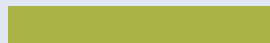
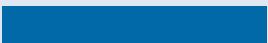
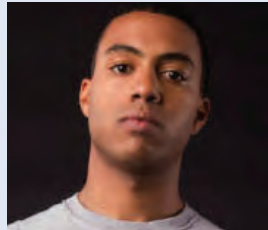


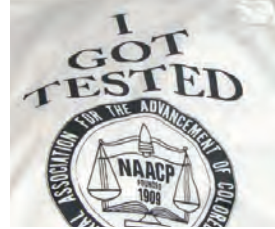
**DHAP  
ANNUAL  
REPORT  
2011**

**DIVISION OF HIV/AIDS PREVENTION**  
**Accelerating Progress,  
Investing for Impact**



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention





**DHAP  
ANNUAL  
REPORT  
2011**

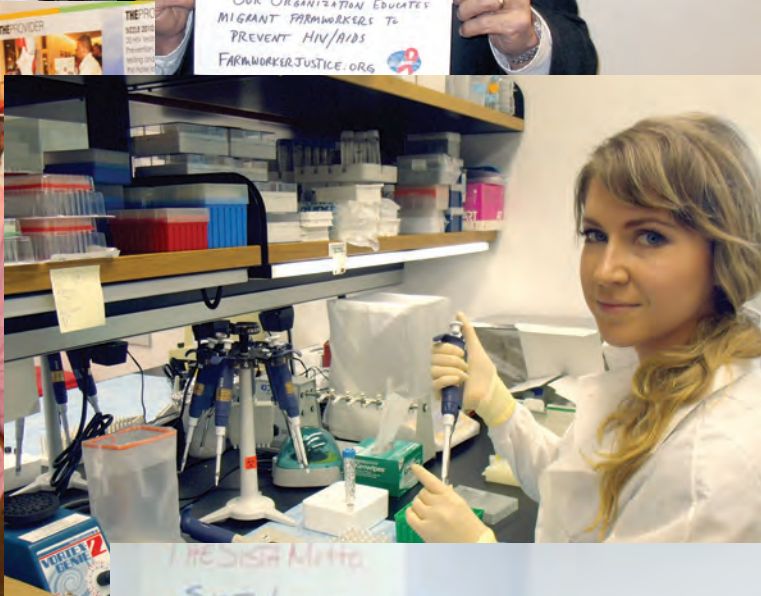
**DIVISION OF HIV/AIDS PREVENTION**  
**Accelerating Progress,  
Investing for Impact**

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*“We can’t afford complacency in the fight against AIDS  
– not when 50,000 Americans still become infected with  
HIV every year.”*

**Kathleen Sebelius**  
Secretary of Health and Human Services



# From the Director



**Jonathan Mermin**  
MD, MPH

## **This is a time of real progress and new hope in the fight against HIV infection in the United States.**

A record number of Americans now know their HIV status. Communities across the country are mobilizing against the disease as never before. And scientifically, we are seeing extraordinary advances in our ability to prevent HIV.

Several recent studies have demonstrated the power of antiretroviral therapy as a prevention tool. For those living with HIV, we now have clear proof that early initiation of HIV treatment can dramatically reduce the likelihood that they will transmit the virus to others. And potentially, for some people at very high risk for HIV, research suggests that taking HIV medications daily – an approach called pre-exposure prophylaxis – can help protect them from infection.

These advances join dozens of randomized trials and a body of literature supporting the efficacy of behaviorally-focused interventions, routine condom use, and HIV testing in reducing HIV risk behavior and acquisition in the United States. The HIV prevention toolkit now includes more than 70 proven behavioral interventions, several of which focus on helping people living with HIV adhere to their treatment regimens. And our HIV surveillance systems,

such as the National HIV Behavioral Surveillance System and Medical Monitoring Project, are providing critical information to guide prevention efforts across the nation.

**Despite these advances, the HIV epidemic in our country continues to grow.** Three decades after the Centers for Disease Control and Prevention (CDC) reported the first cases of AIDS, 1.2 million people are now living with HIV, a 60 percent increase from 15 years ago, when highly active antiretroviral therapy first became available. As the HIV epidemic expands, opportunities for HIV transmission increase, as do the costs to our nation's health system.

One in five people with HIV is still unaware of their infection. And among those who know their status, too many are still not receiving regular prevention services, medical care, and effective antiretroviral therapy. Each person outside of care represents a lost opportunity to protect the individual's health and prevent the further spread of HIV.

**Against this backdrop, CDC's Division of HIV/AIDS Prevention (DHAP) is pursuing a new approach called High-Impact Prevention.** High-Impact Prevention works by matching the most cost-effective, scalable interventions to heavily affected populations and geographic settings in order to maximize reductions in HIV incidence.

*“High-Impact Prevention will have a major, positive effect on the U.S. HIV epidemic.”*

It requires that we understand not only the efficacy of interventions in preventing HIV acquisition or transmission, but their effectiveness in real-world, non-trial settings. It demands that we better understand the cost per infection averted to maximize the impact of every prevention dollar. It calls on us to make hard judgments about the feasibility of bringing an intervention to full scale in its target population. And it requires that we better understand and model the interactions among interventions when implemented in an environment of other programs and services.

High-Impact Prevention will have a major, positive effect on the U.S. HIV epidemic by prioritizing the interventions with the greatest potential to prevent the most new HIV infections, directed to the populations most affected, and aligned with the geography of the epidemic. This approach will help us achieve the ambitious HIV prevention goals of the National HIV/AIDS Strategy and the DHAP Strategic Plan. We will continue to engage and educate our partners across the country about how best to implement this new framework.

**Together, we have much to be proud of over the last year.** This report provides an overview of HIV prevention activities conducted and supported by the Division of HIV/AIDS Prevention during the Fiscal Year 2011 (October 2010-September 2011). These achievements are made possible by the extraordinary commitment of our partners on the front lines of the HIV epidemic – health departments, community-based organizations (CBOs), people living with HIV, researchers, health care providers, and many more.

I am grateful to, and inspired by, the amazing individuals and organizations we work with every day.

This report reviews progress in DHAP’s four key areas of focus:

- **Supporting prevention programs** – Grants, technical assistance, and prevention policy guidance for health departments and CBOs working to prevent new HIV infections across the United States
- **Tracking the HIV epidemic** – Comprehensive national surveillance systems to track the HIV epidemic, risk behaviors, and utilization of health care and prevention services
- **Supporting prevention research** – Biomedical, behavioral, and operational research to develop new HIV prevention strategies and improve existing programs
- **Raising awareness** – Communications campaigns and partnerships to ensure that all people know the facts about HIV and how to protect themselves

In the year ahead, DHAP will continue to lead and support efforts to end HIV transmission in every community across America. Working together, I am confident that we will see the day when HIV/AIDS is no longer a part of our daily lives, but only a part of our history.



**Jonathan Mermin, MD, MPH**

Director, Division of HIV/AIDS Prevention  
National Center for HIV/AIDS, Viral Hepatitis,  
STD and TB Prevention  
CDC



*“For the first time in the 30-year history of AIDS in the United States, scientific breakthroughs in HIV prevention are enabling us to envision the end of this epidemic. There’s no question that we still face an uphill battle in the fight against AIDS, but new advances provide great hope for the future.”*

**Kevin Fenton, MD, PhD, FFPH**

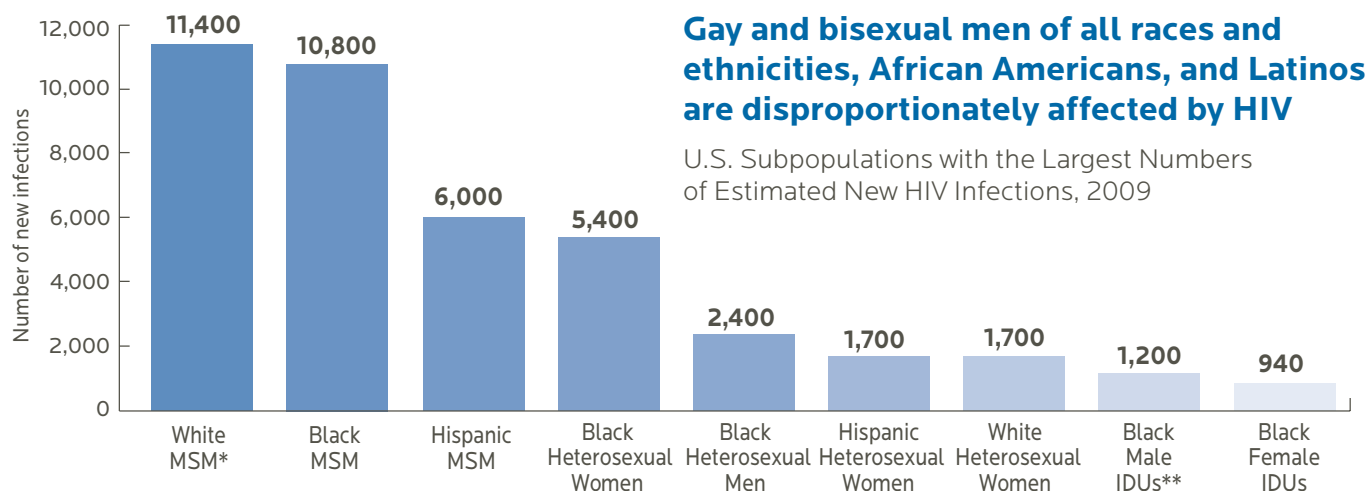
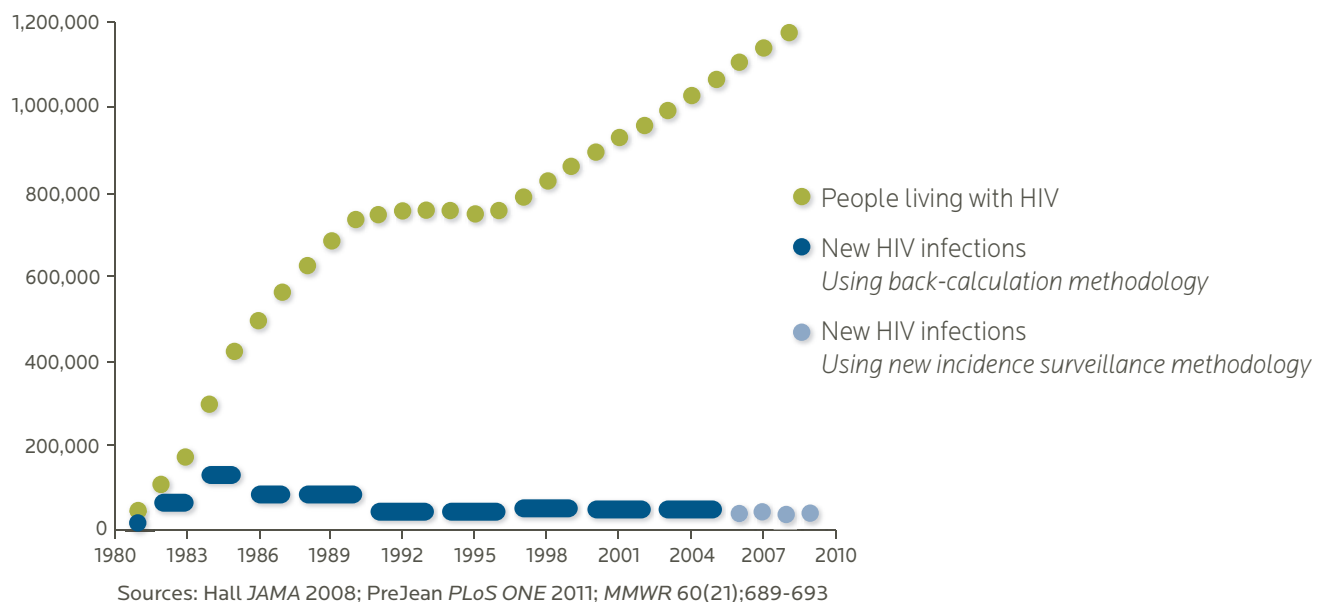
Director, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention  
CDC

# THE STATE OF THE U.S. HIV EPIDEMIC

In the United States today, CDC estimates that 1.2 million people are living with HIV, approximately 50,000 people become newly infected each year, and one in five people with HIV is unaware of their status. While HIV prevention efforts have helped to keep the rate of new infections stable in recent years, continued growth in the number of people living with HIV ultimately will lead to more new infections if prevention, care, and treatment efforts are not intensified to keep pace with the epidemic. These pages provide a snapshot of CDC data on the state of the U.S. HIV epidemic today.

## While the annual number of new infections remain stable, the number of Americans living with HIV continues to grow

HIV Prevalence and New Infections, 1980-2009



\*The term men who have sex with men is used in CDC surveillance systems because it indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

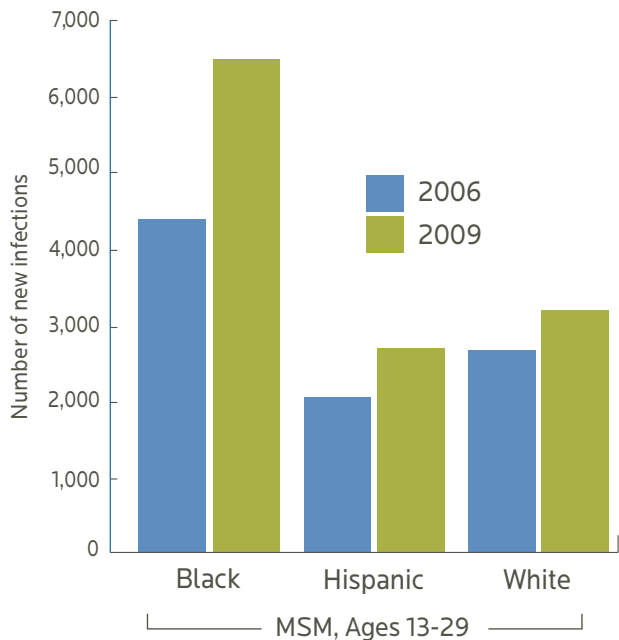
\*\*IDU = Injection Drug User

Source: PreJean PLoS ONE 2011



## HIV incidence is rising rapidly among young black gay and bisexual men

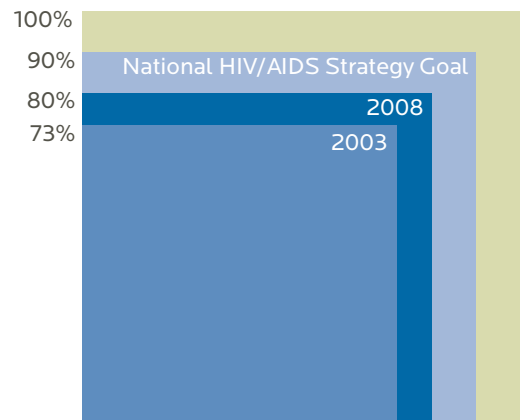
Estimated Number of New HIV Infections among Men Who Have Sex with Men, Ages 13–29, 2006 and 2009, by Race/Ethnicity



Source: PreJean PLoS ONE 2011

## More Americans with HIV know their status than ever before, but there is still work to do

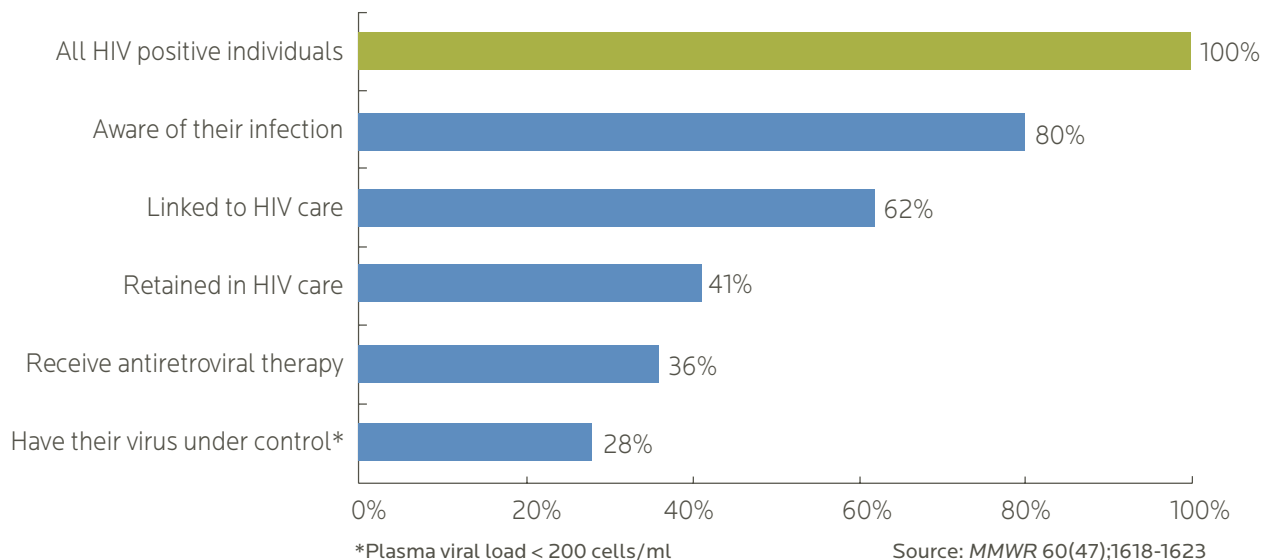
Proportion of Americans with HIV Who Know their Status



Sources: Glynn, National HIV Prevention Conference 2005; MMWR 60(24);805

## Too few Americans with HIV are getting the testing, treatment, and care they need to stay healthy and prevent transmission to others

Percentage of HIV-infected Individuals Engaged in Selected Stages of the Continuum of HIV Care, 2010



Source: MMWR 60(47);1618-1623

# YEAR IN REVIEW

## I. Supporting Prevention Programs

DHAP provides grants, technical assistance, and prevention policy guidance for health departments and community-based organizations working to prevent new HIV infections across the United States.

### Funding High-Impact Prevention Nationwide

Providing funding to state and local health departments is DHAP's single largest investment in HIV prevention. In June 2011, DHAP announced a new 5-year HIV prevention funding opportunity for health departments in states, territories, and select cities, developed with input from HIV community partners. The first-year awards were announced in January 2012.

In keeping with DHAP's High-Impact Prevention approach, the funding opportunity more closely aligns HIV prevention funding to the geographic burden of the U.S. HIV epidemic. Funding was allocated to each state, territory, or city based on the number of people reported to be living with an HIV diagnosis in that area in 2008 (the best measure of the HIV burden available in every U.S. jurisdiction). In addition, the majority of the new funding was directed to the prevention activities that are most likely to have a substantial effect on HIV incidence, including HIV testing; comprehensive

prevention and care services for HIV-positive individuals and their partners; condom distribution; and efforts to align policies to optimize HIV prevention, care, and treatment. The awards incorporate a minimum funding level to ensure that all jurisdictions, regardless of HIV burden, can continue to provide basic HIV prevention services.

Anticipated first-year funding totals \$359 million, including \$284 million for core HIV prevention programs, \$54.8 million for expanded HIV testing in heavily affected communities, and \$20 million for innovative demonstration projects.



Participants at an Us Helping Us retreat

### PARTNER PROFILE

#### Us Helping Us

Us Helping Us (UHU), a community-based organization in Washington, DC, works to improve the health and well-being of black gay and bisexual men and to reduce the impact of HIV/AIDS among African Americans.

UHU serves a critical need in the District's black gay community, where high prevalence of HIV places these men at elevated risk of infection.

In 2011, UHU's activities were supported in part by two DHAP awards totaling \$635,748. In that year, UHU provided HIV counseling, testing, and referral services to more than 1,800 people and reached approximately 260 black gay and bisexual men with proven HIV behavior-change programs.

### Reaching Gay, Bisexual, and Transgender Youth of Color

In August 2011, DHAP awarded \$55 million over 5 years to 34 community-based organizations (CBOs) to expand HIV prevention services for young gay and bisexual men of color, transgender youth of color, and their partners. The awards expand upon a previous program by increasing funding to support a larger number of community organizations and focusing services.

The awards will enable CBOs to provide HIV testing to more than 90,000 young gay and bisexual men and transgender youth of color, with a goal of identifying and linking to care and prevention services more than 3,500 people with previously undiagnosed HIV infection. CBO grantees will also provide proven HIV prevention services, such as condom distribution, that will benefit both HIV-positive and HIV-negative individuals.

### Expanding Routine HIV Testing

In June 2011, DHAP reported on the results of the \$111 million Expanded Testing Initiative (ETI), which enabled state and local health departments to support routine HIV testing in health care and select community settings, with a primary focus on reaching African Americans. The analysis showed that between October 2007 and September 2010, ETI provided nearly 2.8 million HIV tests in 25 of the U.S. areas most affected by HIV, and diagnosed 18,432 individuals who were previously unaware that they were HIV-positive, most of whom were African American. A separate analysis found that ETI was highly cost-effective, saving almost \$2 in medical costs for every dollar invested. ETI has been expanded to include testing efforts targeting MSM, Latinos, and injection drug users, and the provision of HIV testing in non-clinical settings, such as pharmacy clinics.

## PARTNER PROFILE

### Houston Bureau of HIV/STD and Viral Hepatitis Prevention

With 2 million residents, Houston is the country's fourth most-populous city. One in 98 Houstonians is living with HIV, with young people, African Americans, and gay and bisexual men of all races disproportionately affected. An estimated 5,000-6,000 Houston residents living with HIV are still unaware of their status.

In FY 2011, DHAP provided more than \$7 million to the Houston Bureau of HIV/STD and Viral Hepatitis Prevention to support programs such as *HIP HOP for HIV: A Community-Based Service Integration Strategy*. This city-wide HIV testing, education, and referral campaign is the largest single testing event in the United States. *HIP HOP for HIV* provided nearly 15,000 young adults with free, confidential testing for HIV and syphilis along with a ticket to a free hip-hop concert featuring nationally known artists.

*“In HIV prevention, we must always seek to provide a coordinated system of care that is responsive, timely, and specific to individual patient needs.”*

**Amber David**

Senior Public Health Investigator  
Houston Bureau of HIV/STD and Viral  
Hepatitis Prevention

## YEAR IN REVIEW

### Improving HIV Testing Strategies

In October 2011, DHAP and its partners published a series of articles in the *Journal of Clinical Virology* on a new confirmatory HIV testing process for the United States that detects HIV infection earlier than traditional Western blot confirmatory tests. The algorithm includes a series of supplemental tests that allow health care providers to identify whether a patient's HIV infection is recent or well-established, a distinction that could not be made with traditional confirmatory tests. With the new algorithm, it is possible (especially in hospitals, where testing equipment is available) to confirm that a person is HIV-positive in 1 hour or less. This information is important to improving HIV prevention, since recently infected individuals are generally more infectious, and thus in greater need of prevention services to avoid transmission to their partners. In 2012, CDC will release new guidelines for supplemental testing that emphasize this approach as an important alternative to traditional Western blot confirmatory tests.



At a ceremony hosted by New York City Mayor Michael Bloomberg, Dr. Bernard M. Branson (*center*), DHAP Senior Advisor for Laboratory Diagnostics, presented Alan D. Aviles (*right*), President and Chief Executive Officer of the New York City Health and Hospitals Corporation, with a CDC award to mark the milestone of 1 million New Yorkers tested for HIV since 2005.

Photo: Edward Reed, Office of the Mayor, New York City

## PARTNER PROFILE

### New York City Health and Hospitals Corporation

On December 1, 2011, the New York City Health and Hospitals Corporation (HHC) announced that HHC has tested more than 1 million New Yorkers for HIV since 2005, when HHC hospitals and health centers began offering routine HIV screening for patients ages 13 to 64, consistent with CDC recommendations. In FY 2011 alone, HHC facilities tested nearly 200,000 patients – more than three times the number tested 6 years earlier.

*“Our collective commitment to preventing HIV transmission, making sure New Yorkers know their status, and linking those who need it with care is re-energized when we pause to reflect on how far we’ve come in the fight against HIV, rededicate our efforts to meet the challenges that remain, and remember those we’ve lost.”*

#### Michael Bloomberg

Mayor  
New York City

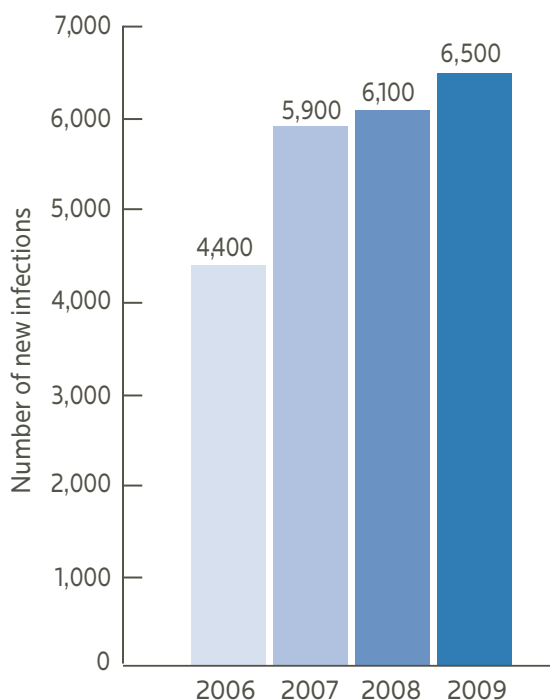
## II. Tracking the HIV Epidemic

DHAP coordinates comprehensive national surveillance systems to track the HIV epidemic, risk behaviors, and utilization of health care and prevention services.

### First Multi-Year Data on U.S. HIV Incidence

In August 2011, CDC released the first multi-year estimates from its national HIV incidence surveillance system. Published in the online journal *PLoS ONE*, the data show that the overall number of new HIV infections in the United States was relatively stable at approximately 50,000 per year between 2006 and 2009. However, HIV infections increased among young MSM, driven by a large increase (48 percent) among young, black MSM – the only subpopulation to experience a sustained increase in infections over the time period.

### Rising HIV Incidence among Young, Black MSM in the U.S. (Ages 13-29)



Source: PreJean *PLoS ONE* 2011

### Monitoring HIV and Risk Behavior in Key Populations

Recent data from DHAP's National HIV Behavioral Surveillance System (NHBS), presented at the National HIV Prevention Conference in August 2011, showed substantial levels of HIV infection and risk behavior, along with infrequent HIV testing, among three heavily affected populations – MSM, injection drug users, and heterosexuals with low socioeconomic status. The analyses included nearly 30,000 individuals in 21 U.S. cities between 2008 and 2010. Findings are now being used to help DHAP and its partners enhance HIV prevention for these key populations nationwide.

### Record Highs in HIV Testing

The number of adults tested for HIV reached a record high in 2009, according to a DHAP analysis of data from the National Health Interview Survey released in November 2010. The analysis showed that 82.9 million adults aged 18 to 64 reported having been tested for HIV – an increase of 11.4 million since 2006, when CDC recommended that HIV testing become a routine part of medical care for adults and adolescents. This means that 45 percent of all U.S. adults – and 72 percent of adults with a known risk factor for HIV – have been tested at least once.

In addition, in June 2011, DHAP reported that the percentage of people with HIV who know their status in the United States had increased slightly to 80 percent, based on data from the National HIV Surveillance System. Increasing the proportion of people with HIV who know their status is a central component of DHAP's HIV prevention strategy, since most new HIV infections in the United States occur when people who are unaware that they have HIV unknowingly transmit the virus to others.

## III. Supporting Prevention Research

DHAP supports biomedical, behavioral, and operational research to develop new HIV prevention strategies and improve existing programs.

### HIV Pre-Exposure Prophylaxis (PrEP)

The years 2010 and 2011 brought major advances in research on pre-exposure prophylaxis. PrEP is a prevention strategy in which uninfected individuals take a daily dose of antiretroviral HIV medication to reduce their risk of acquiring HIV.

**PrEP for MSM:** In November 2010, researchers reported results from iPrEx, a landmark clinical trial showing that PrEP was effective in reducing HIV transmission among MSM by an average of 44 percent, with higher levels of protection seen among MSM who adhered most closely to the daily regimen. Because the drug shown to be safe and effective in this trial (once-daily pill containing tenofovir plus emtricitabine, brand name Truvada®) is already available for use in the U.S. as an HIV treatment and can be prescribed off-label for prevention, CDC issued interim clinical guidance in January 2011 to help ensure the safe and effective use of PrEP among MSM. This guidance is designed to help inform clinical practice until more detailed guidelines can be developed and underscores the importance of targeting PrEP to MSM and delivering it as a part of comprehensive HIV prevention services that include regular HIV testing and counseling. CDC is now leading national efforts to develop formal Public Health Service guidelines on the use of PrEP.

**PrEP for Heterosexuals:** In July 2011, CDC announced results of its TDF2 study in Botswana, which provided some of the first evidence that PrEP can reduce HIV infection risk in heterosexual men and women. The study, conducted in partnership with the Botswana Ministry of Health, found that PrEP reduced the risk of acquiring HIV infection by 63 percent in the study population of uninfected heterosexual men and women overall. On the same day, the University of Washington released preliminary results of a separate study, called Partners PrEP,

that also found PrEP was effective in reducing HIV transmission among heterosexual couples in which one partner is infected with HIV and the other is not. CDC will examine full data as they become available from these and two other PrEP studies which found different results among women, and will release interim guidance for heterosexuals.

### PARTNER PROFILE

#### Access Community Health Network

Access Community Health Network provides HIV prevention services for a variety of populations at high risk for HIV in Chicago. Access's SISTA II project, supported by \$388,080 from DHAP, integrates three evidence-based HIV prevention interventions for African American women (SISTA, WILLOW and CLEAR) with HIV counseling, testing, and linkage to care services. The organization has provided testing to nearly 2,000 African American women through its SISTA II project to date. Each year, the Access Network provides testing for nearly 20,000 patients.



Participants in skills-training session for women living with HIV

## Comprehensive Prevention Approaches for Hard-Hit Cities

In FY 2011, DHAP provided \$11.6 million for the second year of Enhanced Comprehensive HIV Prevention Planning (ECHPP) demonstration projects in 12 heavily affected cities that represent 44 percent of the total U.S. AIDS cases. ECHPP funding allowed local health departments to identify and begin implementing the mix of HIV prevention approaches likely to have the greatest impact in their communities, based on the profile of their local epidemic and an assessment of the gaps in current HIV prevention programs. While the exact combination of approaches varies by area, all of the ECHPP projects emphasize intensifying HIV prevention and testing for individuals at greatest risk; prioritizing prevention and linkage to care for people living with HIV; and directing these efforts to the populations with the highest burden of HIV.

First-year ECHPP grants were made to support HIV prevention in Chicago, the District of Columbia, Miami, Atlanta, Houston, Los Angeles, Baltimore, New York City, Philadelphia, San Juan, San Francisco, and Dallas.

## Identifying Effective Behavioral Interventions

In 2011, DHAP's HIV/AIDS Prevention Research Synthesis Project (PRS) updated the *Compendium of Evidence-Based Behavioral Interventions* to incorporate new information on HIV risk reduction and treatment adherence for people living with HIV. PRS is a key element of DHAP's ongoing effort to identify the most effective behavioral HIV prevention programs.

## Progress and Challenges in HIV Testing in Emergency Departments

In July 2011, a DHAP-supported supplement to the *Annals of Emergency Medicine* published several studies showing that emergency departments are increasingly offering routine HIV testing but face serious challenges as they work to integrate testing into emergency care protocols. One study found

that 22 percent of emergency departments now offer some form of routine HIV testing, a significant increase from prior years; however, only one-third of those used the opt-out approach recommended by CDC. Other supplement articles included cost-effectiveness studies, outcome-based comparisons of different program approaches, and case studies of HIV testing programs from diverse emergency department settings.

## 2011 National HIV Prevention Conference

In August 2011, more than 3,000 public health, medical, and AIDS community leaders convened at the National HIV Prevention Conference, in Atlanta, Georgia, to share the latest research and discuss innovative strategies to drive down the number of new HIV infections in the United States. The conference featured some 700 scientific presentations on the most critical HIV prevention issues facing the nation today. The meeting, organized by DHAP and co-sponsored by 40 other public and private agencies, is the only major U.S. conference dedicated exclusively to HIV prevention.



Amy Lansky, PhD, MPH, DHAP Deputy Director for Surveillance, Epidemiology and Laboratory Science, addresses the 2011 National HIV Prevention Conference

## IV. Raising Awareness

DHAP develops communications campaigns and partnerships to ensure that all people know the facts about HIV, are aware of their status, and understand how to protect themselves.

### New Act Against AIDS Campaigns

*Act Against AIDS* (AAA) is DHAP's 5-year multi-faceted communications campaign to refocus national attention on the HIV epidemic and increase awareness of the importance of HIV prevention and testing among disproportionately affected populations. In FY 2011, DHAP launched or expanded several AAA campaigns and partnerships.

### New Campaigns for Black Gay and Bisexual Men

In May 2011, DHAP launched *Know Where You Stand*, a new AAA campaign designed to increase HIV testing among one of the populations most affected by HIV – African American gay and bisexual men. Through a series of online, transit, and billboard ads

in 14 cities across the nation, the campaign used the taglines “Know my truth” and “Know more” to encourage men to get tested for HIV.

At the 2011 National HIV Prevention Conference, DHAP previewed *Testing Makes Us Stronger*, the follow-up campaign to *Know Where You Stand*. The new campaign, developed with black MSM for black MSM, launched nationally in November 2011.

### Expansion of Act Against AIDS Leadership Initiative

The Act Against AIDS Leadership Initiative (AAALI) is a partnership between DHAP and leading national organizations representing the populations hardest hit by HIV. In October 2010, DHAP announced the expansion of AAALI, broadening its scope from 11 to 19 organizations representing African Americans, Latinos, and gay and bisexual men.

Since 2009, AAALI partners have coordinated nearly 1,400 HIV awareness events, engaged nearly 400 local chapters and affiliates across the United States in HIV prevention and testing activities, and reached millions more with HIV prevention messages through community outreach, conferences, and media stories.

### Walgreens Takes HIV Testing Mainstream

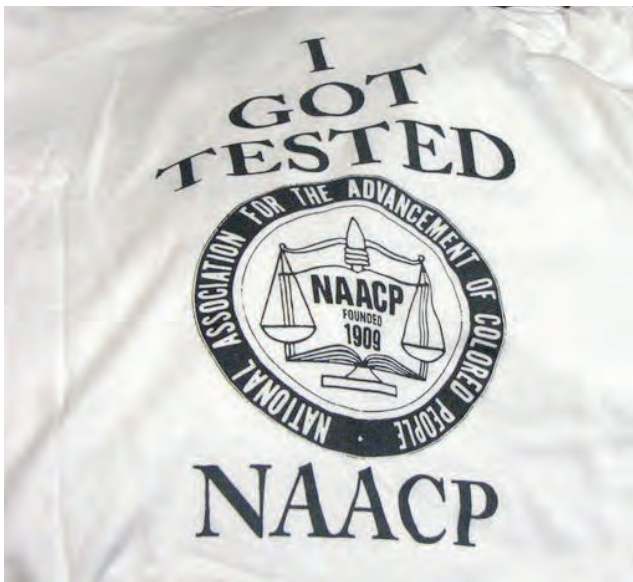
In the spring of 2011, DHAP established a pilot partnership with Walgreens and the Kaiser Family Foundation to offer free HIV testing at 22 Walgreen stores across the United States over a 3-day period leading up to National HIV Testing Day (June 27).

The partnership was designed to promote HIV awareness, testing, prevention, and care, and to support the normalization of HIV testing by offering counseling and testing in innovative settings – in this case, a major national chain of retail pharmacies.





During the initiative, Walgreens and its partners provided nearly 900 free HIV tests, and Walgreens staff and HIV testing providers spoke to an estimated 2,000 customers about the importance of HIV testing. Based on this initial success, efforts are underway to expand the program and to explore the development of dedicated testing and counseling rooms at select Walgreen's locations.



*“The NAACP has joined forces with the Obama administration and the CDC to fight HIV in every corner of our communities. Together, we have committed to extend our collective reach and strength to integrate HIV prevention into everything we do: at our national conventions, through our media outlets and in our local chapters across the nation.”*

**Ben Jealous**

President and CEO  
NAACP (AAALI member)

**PARTNER PROFILE**

**District of Columbia HIV/AIDS, Hepatitis, STD and TB Administration**

HIV in Washington, DC, is marked by very high rates of HIV infection among adults and adolescents. DHAP has supported District of Columbia HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) for many years, including approximately \$10.5 million in FY 2011 for expanded HIV testing, case surveillance, and other prevention programs.

HAHSTA reports encouraging progress in the fight against HIV in the nation's capital. From 2007 to 2009, the number of newly diagnosed HIV/AIDS cases in the District declined by more than 40 percent and newly diagnosed HIV cases attributable to injection drug use decreased by 60 percent.

*“The DC Department of Health is continuously pushing the envelope, advancing our HIV prevention efforts to the community and engaging an ever-growing number of non-traditional venues to join us in the fight.”*

**Nestor Rocha, MPH**

Chief, Bureau of Prevention & Intervention Services  
HAHSTA

# COMMEMORATING 30 YEARS OF HIV/AIDS

The first cases of AIDS were reported in the June 5th, 1981, issue of CDC's *Morbidity and Mortality Weekly*. Since that time, people with HIV, researchers, clinicians, allied health professionals, non-profit organizations, government agencies, activists, and many others have worked to slow the spread of HIV and support those affected by the disease. Despite many successes, there is still much work to be done to stop a disease that has claimed the lives of more than half a million Americans.

To commemorate 30 years of HIV and encourage new dialogue, CDC sponsored *HIV/AIDS: 30 Years of Leadership and Lessons*, a series of lectures and discussions on the past and future of the epidemic. The series brought together many heroes and leaders from the earliest days of HIV, as well as those who are leading the fight against the disease today.



## CDC's Lecture Series Commemorating Three Decades of AIDS

### **Perinatal Prevention: A Success Story** (June 2011)

The Carter Center, Cecil B. Day Chapel

### **From Discovery of HIV to the End of AIDS: A Discussion of Scientific Questions, Past, Present and Future** (June 2011)

Center for AIDS Research  
Woodruff Health Science Center  
Emory University

### **The Evolution of HIV Testing: Then, Now and Beyond** (June 2011)

CDC Global Communication Center

### **Social Injustices, Social Determinants of Health and the U.S. HIV Epidemic** (July 2011)

Morehouse School of Medicine  
National Center for Primary Care

### **HIV Prevention Programs: Perspectives from the Front Lines** (July 2011)

The Martin Luther King, Jr. Center for Nonviolent  
Social Change

### **From Pennsylvania Avenue to Main Street: HIV and Public Health** (August 2011)

Rollins School of Public Health  
Emory University

### **30 Years of Community Leadership, Advocacy and Activism** (August 2011)

2011 National HIV Prevention Conference

### **30 Years of HIV Prevention:**

#### **An Historic CDC Perspective** (August 2011)

2011 National HIV Prevention Conference

### **The Early AIDS Epidemic in the United States: Views from Atlanta and Hollywood** (August 2011)

2011 National HIV Prevention Conference

### **An Unprecedented Crisis, An Unprecedented Response: Three Decades of Commitment to the Fight Against Global HIV/AIDS** (September 2011)

Woodruff Health Science Center  
Emory University



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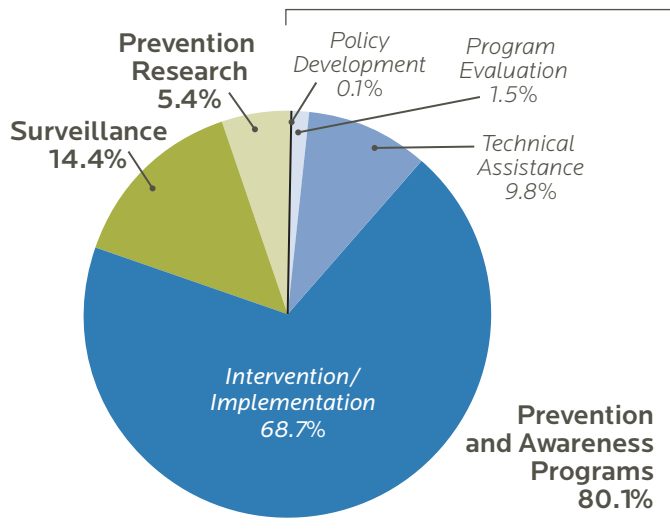


# FY 2011 HIV FUNDING AT CDC

In FY 2011, CDC received \$760 million for HIV prevention through its Infectious Disease budget. Ninety-three percent of this funding directly or indirectly supported programs specifically focused on HIV, while 4 percent was used to support efforts aimed at HIV and related infections (e.g., other STDs, hepatitis C) and 3 percent supported Public Health Service evaluation and other mandatory costs. The following charts provide an overview of DHAP's extramural allocations to specific activities and populations.

**DHAP Extramural Budget  
By Mission Category**

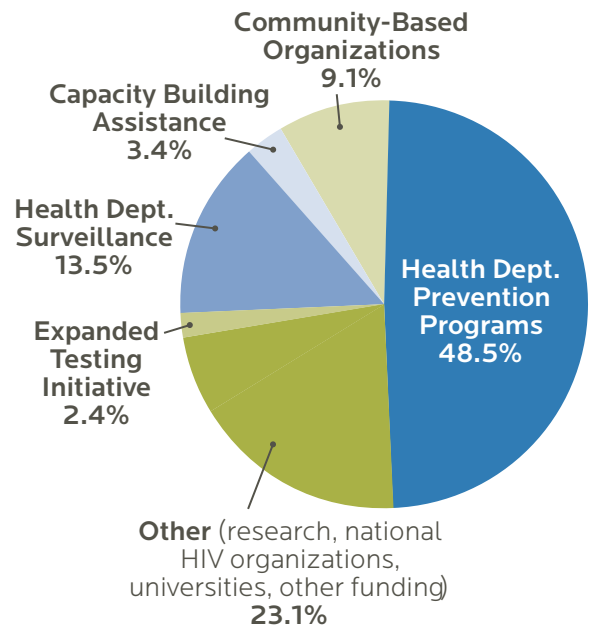
Total: \$621 million



Note: percentages do not add up to exactly 100% due to rounding.

**DHAP Extramural Budget  
by Type of Award**

Total: \$621 million



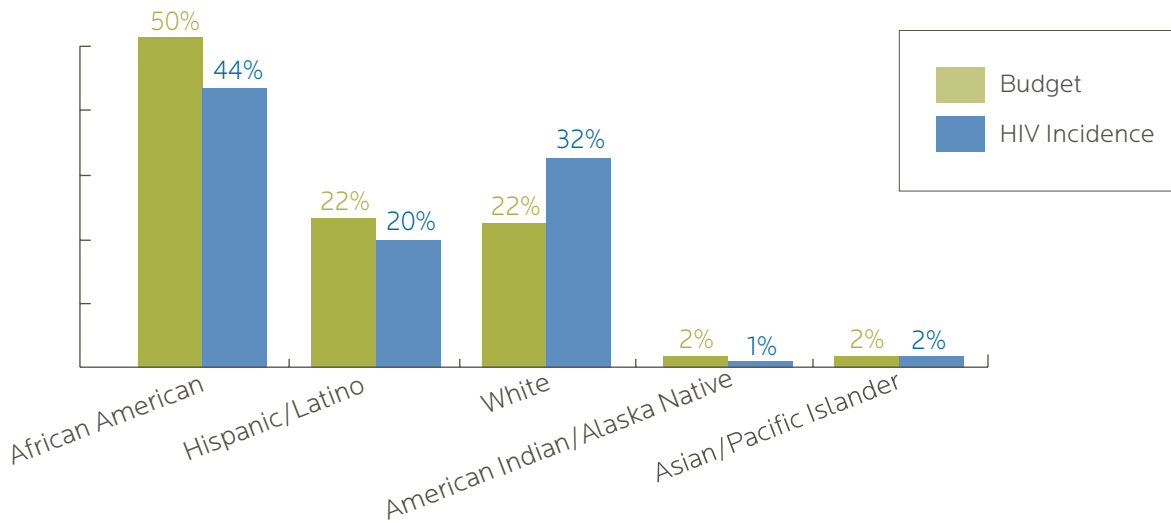
*“The need to do more with existing resources is greater than ever. We are committed to achieving the greatest possible impact with every federal prevention dollar.”*

**Jonathan Mermin, MD, MPH**

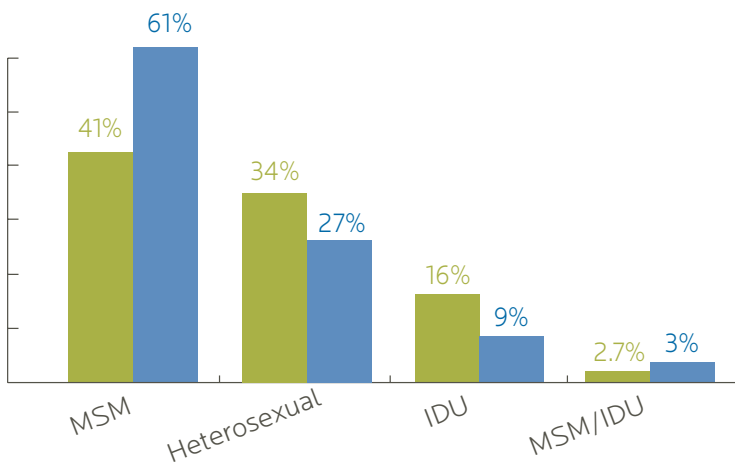
Director, Division of HIV/AIDS Prevention

## DHAP FY 2011 Extramural Budget Compared to the Burden of HIV

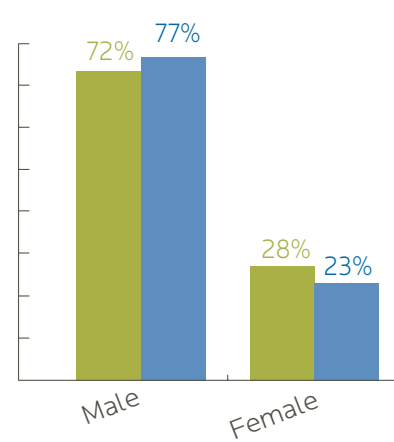
By Race/Ethnicity



By Transmission Category



By Gender



# CDC HIV INFORMATION RESOURCES

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## **CDC Division of HIV/AIDS Prevention**

[www.cdc.gov/HIV](http://www.cdc.gov/HIV)

Comprehensive information on the U.S. HIV epidemic and on DHAP-supported prevention activities.

## **National Prevention Information Network**

[www.cdcNPIN.org](http://www.cdcNPIN.org)

The U.S. reference and referral service for information on HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis. NPIN collects and disseminates data and materials to support the work of HIV/AIDS, viral hepatitis, STD, and TB prevention organizations and workers in international, national, state, and local settings.

## **Diffusion of Effective Behavioral Interventions (DEBI)**

[www.EffectiveInterventions.org](http://www.EffectiveInterventions.org)

CDC information on evidence-based programs to promote healthy behaviors among those at risk for HIV, including best practices and online courses.

## **Gay and Bisexual Men's Health**

[www.cdc.gov/MSMhealth](http://www.cdc.gov/MSMhealth)

A CDC resource for men who have sex with men, with information on how gay and bisexual men can protect their health through all stages of life.

## **Act Against AIDS**

[www.ActAgainstAIDS.org](http://www.ActAgainstAIDS.org)

CDC's communication campaign to refocus national attention on the HIV crisis in America. The website includes information on the many targeted campaigns that are part of *Act Against AIDS*, such as *Testing Makes Us Stronger* for African American gay and bisexual men, *Take Charge. Take the Test.* for African American women, and *HIV Screening. Standard Care.* for health care providers.

## **DHAP HIV Prevention Awards by State and Dependent Area**

[www.cdc.gov/hiv/topics/funding/state-awards/](http://www.cdc.gov/hiv/topics/funding/state-awards/)

Details of CDC's HIV funding awards by state and dependent area (FY 2011). CDC remains committed to reducing the devastating impact of HIV in the United States. Through prevention programs, research and evaluation efforts, surveillance activities, and policy development, CDC is working to ensure resources are used effectively in the fight against HIV.





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