

NCHHSTP

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS,
STD, AND TB PREVENTION

Strategic Plan Through 2020

Executive Summary

Updated December 2015



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

NCHHSTP's vision:

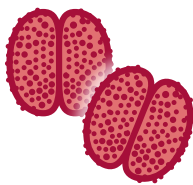
A future free of HIV, viral hepatitis, STDs, and tuberculosis

NCHHSTP's mission:

Save lives, protect people, and reduce health disparities associated with HIV, viral hepatitis, STDs, and TB

Every year, millions of Americans are infected with HIV, viral hepatitis, STDs, or TB and tens of thousands die from their infection. Most of these infections share commonalities, from modes of transmission to demographic, social and economic conditions that increase risk. CDC's National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP) leads prevention and control efforts to reduce incidence, morbidity, mortality, and health disparities due to these infections.

Focus Diseases



20
MILLION

STDs Nearly **20 million STDs** occur in the U.S. each year; about half occur among **teens and young adults**. STDs can cause infertility, ectopic pregnancy, cancer, and increased HIV risk. The healthcare costs from new STDs, excluding HIV, that occur each year, are approximately \$3.7 billion.



1.2
MILLION

HIV More than **1.2 million persons** in U.S. are infected with HIV. Estimated lifetime **treatment costs are \$402,000 per person** living with HIV.



4.4
MILLION

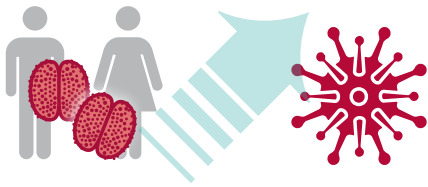
Viral Hepatitis Approximately **4.4 million people** are living with chronic viral hepatitis infection. Viral Hepatitis is the **leading causes of liver cancer and liver transplants** in the U.S. Curing hepatitis C costs \$45,000 to \$94,000 per person.



MILLIONS
AT RISK

Tuberculosis Fewer than **10,000 cases of TB occur annually in the U.S.** **Up to 13 million Americans are infected** with the bacteria that cause TB. Without treatment, these **Americans are at risk of developing active TB** disease. Drug susceptible TB costs, on average, \$17,000 per year to treat, a figure that rises to \$134,000 if the person has multiple drug resistant TB, and \$430,000 if the case is extensively drug resistant.

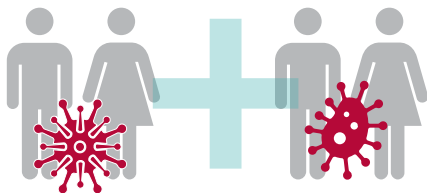
Disease Interactions



Infection with **syphilis or gonorrhea** **increase the risk of** acquiring or transmitting **HIV**.



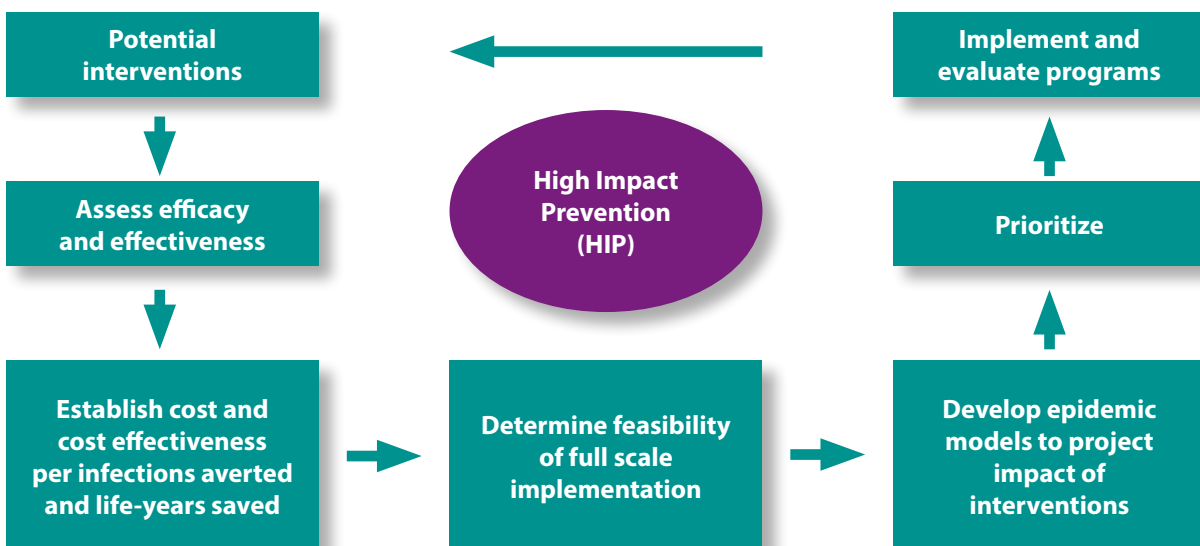
Infection with **HIV** makes a person **more susceptible to TB** disease.



Co-infection with HIV and either Hepatitis B or Hepatitis C increases the risk for liver-related morbidity and mortality.

Guiding principle: High Impact Prevention

Through high impact prevention, NCHHSTP prioritizes cost-effective and scalable programs, policies, and research to achieve the greatest public health impact possible. It recognizes that all interventions are not effective and all effective interventions are not equally scalable or cost-effective.



Key Strategies

Strategy	What We Will Do	Expected Outcome
Using Data for Program Improvement	Target, prioritize, and improve programs using surveillance data; other program data; and modeling, evaluation and research results	More timely, accurate, and complete data on risk behaviors and infections. Improved program planning and performance.
Scientific Discovery and Evaluation	Address critical scientific gaps by identifying, developing and evaluating interventions, policies and technologies	Tools and knowledge needed to increase the effectiveness, efficiency and impact of HIV, viral hepatitis, STD and TB prevention programs.
Increase Knowledge and Adoption of Healthy Behaviors	Increase knowledge of HIV, viral hepatitis, STDs, and TB, and promote adoption of behaviors that prevent infection and associated morbidity and mortality	Adults and adolescents with the knowledge and skills to establish healthy behaviors, connect to health services, and avoid HIV, viral hepatitis, STD, TB, and unintended pregnancy. Public health and health care professionals with the information and necessary skills to conduct effective control programs and provide prevention and care services.
Prevention through Healthcare	Maximize opportunities afforded by the healthcare system for preventing infections, morbidity and mortality	A healthcare system that addresses the needs of patients in a more holistic manner, with improved quality and delivery of recommended preventive services for HIV, viral hepatitis, STDs and TB.
Program Collaboration and Service Integration	Promote better collaboration across divisions in design and implementation of surveillance, research, communication, and prevention programs to support service integration and utilize Center and partner resources most effectively	Improved effectiveness and efficiency of NCHHSTP funded prevention and control programs, with shared capacity that can be used across programs.
Organizational Excellence	Support excellence in science and program ; ensure efficient business and scientific administration ; implement effective communication and policies ; enhance skills of current staff; and develop the NCHHSTP public health workforce	Improved quality of NCHHSTP scientific, programmatic and policy endeavors, as well as managerial and administrative activities. An effective NCHHSTP workforce that is able to meet today's public health challenges.

NCHHSTP Goals and Indicators of Progress

NCHHSTP has established three priority goals, and a small set of measurable indicators of progress. Additional critical program indicators are monitored by NCHHSTP divisions and funded programs. The current set will be amended and updated to reflect changes to national plans or if additional or improved data become available.

Goal 1: Decrease incidence of infection

Indicator	Current Result	2020 Target
1.1 Reduce rate of new diagnoses		
1.1.a HIV	13.3/100,000 (2013)	9.7 new diagnoses per 100,000 population
1.1.b Acute hepatitis B in adults 19 and older	1.26 symptomatic cases per 100,000 population (2013)	0.5 symptomatic cases per 100,000
1.1.c Acute hepatitis C	0.7 symptomatic cases per 100,000 population (2013)	0.25 symptomatic cases per 100,000 population
1.1.d TB	3.0 cases per 100,000 (2013)	1.4 cases per 100,000 population
1.2 Reduce the annual rate of increase of primary & secondary syphilis	10% (2012 to 2013)	5%
1.3 Increase the percentage of high school students nationwide who abstained from sexual intercourse or, if currently sexually active, who used a condom during last sexual intercourse	86.3% (2013)	90.6%

Goal 2: Decrease morbidity and mortality

Indicator	Current Result	2020 Target
2.1 Reduce deaths		
2.1.a HIV	18.0 deaths per 1,000 persons with diagnosed HIV infection (2012)	15.5 deaths per 1,000 persons with diagnosed HIV infection
2.1.b Hepatitis B	1,873 (2013)	1,754
2.1.c Hepatitis C	19,368 (2013)	16,370

Indicator	Current Result	2020 Target
2.2 Increase the percentage of HIV-diagnosed persons aged 18 years and older whose most recent HIV viral load test in the past 12 months showed that HIV was suppressed	50.1% (2012)	80%
2.3 Increase the proportion of gonorrhea-infected patients treated with a CDC-recommended antibiotic regimen	80.8% (2012)	90%
2.4 Increase the percentage of people who are aware of their infection		
2.4.a HIV	87.2% (2012)	90%
2.4.b Hepatitis B	33% (2009)	66%
2.4.c Hepatitis C	49% (2002-2011)	66%
2.5 Increase the percentage of sexually experienced high school students nationwide who have been tested for HIV	22.4% (2013)	24.6%
2.6 Increase HIV testing among STD clinic patients who are diagnosed with an acute STD	72% of clinic visits in 2012	79%
2.7 Increase the percentage of young sexually active females who were screened for <i>Chlamydia trachomatis</i> infection	Women 16-20: 45.1% Women 21-24: 53.2% (2013)	Women 16-20: 49.6% Women 21-24: 58.5%

Goal 3: Decrease health disparities

Indicator	Current Result	2020 Target
3.1 Reduce the rate of new diagnoses among racial/ethnic populations with rates above the national average		
3.1a Estimated rate of new HIV diagnoses (national: 12.6/100,000 in 2013)	Black or African American: 55.9/100,000 Hispanic or Latino: 18.7/100,000	Black or African American: 37.0/100,000 Hispanic or Latino: 10.1/100,000

Indicator	Current Result	2020 Target
3.1b Reported rate of TB (national rate: 3.1/100,000 in 2013)	Asian: 19.0/100,000 Native Hawaiian or Other Pacific Islander: 12.8/100,000 Hispanic or Latino: 5.0/100,000 Black or African American: 5.4/100,000 American Indian or Alaska Native: 6.1/100,000	Asian: 14.9/100,000 Native Hawaiian or Other Pacific Islander: 5.5/100,000 Hispanic or Latino: 2.1/100,000 Black or African American: 2.9/100,000 American Indian or Alaska Native: 2.6/100,000
3.2 Reduce new HIV infections among high-risk populations: –Gay and bisexual men –Young Black gay and bisexual men –Black females –People living in the southern United States	Gay and bisexual men: 23.0/100,000 (2013) Young Black gay and bisexual men: 119.1/100,000 (2013) Black females: 1.4/100,000 (2013) People living in the southern United States: 0.4/100,000 (2013)	Gay and bisexual men: 17.4/100,000 Young Black gay and bisexual men: 93.0/100,000 Black females: 1.4/100,000 People living in the southern United States: 0.28/100,000
3.3 Reduce the number of TB cases in foreign-born persons per 100,000 per year	15.6 per 100,000 (2013)	11.1 cases per 100,000
3.4 Increase the percentage of HIV-diagnosed persons whose most recent HIV viral load test in the past 12 months showed that HIV was suppressed –Youth aged 13-24 years –Persons who inject drugs (PWID)	Youth aged 13-24 years: 38.0% (2012) PWID: 42.8% (2012)	Youth aged 13-24 years: 80% PWID: 80%
3.5 Reduce the percentage of sexual minority male high school students in major urban centers who have engaged in HIV/STD risk behaviors	34.1% (2013)	30.7% (2019)



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