CDC HIV Prevention Programs

**Without a Vaccine, Prevention is the Only Cure**

The Centers for Disease Control and Prevention’s (CDC) HIV/AIDS prevention programs are working in every state and territory to prevent new HIV infections, provide HIV counseling and testing to those at risk for HIV, provide prevention services and link infected people to medical care, and translate scientific research findings into practical prevention programs available to all those at risk.

**Too Many New Infections, Too Many of the Infected Not in Care**

The number of people living with AIDS in the U.S. increased 7.2 percent from 2001 to 2002 with CDC estimating that approximately 385,000 Americans living with AIDS by the end of 2002.

Approximately 200,000 people with HIV in the U.S. are unaware of their HIV status and another 300,000 who know they are infected are not receiving the care they need. Forty percent of HIV-infected Americans begin antiretroviral treatment later than is recommended by the U.S. Public Health Service. One tragic result of delaying treatment is the fact that five percent of all AIDS cases are diagnosed within a month of a patient’s death. Early HIV diagnosis, in addition to ongoing, targeted HIV prevention programs, is key to reducing the number of new HIV infections.

The devastation of AIDS in communities of color continues to grow disproportionately. AIDS remains the leading cause of death of African American women between the ages of 25-34, and the third leading cause of death among Hispanics between the ages of 35-44.

**CDC’s Prevention and Testing Programs**

**CDC’s Advancing HIV Prevention Initiative:** In April 2003, CDC announced a new HIV prevention initiative, *Advancing HIV Prevention: New Strategies for a Changing Epidemic*. The initiative strives to make HIV testing a routine part of medical care, implement new models for diagnosing HIV infections outside medical settings, prevent new infections by working with persons diagnosed with HIV and their partners, and further decrease perinatal HIV transmission.

**FY 2005 Funding Needs**

CDC needs $1 billion in funding in FY 2005 to support domestic HIV prevention programs. CDC domestic HIV/AIDS programs were cut by $4 million in FY 2004. Increased funds for prevention are needed to ensure that effective, scientifically based programs targeting populations at risk and those infected can be implemented. By reducing the number of new HIV infections, we can reduce the expensive demand for care services in the future. Absent a vaccine or cure, prevention is the only intervention for stopping HIV transmission.

*Counseling, Testing, Partner Counseling, and Referral Services:* HIV counseling, testing, and referral services, as well as partner counseling programs, are aimed at ensuring that individuals learn their HIV serostatus as soon as possible, receive counseling on behavior change to avoid infection or prevent transmission, and obtain referrals for prevention and care services. This includes specific initiatives to promote knowledge of serostatus among targeted populations, including communities of color, men who have sex with men, and women of childbearing age.

*HIV/AIDS Community Planning:* CDC requires state health departments to use a localized community planning process to ensure the participation of communities with and at-risk for HIV infection in the development of effective HIV education and prevention interventions.

*Health Education/Risk Reduction:* CDC supports targeted education and outreach activities for individual, group, and community-level interventions, as well as street and community outreach.

*Capacity Building:* State and local health departments and community-based organizations (CBOs) receive financial and technical assistance to strengthen their infrastructure to deliver effective HIV prevention programs.

*Prevention Research and Program Evaluation:* CDC funds prevention research and program evaluation activities to monitor progress, outcome, and impact of prevention.
interventions, as well as to assess needs and develop culturally appropriate services.

**Minority HIV/AIDS Initiative (MHAI) Programs:** The MHAI provides much-needed resources for CDC programs specifically targeted to ethnic and racial minority communities and minority CBOs to expand and enhance effective prevention interventions for ethnic and racial minority groups highly impacted by HIV.

**HIV Surveillance and Epidemiology:** CDC awards state and local health department grants to strengthen HIV and AIDS case reporting, behavioral surveillance, incidence modeling and evaluation. AIDS and HIV surveillance activities provide data that are critical to target and deliver prevention and treatment programs and ensure that scarce resources are effectively utilized. CDC continues to ask state and local health departments for increasingly burdensome data elements without providing new resources. These data are critical to the evaluation of prevention programs across the nation.

**Barriers to Effective HIV Prevention**

**Restrictions on Content of Prevention Programs**
Communities are best equipped to set priorities and develop and implement effective HIV prevention programs. CDC grantees are currently required to comply with the requirements in Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions and must have materials reviewed by a local Program Review Panel. Programs must not be restricted from using federal, state or local funds for prevention activities that they deem appropriate and consistent with public health. The federal government must not place restrictions or mandates on the content of HIV prevention programs.

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**HIV Prevention Priorities for Youth Shifting to “Abstinence-Only”**
Approximately 50 percent of new HIV cases in the U.S. are in youth under the age of 25. Comprehensive HIV prevention interventions targeted to youth are crucial to the nation’s HIV prevention strategy. There is overwhelming evidence that providing youth with sex education does not lead to an increase in or initiation of sexual activity. Rather, such education provides youth with vital lifesaving information about prevention of HIV and other STDs. Presently, Congress is funding abstinence-only sex education at $137 million in FY 2004. The President’s FY2005 budget substantially increases funding for abstinence education programs to a total of $273 million. HIV prevention for youth should instead be funded through CDC’s Division of HIV/AIDS Program and Division of Adolescent and School Health. HIV prevention for youth should instead be funded through CDC’s Division of HIV/AIDS Program and Division of Adolescent and School Health.

**Federal Funding Ban on Needle Exchange**
The current federal ban on the use of federal funds for needle exchange is not appropriate public health policy and must be lifted. Numerous government reports and scientific studies, including a 2001 Institute of Medicine Report, have cited overwhelming evidence supporting the effectiveness of exchange programs in reducing the rate of new HIV infections among IV drug users, their sex partners and children. These reports and studies have also concluded the exchange programs do not lead to increased drug use. Needle exchange, as part of comprehensive prevention efforts that include health information and access to substance abuse treatment, must be an option for communities that have identified a need for these services.

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**HIV Prevention Saves Lives…**
Overwhelming evidence, including extensive historical experience and scores of scientific studies, demonstrates that well-designed and well-delivered HIV prevention programs contribute to healthier behaviors and substantially reduce the number of new HIV infections. The impact of these programs can be seen across at-risk populations.

**And Money**
Researchers estimate that the discounted cost of lifetime treatment for a person with HIV now averages about $155,000. With over 40,000 people infected yearly, the U.S. faces an additional annualized cost of more than $6 billion every year. In comparison, scientists estimate that providing access to community-level HIV prevention or small group interventions to all those at risk for sexual transmission of HIV and providing prevention services to all those at risk from injection-drug-related HIV infection in the U.S. would cost an estimated $1.423 billion annually.