
PARTNERSHIP TO

END

HIV, STDs, & HEPATITIS

Ending the HIV, STD, and Hepatitis Epidemics in the U.S.

Quick Facts

More than 1.2 million people in the U.S. are living with HIV.

HIV remains a non-curable infectious disease and just under 50% of people living with HIV are virally suppressed or have the virus under control through treatment.

STDs are currently at their highest levels ever reported, with 20 million new cases each year.

STDs have reached a record high in the United States and continue to grow by the year.

The number of hepatitis C (HCV) cases continues to increase and kills more people than all 60 other reportable infectious diseases combined, despite the availability of a cure.

The recent rise in injection-drug use tied to opioid misuse is contributing to skyrocketing rates of new viral hepatitis infections along with new HIV cases and STDs.

PARTNERSHIP TO END HIV, STDs, & HEPATITIS

The Partnership works with policymakers to secure necessary rights, resources, and services for those affected by the HIV, STD, and hepatitis epidemics through sound policies and appropriations at the federal level.

Science shows us we can successfully cure or treat those living with these diseases while also preventing new cases, improving the quality of life for the individual, as well as the health of our nation. To accomplish this, our health care delivery system needs to diagnose, enroll and retain all those affected into care and treatment. We can do this, but only if Congress and the Administration adequately funds federal programs to expand access to HIV, STD, and viral hepatitis prevention and treatment efforts. Ending these epidemics in the U.S. requires a robust, integrated health care system and access to comprehensive health care coverage free of discrimination. Now more than ever, investment in public health programs is critical to reaching these goals.

Congress and the federal government, working with the states, community-based organizations, advocates and other stakeholders, is central to ending HIV at home, stemming the tide of STDs, and eliminating viral hepatitis in America within our lifetimes.



Our Issues

HIV PREVENTION & CARE

Quick Facts

There are 1.2 million people living with HIV in the U.S., with an estimated 38,500 new cases each year.

People living with HIV reside in every Congressional district, state, and territory of this country.

New cases of HIV and HIV-related deaths are increasingly concentrated in communities of color, gay and bisexual men and transgender women, and in the Southern states.

Medicare is the largest federal funder of HIV care and treatment, followed by Medicaid, and then the Ryan White HIV/AIDS Program, which is funded at \$2.3 billion.

Housing is one of the greatest unmet needs for people living with HIV. Evidence demonstrates that interventions to ensure adequate housing, food, transportation, and other critical enablers of health care are both essential and cost-effective for the prevention and treatment of HIV.

PARTNERSHIP TO END HIV, STDs, & HEPATITIS

PREVENTION

Despite tremendous progress in HIV prevention efforts, there are still an estimated 38,500 new diagnoses each year. Increased funding for the CDC is needed to maintain recent gains, intensify prevention efforts by CDC's grantees in communities where HIV is the most prevalent, and put the nation on the fast track to ending the epidemic.

For people living with HIV, retention in HIV treatment that suppresses viral load to an undetectable level both sustains optimal individual health and eliminates the risk of sexual transmission of the virus.

Successful HIV prevention for HIV-negative individuals is available through a combination of sexual health education, routine HIV screening, condoms, syringe access and other harm reduction services.

We must also expand access to pre-exposure prophylaxis (PrEP), a once-daily pill for people who do not have HIV that, when taken consistently, has been shown to reduce the risk of HIV by over 92 percent. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection and dramatically reduce new infections.

CARE

The Ryan White HIV/AIDS Program provides a critical and comprehensive system of care that includes access to lifesaving medication to low income, uninsured, and underinsured individuals living with HIV in the U.S. through the AIDS Drug Assistance Program (ADAP), primary medical care, and essential support services for people living with HIV, including premium assistance. The Ryan White Program is a successful program, with almost 86 percent of clients achieving viral suppression. As the program struggles to keep up with demand amid a changing and uncertain

healthcare landscape, continued funding is critically important to ensure that access to healthcare, medications, and other services for people with HIV are consistently maintained. Ending the HIV epidemic in the U.S. relies on a robust integrated health care system and equitable access to comprehensive health care coverage for people living with and vulnerable to HIV.

HOUSING

HUD's Housing Opportunities for Persons with AIDS (HOPWA) Program provides housing assistance and related supportive services for low-income people living with HIV and their families. Housing is one of the greatest unmet needs for people living with HIV. Adequate funding for HOPWA is needed to ensure safe, affordable housing for low-income people living with HIV.

SECRETARY'S MINORITY AIDS INITIATIVE FUND (SMAIF)

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV. The Secretary's Minority AIDS Initiative Fund aims to improve the HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. The resources of the initiative are designed to encourage capacity building, innovation, collaboration, and the integration of best practices.



Our Issues

STD PREVENTION AND SERVICES

Quick Facts

STDs are currently at their highest levels ever reported, with 20 million new cases each year.

The U.S. leads the industrialized world in the incidence of many STDs.

Congenital (mother-to-child) syphilis is at a 20 year high, and up to 40 percent of children born to women with syphilis result in stillbirth or newborn death

STDs cost our healthcare system \$16 billion annually.

In most states, federal STD funding is the only funding for STD prevention.

Federal STD prevention has seen a \$16 million reduction in annual funding since 2003, which is a reduction of 40 percent in buying power for CDC and its state, local, and territorial grantees.

STDs are among the most common contagious diseases and are serious, but treatable, illnesses.

Growing threats of antibiotic resistant gonorrhea and steep and sustained increases in congenital syphilis are overburdening an already understaffed and underfunded field.

PARTNERSHIP TO END HIV, STDs, & HEPATITIS

PREVENTION

STDs are at the highest rates in over 20 years. These rates have the real and dire health consequences if left untreated, including infertility and newborn death. Despite dramatic increases in STD rates the Division of STD Prevention at CDC has remained flat funded, and for many jurisdictions this is their only funding line for STD prevention. If we wish to get a handle on these STD rates we need to invest in the STD prevention and treatment at the states.

Since an underlying sexually transmitted infection increases an individual's risk of acquiring HIV (10% of HIV infections can be attributed to an underlying sexually transmitted infection) and the fact that STD risk behaviors are almost identical to HIV risk behaviors, an essential component of our nation's HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. We must appropriately fund our public health infrastructure to address these growing epidemics.

Maintaining and strengthening STD prevention is crucial to ensuring the health of men, women and children. If we do not act now we could be risking the future hopes and dreams for many people.

Addressing this public health crisis requires a strong federal investment and a sustained public health commitment. With an increase in funding for STD prevention and treatment we could help to prevent:

- Increases in syphilis, which facilitates HIV transmission, and congenital (maternal-to-child) syphilis which can result in stillbirth and newborn death
- Infertility, as a result of pelvic inflammatory disease (PID) from chlamydia
- New cases of untreatable gonorrhea, of which there is only one antibiotic left.

SERVICES

Congenital syphilis (CS) in the United States has seen a dramatic increase with devastating effects. Reports more than doubled between 2013 and 2017 from 361 cases to 918 – the highest number of recorded cases in 20 years. Up to 40 percent of children born to women with syphilis result in stillbirth or newborn death. Other cases can result in a miscarriage, low birth weight, and/or lifelong developmental issues. To address this dramatic increase in cases additional resources need to be allocated to screening, treatment, training, partnerships and reporting to help prevent and treat new cases of CS.



Our Issues

VIRAL HEPATITIS

Quick Facts

3.5 million Americans are estimated to be living with hepatitis C (HCV), and only half are aware of their status.

New HCV infections increased by nearly 350 percent between 2010 and 2016.

New and highly tolerable treatments exist that cure HCV with a higher than 95 percent success rate.

In 2012, annual HCV-related deaths surpassed deaths from all 60 other reportable infectious diseases combined.

Nearly 70 percent of new HCV infections are among people who inject drugs, including opioids.

Data from multiple states show increased rates of viral hepatitis among women of childbearing age, most likely associated with injection of opioids, and raise serious flags about increased risk of vertical (mother-to-child) transmission, which already results in approximately 4,000 infections annually.

HEPATITIS

Millions of people from all walks of life are living with viral hepatitis and are at increased risk for serious liver disease, liver cancer, and even death. Despite recent availability of a cure, we are losing ground in the battle against HCV. There has been a 350 percent increase in the number of new cases between 2010 and 2016, and available data suggest that nearly 70 percent of new infections are among people who inject drugs. This is despite there being a highly effective cure that can clear the disease in as little as eight weeks with few or no side effects, which makes it possible to eliminate the disease in the United States. However, of the 3.5 million people living with HCV in the country, only half are aware of their status. Continued challenges in accessing treatment, including low awareness of individual status, has also led to an increase in the number of liver cancer cases, one of the only cancers to see an increase in recent years.

The elimination of viral hepatitis in the United States is within our reach, but not without increased investments in comprehensive hepatitis prevention, screening, linkage to care, education, and surveillance programs. The Division of Viral Hepatitis at the CDC is the main government agency tasked with conducting these efforts in the country. However, they are only funded at \$39 million, with less than half of that amount passed onto the states. This current level of funding is woefully inadequate for the CDC to conduct the work necessary to put an end to the ongoing epidemic. This results in states often only being able to hire one less-

than-full-time employee to coordinate hepatitis efforts in the entire state. The country lacks a coordinated hepatitis surveillance system, and many state health and local departments are unable to fund HCV surveillance activities. The lack of funding impacts communities' ability to access hepatitis information, identify and avert outbreaks, provide education and screenings for individuals, and link those individuals to care.

The recent increase in cases has also shifted the population viral hepatitis is impacting. Until recently, the Baby Boomer population, those born between 1945 and 1965, has been the population with the highest prevalence of HCV. However, new cases are being driven by a younger population, meaning efforts to educate, screen, and link this population to care require a different approach. With the numbers of cases increasing, and the landscape of those populations impacted by the disease shifting, the United States is at a critical juncture in its response to this epidemic, one that requires additional funding in order to adequately respond.



Our Issues

OPIOID CRISIS AND

INFECTIOUS DISEASE

The nation's infectious disease public health infrastructure is an underutilized resource in our collective response to the opioid epidemic. The systems and programs built over the last two decades to respond to HIV, STDs, and HCV are well poised to conduct outreach, engagement, and early intervention services with individuals who use drugs. A comprehensive response to the opioid epidemic, which resulted in over 33,000 deaths in 2015 and over 64,000 deaths in 2016, must include wide-ranging infectious disease prevention efforts, strategies to reduce fatal overdose, increased substance use treatment, and reductions in the infectious disease consequences of the opioid epidemic, particularly rising cases of HBV, HCV, and HIV.



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