



## HIV Prevention to End the HIV Epidemic in the United States

# INDIANA

CDC awarded **\$7.98M** to health departments and community-based organizations in Indiana for HIV prevention and care activities, including **\$2.57M** in *Ending the HIV Epidemic (EHE)* funding.

CDC collects and disseminates data on **6 key EHE indicators**. Current data are available online at [AtlasPlus](#) and on [HHS AHEAD](#) for each jurisdiction.

### Hoosiers

with HIV will face an average lifetime cost of

**\$510,000**

to treat their infection  
(2020 dollars).



**DIAGNOSE:** Diagnose all people with HIV as early as possible

**17%**

of Hoosiers with HIV are **unaware of their status**, which means they aren't getting the HIV care they need.

**540**

**new HIV infections** occurred in Indiana.

**25,196**

**HIV tests were provided** in **Indiana** with CDC funding. HIV testing enables people to know their HIV status.

### How CDC Dollars Can Improve DIAGNOSES:

- **Expand** routine screening of people in health care settings
- **Increase** testing in non-traditional settings (e.g., jails, emergency departments, street-based services)
- **Increase** access to and use of HIV self-tests
- **Integrate** STI and viral hepatitis screening into HIV testing services



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



## TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression

There are **13,900** people with HIV in **Indiana**. **Linking people with HIV to care within one month** is a critical step to providing rapid access to HIV medicines.

**60% of Hoosiers** with diagnosed HIV are **virally suppressed**.

When a person with HIV takes their medicine regularly, they become virally suppressed, allowing them to live a long and healthy life and have effectively no risk of sexually transmitting HIV.

### How CDC Dollars Can Improve TREATMENT:

- **Expand** access to telemedicine
- **Develop** networks to rapidly link persons with recently diagnosed HIV to care services
- **Integrate** HIV, STI, and hepatitis treatment to holistically address the syndemic



## PREVENT: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

**Syringe Services Programs (SSPs)** are community-based public health programs that provide access to services **to prevent HIV and viral hepatitis infections and address other syndemic issues**.

**10 counties in Indiana** were determined by CDC to be experiencing or at risk of an HIV outbreak or significant increase in hepatitis infections due to injection drug use.

**9 SSPs** operate in **Indiana\***

### How CDC Dollars Can Improve PREVENTION:

- **Increase** access to and awareness of PrEP through innovations such as TelePrEP, a critical prevention tool in the context of COVID-19
- **Expand** access to SSPs and their capacity to provide integrated prevention services including PrEP
- **Implement** a status neutral approach to HIV prevention



## RESPOND: Respond early to potential HIV clusters or outbreaks to get prevention and treatment services to people who need them

**86** Rapidly growing clusters nationally



Cutting-edge public health approaches turn HIV data into action by identifying areas with rapid transmission and expanding resources to maximize prevention and treatment efforts.

### How CDC Dollars Can Improve RESPONSE:

- **Direct** prevention and treatment resources to priority populations
- **Promote** equity in health services
- **Build** a competent workforce to address response activities



### How CDC Dollars Can Build Workforce Capacity

**CDC is providing funds to build a competent HIV prevention workforce that is representative of the communities they serve.**

CDC offers technical assistance and HIV prevention trainings to build workforce capacity.

**Nationally, learners from 216 unique organizations completed 565 HIV prevention courses with the most requested content area being increasing awareness of, access to, and adherence to PrEP.**

\* These data were pulled on 1/13/2022 from NASEN (<https://nasen.org/>) and only represents SSPs who have authorized NASEN to publish their information.