Next Steps: CDC's Response to the New HIV Incidence Estimates for the United States

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Rich Wolitski, PhD] Hello. I'm Rich Wolitski and I'm the Acting Director of the Division of HIV/AIDS Prevention in NCHHSTP at CDC. I'd like to welcome you to this podcast addressing what CDC has been, and will be, doing in response to the new 2006 estimates of HIV incidence in the United States. CDC's 2006 incidence estimates reveal that the epidemic is, and has been for some time, worse than previously estimated. Approximately 56,300 new HIV infections occurred in the United States in 2006, which is 40 percent higher than the previous estimate of 40,000 infections annually.

These findings underscore the necessity of allocating resources where the need is greatest and the need for prevention resources that match the scale of the epidemic. In response to the new estimates, CDC has been and will continue to critically assess and expand its efforts to prevent the spread of this disease. CDC is working in a number of different ways to reduce the number of infected Americans who do not know their HIV status. We recommended in 2006 that all Americans between the ages of 13 and 64 receive voluntary screening for HIV and are working with key stakeholders to increase the implementation of these recommendations.

In addition, CDC has also provided \$82 million in additional resources to increase testing in the 22 areas with the highest rates of HIV/AIDS among African Americans. CDC is also working to increase the number of interventions with proven effectiveness. We are conducting research to develop new interventions for communities hardest hit by the epidemic and expand training and technical assistance on effective interventions. Later this year, CDC will begin dissemination of "D-Up!," a community-level intervention for black gay and bisexual men, and will be rolling out even more effective interventions later this year and in 2009.

Furthermore, CDC is working to develop and widely implement social marketing campaigns that are designed to increase knowledge of HIV status and promote HIV risk reduction. One of these campaigns, Take Charge, Take the Test, is for African American women and has been shown to increase HIV testing and the identification of new cases of HIV infection. Additionally, a multi-million dollar social marketing campaign aimed at gay and bisexual men is being developed and planning for other campaigns is underway.

CDC is working to improve our ability to monitor HIV prevention programs and their impact, and to increase accountability for ensuring that scarce prevention resources are being directed to those who are most in need of prevention interventions and services. CDC will continue to work with state and local health departments to ensure that the allocation of resources matches the local epidemic and provide health departments with more than \$4 million in new money this year to re-assess and strengthen prevention efforts for gay and bisexual men.

We also recognize the need for a bold and innovative plan for the future. CDC supports calls for development of a comprehensive HIV prevention plan for the United States. With regard to CDC's own plans, we are planning an external review of CDC's HIV surveillance, research, and prevention efforts

that will provide the foundation for the development of a clear and specific road map for HIV prevention, with measurable objectives, that will take us through the year 2020.

In conclusion, the new incidence estimates underscore the need to expand access to HIV prevention and for prevention resources that match the scale of the epidemic. In response to the new estimates, CDC has been and will continue to critically assess and expand its efforts to prevent the spread of this disease. CDC's new and innovative HIV incidence surveillance system is a vital component of HIV prevention in the United States.

The use of this new system signifies a major advancement in our nation's ability to monitor and evaluate HIV prevention. Specifically, the new system makes the following possible: better targeting of prevention programs, more precision with which to measure progress, more compelling reasons for communities to mobilize against the spread of HIV and more specific information to inform resource allocation decisions.

Thank you for joining us today, and for your continued efforts to end this epidemic. For more information, please visit CDC's Web site at www.cdc.gov/hiv. Thank you.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.