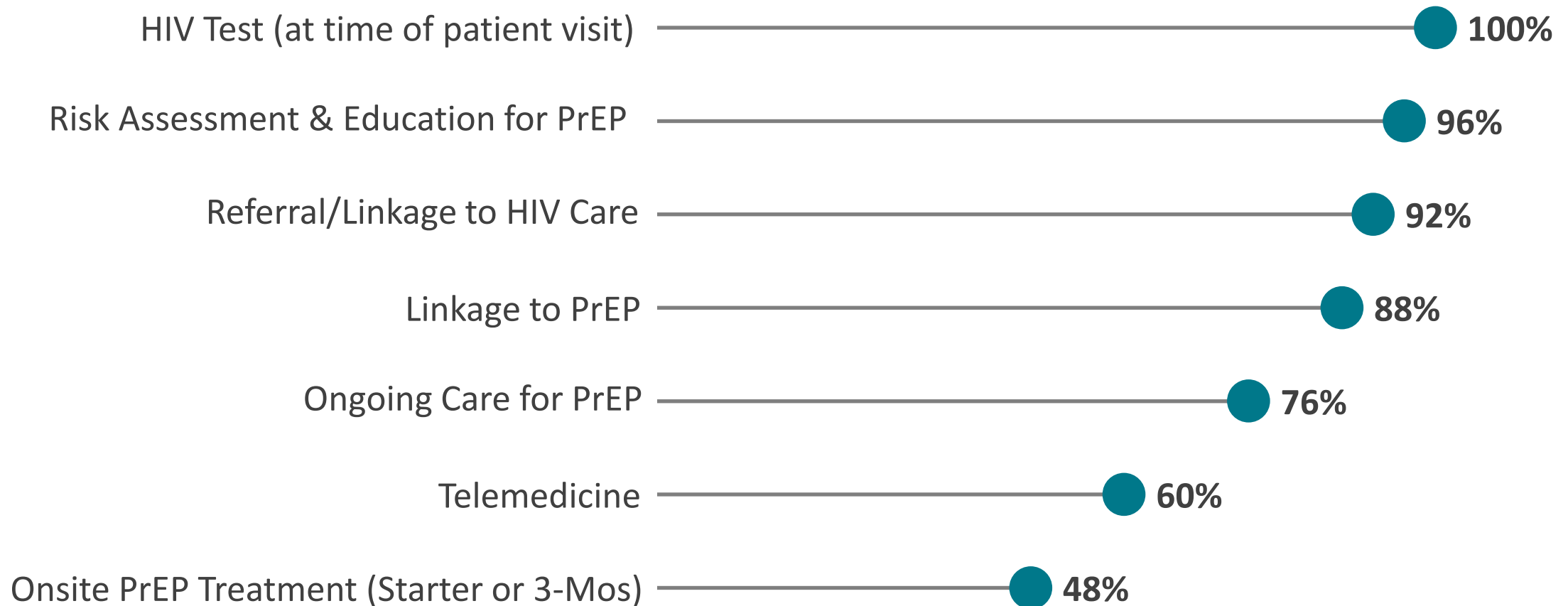
**Prescribed
PrEP**



12,431 already on PrEP

Expanding Access to HIV Prevention Services: Data & Activities

Clinic Service Capacity in EHE-Funded STD Clinics



Data submitted by 25 EHE-funded STD clinics for the reporting period of January 1 – June 30, 2022.

Aggregate Data Reported by EHE-Funded STD Clinics

Proportion of Persons by Select Demographic Characteristics

75,925
persons
served

53,792
persons
tested for
HIV

25,173
persons
screened
for PrEP

1,861
persons
prescribed
PrEP

3,818
persons
already on
PrEP

Gender	53,792 persons tested for HIV	25,173 persons screened for PrEP	1,861 persons prescribed PrEP	3,818 persons already on PrEP
Males	86%	83%	22%	11%
Females	82%	83%	10%	2%
Transgender Persons	91%	94%	31%	13%
Race/Ethnicity	53,792 persons tested for HIV	25,173 persons screened for PrEP	1,861 persons prescribed PrEP	3,818 persons already on PrEP
Hispanic/Latino	87%	80%	23%	12%
Black/African American	86%	81%	17%	6%

EHE-Funded STD Clinics Scale Up HIV Prevention Services



Increasing
HIV testing



Facilitating
access to
PrEP



Improving
linkage to
HIV medical
care

Syndemic Approach

Implementation Opportunities at the Clinic Level

- **Service integration** in STD clinics allowing for multi-disease prevention
- **Community collaborations** that increase access to services
- Recruitment and retention of **clinic staff** to support implementation
- Enhancement of **clinic data systems**
- **Digital communications** that provide comprehensive sexual health and population-focused campaigns & promote available clinic services



Holistic, Patient-centered Care

How an EHE-Funded STD Clinic Engaged Their Community

SF City Clinic's Mural: Reflection of a Community that is Diverse

- Using art to engage community and make the clinic a more welcoming space
- Enhancing value for the patients they care for and the populations they serve
- Patient waiting room survey conducted
- Mural artists held community meeting session

Words describing the clinic and care received:

Inclusivity, accessibility, compassion, respect, non-judgmental

How an EHE-Funded STD Clinic Engaged Their Community

***A Sanctuary for Health* mural unveiled on November 15, 2022**

“This mural represents the deep collaboration between staff, clients and community across San Francisco and is an inspiring addition to the neighborhood that will add a renewed sense of welcome as patients enter the clinic.”



Diane Ballard: IQU0@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.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.





NASTAD 2023 Annual Meeting

Federal Partner's Response to Working with Key Populations

May 22, 2023

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Promoting Health Equity/ Reducing Disparities



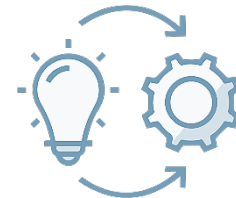
Engage the Community: We engage community directly, have developed a community engagement framework, and the RWHAP legislation has requirements for community engagement and partnership.



Utilize data: We use data to inform decision making to address health disparities, and the RWHAP legislation requires the same of our recipients.



Support Continuous Quality Improvement: We help our recipients set goals, monitor performance measures, and oversee quality improvement projects.



Employ Implementation Science: We use implementation science in practice, program, and policy. This includes:

- ✓ Collating and disseminating evidence-informed interventions
- ✓ Building capacity of community-based organizations



Service Delivery: The RWHAP addresses Social Determinants of Health such as housing, food, and transportation, as well as clinical services.

2021 Ryan White HIV/AIDS Program Annual Client-Level Data Report



2021 Ryan White HIV/AIDS Program (RWHAP) Annual Client-Level Data Report

Ryan White HIV/AIDS Program

Annual Client-Level Data Report

Ryan White HIV/AIDS Program Services Report

2021



RYAN WHITE HIV/AIDS PROGRAM (RWHAP)

SERVED

576,076 clients in 2021

MORE THAN
50%

of people with diagnosed HIV in the United States

89.7% of RWHAP clients receiving HIV medical care reached viral suppression* in 2021



6.6% TEMPORARY HOUSING



5.0% UNSTABLE HOUSING

48.3% of RWHAP clients are aged 50 and older

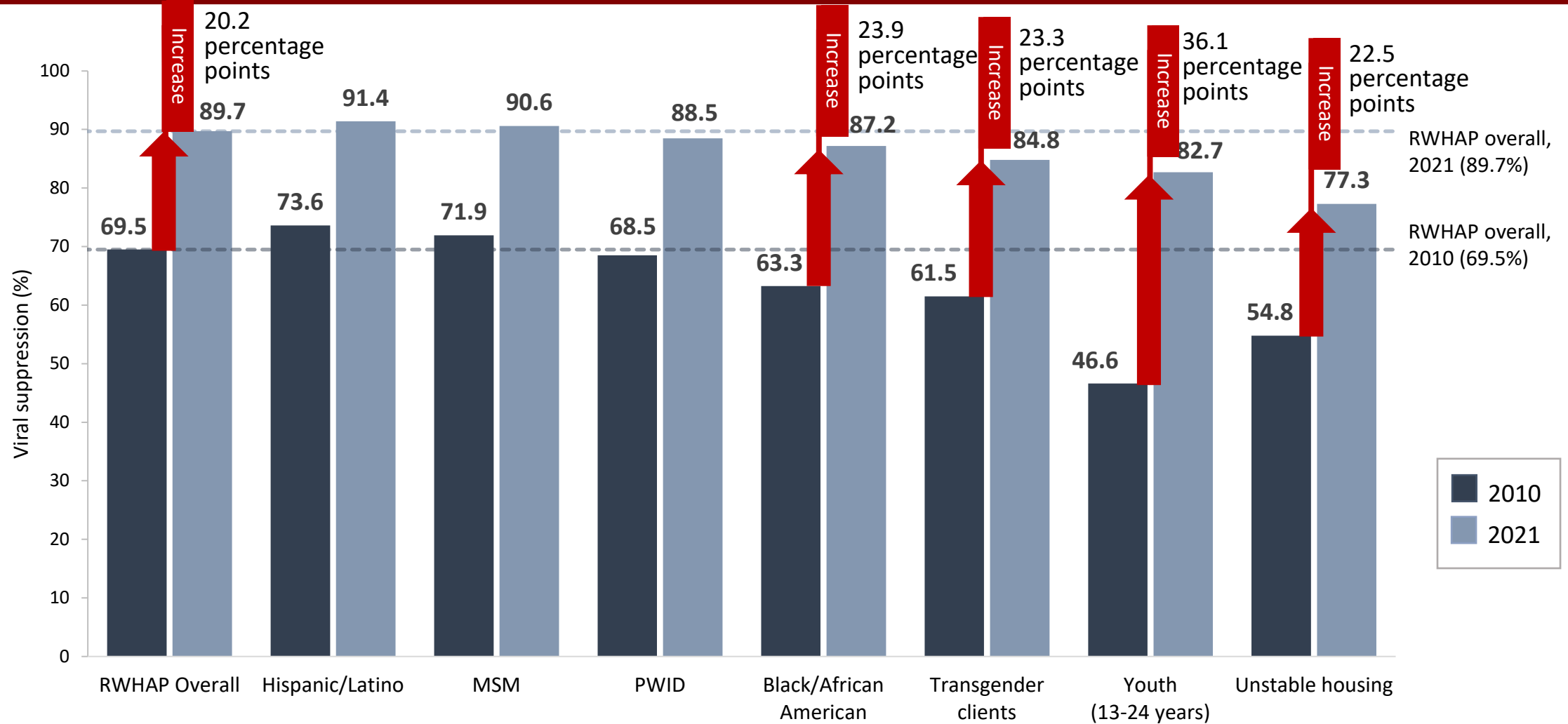


59.2% of clients are living at or below 100% of the Federal Poverty Level



73.3% of clients are from racial and ethnic minorities**

Significant progress has been made in viral suppression among priority populations, but inequities remain, particularly among Black/African American clients, transgender clients, youth aged 13–24 years, and clients with unstable housing.



Supporting Community Engagement in the RWHAP

- HRSA HAB released a program letter outlining mechanisms that RWHAP recipients and subrecipients can utilize to maximize community input:
 - RWHAP funds may be used to **provide incentives** for clients as per *PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*
 - Community engagement activities are allowable costs under the HRSA HAB **Outreach Services Support Category**
 - If one funding source does not provide enough funding/flexibility, RWHAP recipients and subrecipients can utilize different funding streams and “**braid them together**” to attain a sufficient funding level and achieve a common community engagement goal; being careful to ensure that all applicable laws and regulations follow each stream of funding



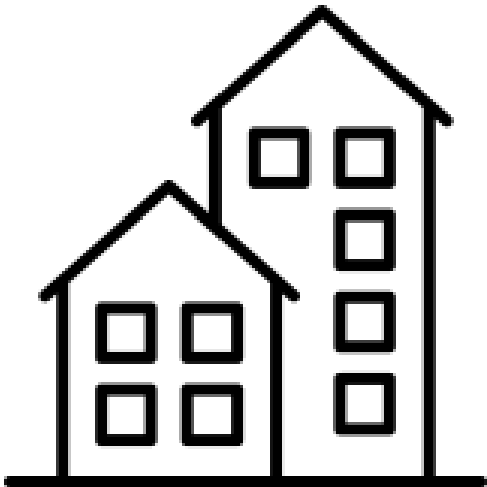
HRSA and CDC to Jointly Host Public Health Leader and Community Listening Sessions in 2023

- In summer 2023, HRSA HAB will collaborate with CDC to jointly host the next series of virtual Public Health Leader and Community Listening Sessions.
- Similar to 2021, virtual listening session will be hosted by region, and the full schedule of events will be unveiled in the coming weeks.
- Each region will have the opportunity to participate in both a public health leader and community member session.



HRSA SPNS Initiative: Supporting Replication of Housing Interventions in the Ryan White HIV/AIDS Program (SURE)

SURE Housing uses an implementation science approach to identify, evaluate, and support replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum.



People with incarceration experience



People who identify as LGBTQ+



Youth and Young Adults (13-24)

HRSA SPNS Initiative: Using Evidence-Informed Interventions to Improve Health Outcomes Among People With HIV – E2i



**Black men
who have sex
with men**



**Identifying
and addressing
trauma**



**Transgender
women**

**Integrating
behavioral
health**



HRSA SPNS Initiative: Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV – 2iS



LGBTQ+
Youth

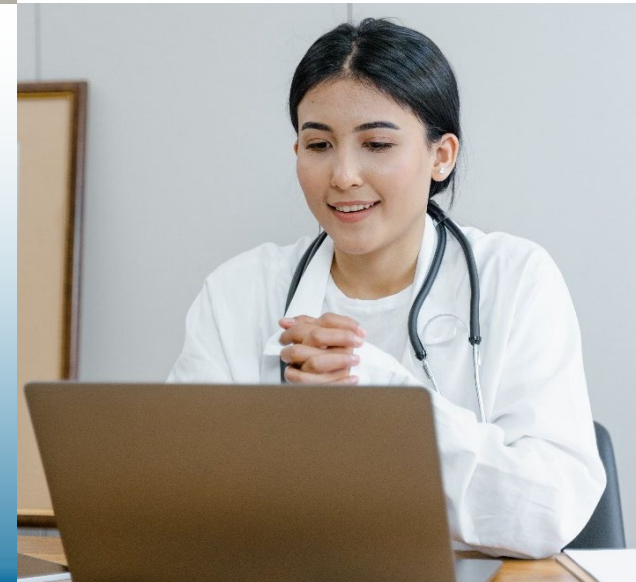


Telehealth

Incarceration
Experience



Substance
Use
Disorder



HRSA SPNS Initiative: Emerging Strategies to Improve Health Outcomes for People Aging with HIV



Project Period: August 2022 – July 2025

Implement emerging strategies to comprehensively screen and manage comorbidities | geriatric conditions | behavioral health | psychosocial needs of people 50 years and older.

Demonstration Sites

Beth Israel Medical Center | Boston Medical Center | Centro Ararat | Colorado Health Network | Empower U | Family Health Centers of San Diego | University Of Chicago | UPMC Presbyterian Shadyside | Wake Forest University | Yale University

HRSA SPNS Initiative: Improving Care and Treatment Coordination Focusing on Black Women with HIV

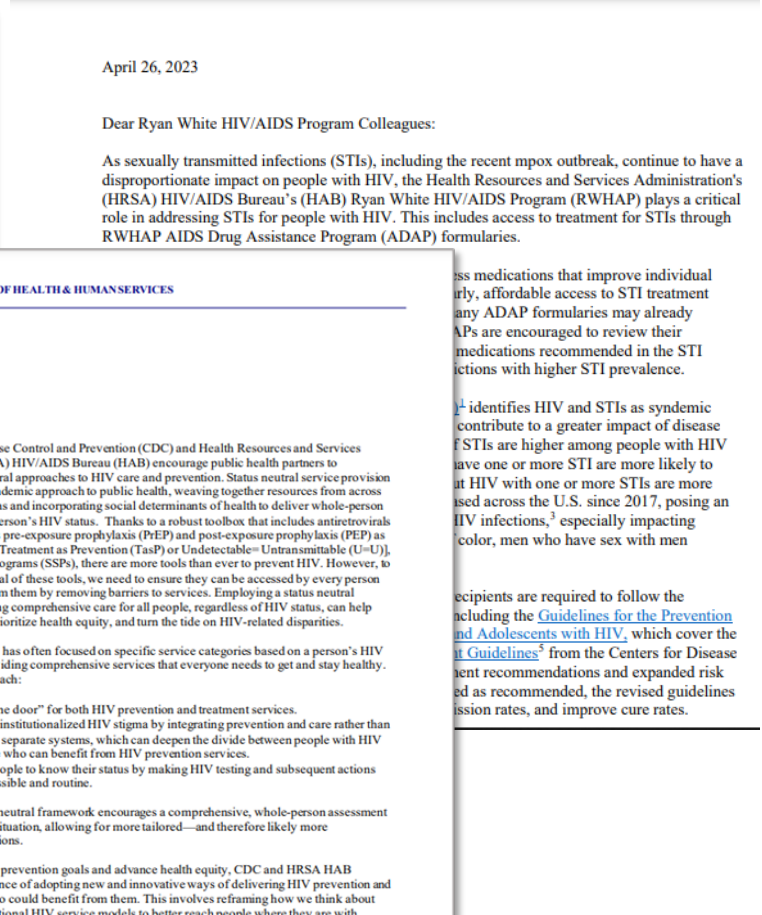
Black Women First Initiative supports the design, implementation, and evaluation of the use of bundled interventions to improve HIV care and treatment coordination for cisgender and transgender Black women.

Benefits of bundled interventions include:

- Addressing socio-cultural health determinants
- Expanding delivery and utilization of comprehensive HIV care and treatment services
- Supporting continuous engagement in care
- Improving health outcomes for Black women with HIV in a culturally sensitive and responsive manner



Recent Program Letters on STIs and Mpox, Housing Status and HIV Outbreaks, Status Neutral, & MAT



- Role of Ryan White HIV/AIDS Program in Addressing STIs and Mpox
- HRSA, CDC, and HUD Housing Status and HIV Outbreaks
- HRSA/CDC Status Neutral Approach Framework Letter
- Ryan White HIV/AIDS Program AIDS Drug Assistance Program Recipients and Buprenorphine and Naloxone



HAB EHE Qualitative Summary of Progress: March 2020-February 2021 Highlights



EHE recipients delivered expanded RWHAP services and innovative programs, especially to people newly diagnosed and those re-engaged in care.



EHE recipients expanded access to services through technology and structural changes.



Due to COVID-19, EHE recipients faced unexpected barriers and challenges to implementing their EHE workplans.



EHE recipients demonstrated flexibility and resilience in meeting the needs of their clients during the COVID-19 public health emergency.

The publication is available at: <https://ryanwhite.hrsa.gov/data/reports>



New and Expanded Partnerships through EHE



Clinical Organizations

- HRSA-funded health centers
- Pharmacies and pharmaceutical companies
- Health departments
- Hospitals and emergency departments
- Clinics that serve priority populations



Nonclinical Organizations

- Jails and correctional settings
- Syringe services programs
- Academic institutions
- Housing Opportunities for Persons with AIDS (HOPWA) program and housing organizations
- National health and medical organizations and consortia



Nontraditional Partners

- Barbershops and salons
- Restaurants
- Faith-based organizations
- Family services agencies

Key Resources

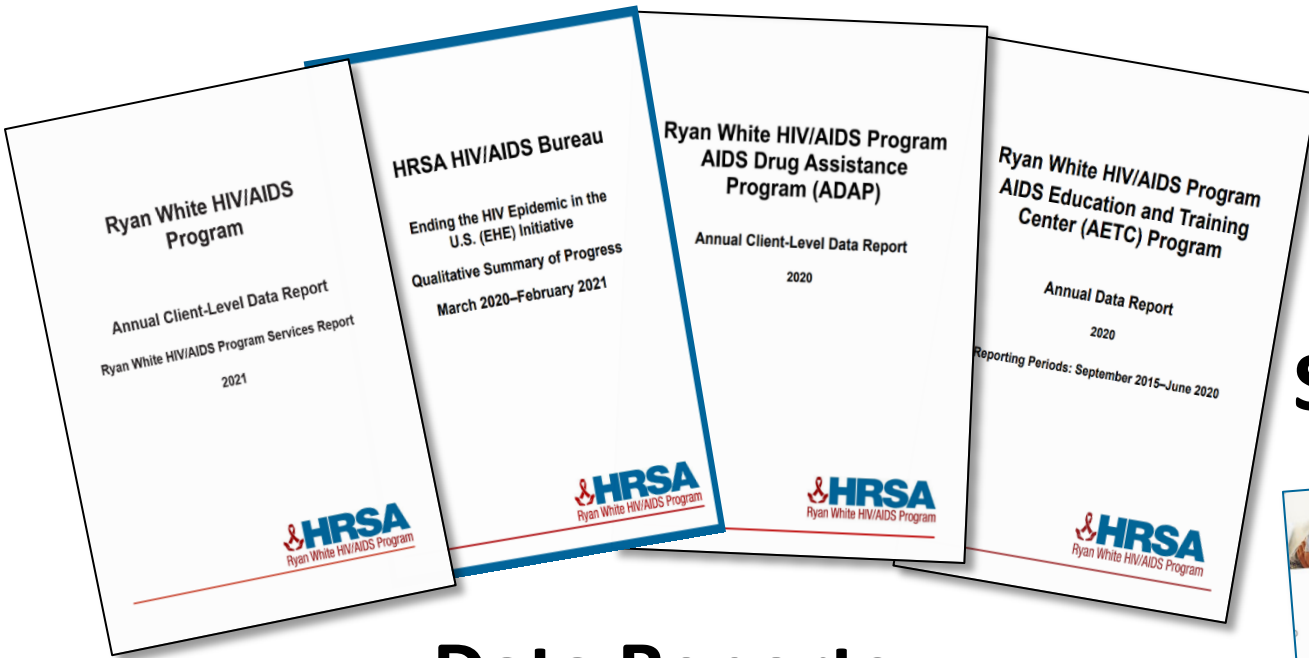


HRSA HAB Data Resources

Interactive data visualization dashboard

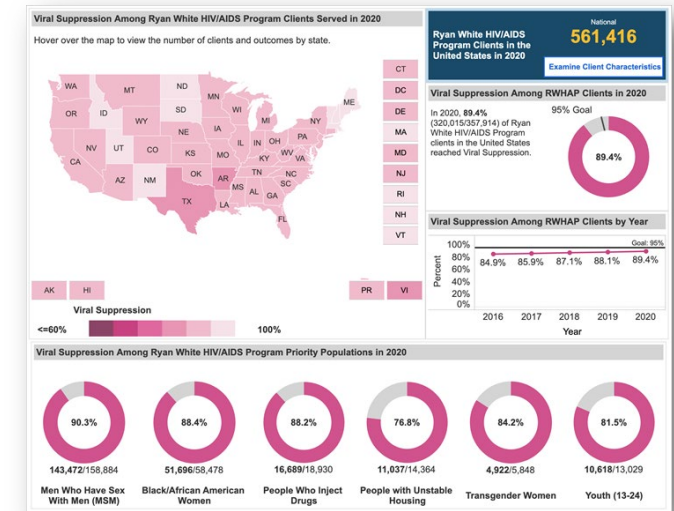
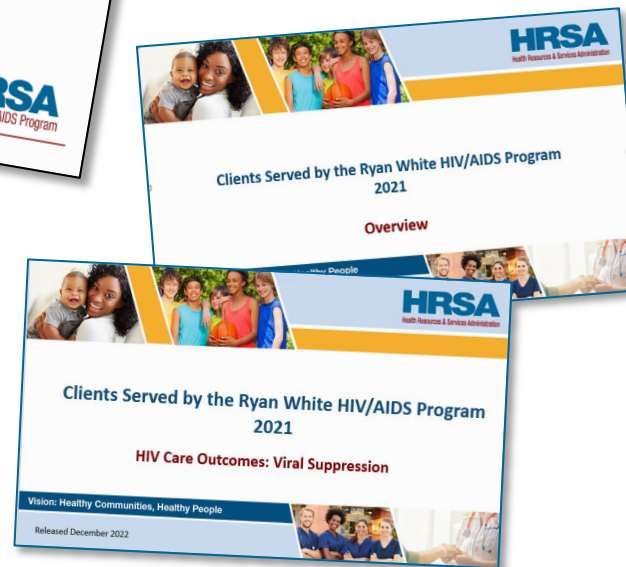


HEALTH RESOURCES & SERVICES ADMINISTRATION
RYAN WHITE HIV/AIDS PROGRAM
COMPASS



Data Reports

Slide decks



<https://ryanwhite.hrsa.gov/data>



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