

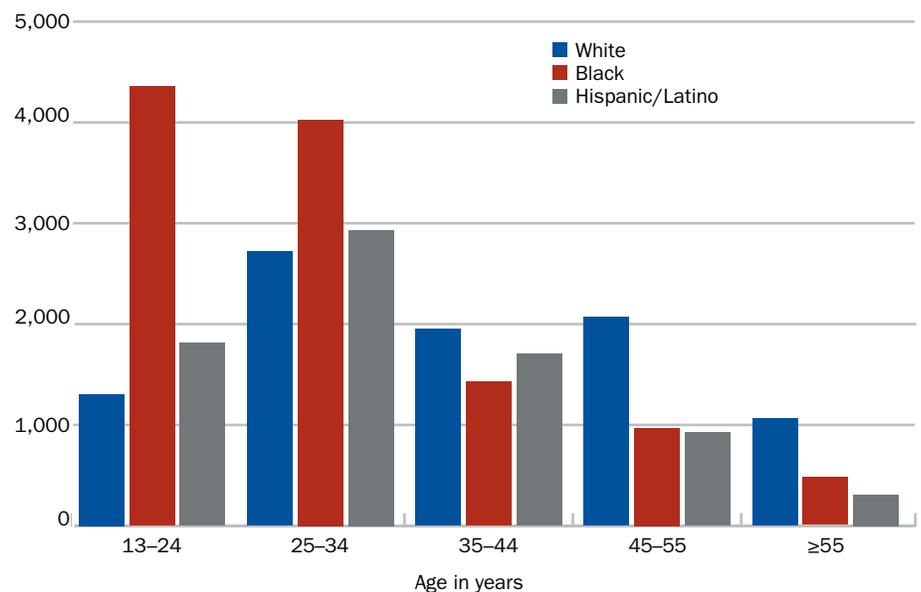
Ending the HIV/AIDS Epidemic

Successful treatment regimens have led to complacency and a belief that HIV/AIDS is under control. But, HIV/AIDS is still a significant health concern — with more than 1.2 million Americans living with HIV, and around 44,000 new HIV diagnoses a year.⁶⁸⁶

A number of promising policies and practices are renewing efforts in communities around the country to reach the goal of ending HIV/AIDS. An increased focus on preventing HIV — with particular emphasis on prevention in high-risk communities, a full continuum of care and treatment as prevention — could help eliminate the epidemic in a generation. Some key concerns to help focus efforts include that:

- Nearly one in eight people living with HIV do not know they are infected.⁶⁸⁷ More than 90 percent of new infections could be averted through diagnosis, and ensuring people receive prompt, ongoing care and treatment.⁶⁸⁸
- There has been a significant increase in new infections among young gay men — a 6 percent increase between 2012 and 2014 among men who have sex with men (MSM) — with an 87 percent increase among young Black and Latino MSM between 2005 and 2014.⁶⁸⁹
- For decades, the country has approached the HIV/AIDS epidemic focused on individual behavioral risk, but the research shows that is only one part of the equation. More effective strategies include focusing on prevention and improving the overall well-being and health of members of the lesbian,

Estimated HIV Diagnoses Among Men Who Have Sex With Men, by Race/Ethnicity and Age at Diagnosis, 2014 — United States⁶⁸⁵



Source: CDC, HIV Surveillance Report 2015

gay, bisexual, transgender, queer (LGBTQ) community. This includes developing supportive and respectful policies that help reduce stigma, discrimination and bullying.^{690, 691, 692}

- A rise in opioid and heroin addiction is contributing to a major rise in hepatitis C virus (HCV) infections, and there is concern this will also lead to an escalation in HIV rates, particularly in places where HIV rates have traditionally been low, such as in Appalachia.^{693, 694} HCV infections have

increased by 158.1 percent in reported cases from 2010 to 2014 (with nearly 30,500 new infections in 2014), with new cases predominantly among young adults and middle aged adults (ages 20 to 39), who are White and live in rural and suburban areas.⁶⁹⁵ In Kentucky, Tennessee, Virginia and West Virginia, acute HCV infections increased by 364 percent from 2006 to 2012 — a majority of those infected have been White adolescents and adults under 30 who inject drugs.⁶⁹⁶

RECOMMENDATIONS

- **Implement a full continuum approach to eliminating AIDS — including prevention, reducing HIV risk behaviors, ensuring access to sustained treatment (and treatment as prevention) and supporting access to pre-exposure prophylaxis (PrEP).**⁶⁹⁷ There should be increased focus on prevention programs, support and education among young MSM — with particular emphasis on young Black MSM. In addition, there should be a strong emphasis on “test and treat” and “treatment as prevention” initiatives. Expanded screening initiatives are important to help individuals know their status since HIV-positive individuals with full viral suppression are unlikely to transmit infections. Finally, PrEP therapy can also help prevent non-infected individuals from infection.⁶⁹⁸
- **Reduce the impact of social determinants of HIV among adolescent MSM — including stigma and discrimination — through the creation of a culture of acceptance and integration in families, schools and communities.** Federal, state and local policies should prioritize support for education and programs for parents and families of youth who are sexual minorities and gender non-conforming; school environments that are supportive of all students; and community-based services for LGBTQ youth. To reduce stigma experienced by adolescent MSM, local and state policymakers should provide comprehensive sexuality education in schools, implement

policies to ensure that all students are safe from violence (such as S.A.F.E. Classrooms) and training for teachers and administrators to support LGBTQ students and to discern harassment or abuse.⁶⁹⁹ Supportive programs during youth have shown strong results in helping to build protective factors and resiliency that reduce risk for a wide range of health and social concerns.

- **Coordinate prevention strategies and treatment when appropriate for HIV/AIDS, hepatitis and tuberculosis.** Since the at-risk populations often overlap for these conditions, it is important to coordinate strategies, surveillance and treatment programs for these conditions, which also helps to efficiently use available resources.
- **Expand Medicaid coverage of routine HIV screening.** All state Medicaid programs should cover routine screening of HIV, regardless of risk (consistent with CDC guidelines).⁷⁰⁰ Providing screening services for Medicaid beneficiaries is particularly important since these Americans include many of the lowest-income and most vulnerable in terms of quality of health and risk for HIV infection.
- **Remove all restrictions on syringe exchange programs — and support public safety campaigns and syringe exchange programs to help prevent HIV and viral hepatitis.** One of the most effective, scientifically-based methods for reducing HIV/AIDS and viral hepatitis is syringe exchange programs.^{701, 702, 703} CDC has found syringe exchange programs lowered the incidence of HIV/AIDS among people who inject drugs by 80 percent in the last decade.^{704, 705} There should be increased state, local and private support for syringe exchange programs and campaigns to inform the public about the effectiveness of syringe exchange programs for limiting the spread of disease — including for protecting first-responders and healthcare workers. While action has been taken recently to lessen restriction on syringe exchange programs at the federal level and in some states as part of addressing the rising heroin and prescription drug epidemics to limit the spread of HIV/AIDS and HCV infections, it is not at a level that is sufficient.
- **Improve real-time surveillance to monitor and contain hepatitis outbreaks.** Recent clusters of outbreaks show the urgent need for improved and real-time measurement of infections to allow for interventions to prevent the spread of HCV. Disease surveillance needs to be dramatically improved to become a true real-time, interoperable system, able to quickly identify outbreaks and threats and implement containment and treatment strategies. The federal government should work to upgrade systems to the latest technologies to allow for real-time and interoperable tracking of diseases — to more efficiently collect and analyze data, to better identify threats and to understand how threats can be interrelated.

Endnotes

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