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CDC

CENTERS FOR DISEASE CONTROL

STRATEGIC PLAN FOR PREVENTING HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

July 8, 1992

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

HIV/ODD(HIV)/6-92/026

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STRATEGIC PLAN FOR PREVENTING HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

PREFACE

The Centers for Disease Control (CDC) HIV-related mission is *to prevent HIV infection and reduce associated morbidity and mortality in collaboration with community, state, national, and international partners.*

The challenge of preventing further spread of HIV infection will require our greatest efforts in the 1990s. We must continue to direct our prevention programs toward special population groups including school students, health-care workers, injecting drug users, youth engaging in high-risk behaviors, women, and men who have sex with men. Surveillance efforts have shown that sexual transmission, particularly among men who have sex with men, continues to account for the majority of reported AIDS cases in the United States. However, surveillance has also documented the increasing role of injecting drug users in HIV transmission. The continued use of cocaine and exchange of sex for drugs also create new risks and challenges for the 1990s.

Challenges to HIV prevention are also presented by the multicultural and multiracial nature of our society. Additionally, we must consider other social and economic factors, such as poverty, underemployment, and poor access to the health-care system, that disproportionately affect racial and ethnic minority populations, and also impact on and are intertwined with efforts to prevent HIV infection.

In all communities, effective plans for the prevention and control of HIV infection must take into account the local characteristics of the epidemic and the community resources available to help those at risk. Community representatives, therefore, must be deeply involved in planning and implementing prevention programs for their own areas.

To meet these challenges, we must work in close collaboration with our community as well as state, national, and international partners in implementing new and more effective strategies to prevent the spread of HIV infection.

INTRODUCTION

The CDC began in 1989 to develop a strategic plan-a blueprint for preventing HIV infection and AIDS. This plan is based on the knowledge and experience gained in facing the challenges of the HIV epidemic during the 1980s and from CDC's experience in prevention efforts with other diseases.

Phase I of the *CDC Plan for Preventing HIV Infection-A Blueprint for the 1990s* clarified CDC's HIV mission and established four primary goals that are common to virtually all preventive public health programs:

- Assessing risks
- Developing prevention technologies
- Building prevention capacities
- Implementing prevention programs

Phase II built upon the broad strategy of Phase I by focusing on four important population groups at increased risk for HIV infection:

- Women and infants
- Injecting drug users
- Youth in high-risk situations
- Men who have sex with men

Phase III, which is presented in this document, outlines agency direction and intent and channels energies and resources toward those programs which will have the greatest prevention impact on HIV infection in the first half of the 1990s. The major strategic areas of the plan include five Critical Success Factors:

- Strengthen current systems and develop new systems to accurately monitor the HIV/AIDS epidemic, as a basis for assessing and directing HIV prevention programs;

- Increase public understanding of, involvement in, and support for HIV prevention;

- Implement comprehensive school health education programs to prevent the initiation of risk behaviors that lead to HIV infection and other health problems;

- Prevent or reduce behaviors or practices that place persons at risk for HIV infection; and

- Increase individual knowledge of HIV serostatus and improve referral systems to appropriate prevention and treatment services.

In developing the CDC HIV strategic plan, three basic questions are addressed:

What is our vision for HIV prevention?

A mutually supportive network of high quality public health programs at local, state, national, and international levels that will achieve a significant reduction in HIV infection rates and improved health care and quality of life for the HIV infected.

Where do we want to be in 1995?

Each of our five Critical Success Factors has four basic goals and establishes specific measurable objectives describing what we expect to achieve by 1995.

How do we get there?

Each of the Critical Success Factors establishes strategies (related to Phase I) and corresponding action steps which clarify how we hope to reach our goals and objectives by 1995.

The CDC HIV strategic plan defines the agency's direction and intent, unifies purpose, and establishes the basis for CDC's approach in the prevention of HIV infection in the first half of the 1990s. The plan represents CDC's planning tool and must be viewed as a flexible document rather than a final product. An active management structure and process must be in place to ensure that the plan is refined and adapted to accommodate the changing nature of the HIV epidemic.

Planning Assumptions

In developing the HIV strategic plan, CDC considered a number of assumptions in establishing the appropriate context for the plan. The following planning assumptions represent the essential principles on which the plan is based:

- HIV infection can be prevented since it is transmitted in a limited number of ways: sexually, parenterally, and perinatally.
- Prevention is an important, cost-effective component of the control of HIV infection.
- The sensitive nature of the data required (drug-use and sexual behavior and serostatus) to monitor the HIV epidemic and to evaluate interventions adds a level of complexity not found in most other CDC programs.
- Successful prevention efforts require confidentiality or freedom from discrimination.
- Better understanding and knowledge of the virus and modes of HIV transmission will reduce discrimination and inappropriate behavior.
- Prevention efforts should be guided by the best available scientific knowledge.
- Sexual and drug-use behaviors are the major, although not necessarily the only, determinants of HIV transmission.
- Preventing the initiation of high-risk behaviors is preferable to attempting to change these behaviors; ideally, HIV education should reach children before they develop lifelong patterns of high-risk sexual activity and drug use.
- An individual's knowledge of his/her own HIV serostatus and CD4+ count is important for both preventing spread of HIV to others and accessing early intervention services.
- HIV causes a lifelong, persistent infection usually leading to progressive illness and death.
- No vaccine or cure currently exists. However, several therapies are available to help improve the quality of life for persons infected with HIV.
- Public opinion may influence which prevention activities can be supported with public resources.
- Since the HIV epidemic consists of multiple subepidemics, successful public health prevention programs must be appropriate to the population groups being addressed.
- Successful prevention of HIV transmission requires individual effort as well as the collective participation of local, state, national and international partners.

- Involvement of representatives of communities or groups disproportionately affected by the epidemic in planning and implementing HIV prevention programs is necessary to enhance acceptance and effectiveness.

- Prevention activities will be enhanced by the availability of medical and social services.

- Services for prevention of unintended pregnancy among infected women and among women at high risk for HIV infection are important HIV prevention strategies.

- Evaluation is critical for determining the effectiveness of HIV prevention programs.

- Program needs can be expected to grow at a pace that will probably exceed available resources, emphasizing the need to prioritize and meet the challenges reflected by the dynamic nature of the problem.

CRITICAL SUCCESS FACTOR I: MONITOR THE HIV EPIDEMIC

GOAL: Strengthen existing systems and develop new systems to accurately monitor the HIV epidemic as a basis for assessing and directing prevention programs.

OBJECTIVE 1A: By 1995, all states and major cities will have in place confidential HIV infection reporting systems that are linked to medical, social, and prevention services.

OBJECTIVE 1B: By 1995, improved understanding of the natural history of HIV infection as well as the risk factors and protective factors for sexual, drug-related, health-care worker-related, and perinatal HIV transmission will have contributed to more effective prevention strategies for all affected populations.

Assess Trends and the Natural History of HIV Disease.

- Implement standardized confidential HIV infection reporting systems throughout the United States.
- Assess the interrelationship of behaviors, HIV markers and surrogates, and their potential role in surveillance systems.
- Assess the interaction of socioeconomic, behavioral, and biologic factors in HIV transmission.
- Determine the role of female-specific biological factors that are linked to acquisition and transmission of HIV infection and that influence the course of HIV disease.
- Determine factors contributing to the efficiency of sexual transmission of HIV.
- Assess the risk of transmission of HIV and TB from HIV-infected health-care worker (HCW) to patient and from HIV-infected patient to HCW.
- Analyze the natural history and transmission of tuberculosis in HIV-infected persons including health-care settings.
- Develop and implement surveillance technologies.
- Develop systems to monitor the emergence of multidrug-resistant tuberculosis in HIV-infected persons throughout the United States.
- Continue to develop improved methods for projecting or modeling the HIV epidemic.

- Develop and implement improved pediatric HIV surveillance.
- Develop and implement improved HIV-2 surveillance.
- Develop methods to differentiate HIV-specific antibodies generated in participants in HIV vaccine trials from those generated in response to HIV infection.
- Develop methods to identify potential cases of HCW-to-patient HIV transmission.
- Expand HIV reporting systems to collect information about primary and secondary HIV prevention services needed and received by HIV-positive clients (in collaboration with Health Resources and Services Administration).
- Work with providers and users of laboratory services to develop and implement systems which provide assurance that the capacity and quality requirements for HIV testing are met.

Strengthen Surveillance Capacities.

- Work with international partners to study tuberculosis, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS.
- Improve methods to gather timely HIV incidence data.
- Share with prevention partners information on the need for and benefits of HIV reporting.
- Assist public health and private sector laboratorians in implementing new technologies to provide laboratory support for the surveillance objectives.

Evaluate Surveillance Technologies.

- Develop methods to integrate various sources of data (e.g., surveillance data, counseling and testing data) and to describe progress in HIV prevention.
- Develop methods to evaluate the use of HIV infection and AIDS surveillance systems to assess early intervention strategies.

CRITICAL SUCCESS FACTOR II: IMPROVE PUBLIC UNDERSTANDING OF THE HIV EPIDEMIC

GOAL: Increase the public understanding of, involvement in, and support for HIV prevention.

OBJECTIVE 2A: By 1995, at least 95% of the public will be able to identify correctly the three primary modes of HIV transmission: sexual activity, sharing drug-injection equipment, and from infected mother to infant.

OBJECTIVE 2B: By 1995, at least 90% of the public will know that the AIDS virus is not transmitted by donating blood; working with someone infected with HIV; attending school with someone infected with HIV; sharing plates, forks, or glasses with someone infected with HIV; being coughed or sneezed on by someone infected with HIV; or using public toilets.

OBJECTIVE 2C: By 1995, at least 95% of the public will know that abstinence, having a mutually monogamous sexual relationship with an uninfected person, and the proper use of condoms are effective means of preventing HIV and other sexually transmitted infections.

Assess Trends in Public Knowledge and Institutional Behaviors.

- Monitor changes in public knowledge about how HIV is and is not transmitted.
- Adopt, refine, and develop measures to correlate public knowledge change with mass media public information and education programs.
- Monitor business policies and employee education programs regarding HIV and AIDS.
- Develop methodologies to measure community mobilization or changes in institutional behavior in relation to mass media public information and education programs.

Develop and Implement Intervention Activities.

- Develop new mass media messages (based on emerging data), in collaboration with the public health system and with international, national, state, and local private sector organizations and agencies, to explain both the transmission and prevention of HIV infection.
- Expand the relationship between CDC and the entertainment industry to improve messages and role modeling for HIV prevention.

- Develop communication interventions with appropriate organizations (business, religious, voluntary, civic, medical, social, legislative, media) to ensure that consistent, accurate HIV prevention information is provided to the public.

- Develop community coalitions for HIV prevention using mass media campaigns.

- Implement a Business Responds to AIDS initiative to develop HIV prevention and service programs for the workplace and the community.

- Coordinate and disseminate information messages through the media that explain new scientific findings and policies concurrent with the release of new scientific information.

Strengthen Intervention Capacities.

- Sponsor and participate in national meetings of businesses and religious, civic, medical, social, and voluntary agencies which conduct HIV prevention and service programs.

- Develop leadership of health/education officials to effectively deliver HIV prevention messages through partnerships with the U.S. Conference of Mayors, the National Conference of State Legislatures, and other organizations.

Evaluate Intervention Activities.

- Evaluate the role of communications in changing individual knowledge, community norms, and individual behavior through establishment of model programs.

- Expand the relationship between CDC and academic experts in mass communications to develop methods for measuring the impact of mass media on individual and community behaviors.

- Develop ways of measuring the mobilization of community groups (changes in community norms, community capacity).

CRITICAL SUCCESS FACTOR III: PREVENT RISK BEHAVIORS AMONG STUDENTS

GOAL: Implement comprehensive school health education programs to prevent risk behaviors that cause HIV infection and related health problems.

OBJECTIVE 3A: By 1995, increase by 15% the proportion of school districts that require age-appropriate HIV education at each grade level, K-12, especially at grades 9-12, preferably as part of a comprehensive school health education program.

OBJECTIVE 3B: By 1995, increase by 15% the proportion of colleges and universities that provide HIV education for students and staff, preferably as part of an institution-wide health promotion program.

OBJECTIVE 3C: By 1995, decrease by 10% at each grade level the proportion of 9th-12th grade students who report they have engaged in sexual intercourse.

OBJECTIVE 3D: By 1995, among 9th-12th grade students who report they have engaged in sexual intercourse, decrease by 10% the proportion who report they engaged in intercourse during the past 3 months.

OBJECTIVE 3E: By 1995, among 9th-12th grade students who report they have engaged in sexual intercourse during the past 3 months, increase by 10% the proportion who report they used a condom at last intercourse.

OBJECTIVE 3F: By 1995, decrease by 10% the proportion of 9th-12th grade students who report they have injected illicit drugs.

Assess Trends in School Programs and Risk Behaviors.

- Monitor state-level policy and program requirements that support effective HIV education within comprehensive school health education programs.
- Monitor district-level policy and program requirements that support effective HIV education within comprehensive school health education programs.
- Monitor the provision by the Nation's schools of HIV education with comprehensive school health education programs.
- Monitor the prevalence of behaviors that cause HIV infection and related health problems among school and college students.

Develop and Implement Intervention Activities.

- Implement, and revise as necessary, CDC guidelines for effective school health education to prevent the spread of HIV infection.

- Enhance the capacity of state and local education agencies to develop and implement effective HIV education within comprehensive school health education programs.

- Enhance the capacity of colleges and universities to provide HIV education for students and staff, preferably as part of an institution-wide health promotion program.

- Ensure the integration of education to prevent HIV infection, other sexually transmitted diseases, and use of alcohol and other drugs among youth.

Strengthen Intervention Capacities.

- Strengthen the capabilities of state and local departments of education and health to collaboratively help schools, colleges and universities implement effective HIV education programs for youth.

- Increase the effectiveness of HIV education for youth served by state and local departments of education and colleges and universities through the efforts of selected national organizations.

- Enhance the capacity of state and local agencies to help prevent HIV infection and HIV-related health problems among youth through the efforts of training and demonstration centers established for state and local departments of education and colleges and universities.

- Establish a teacher training center in every interested state to help teachers provide effective HIV education within comprehensive school health education program.

- Identify and disseminate, through training and demonstration centers and through teacher training centers, HIV education programs that have been shown to be effective in reducing behaviors that cause HIV infection and related health problems.

Evaluate Intervention Capacities.

- Conduct formative evaluations of state and local departments of education policies, curricula, teacher training, and school efforts to prevent behaviors that cause HIV infection and related health problems.

- Develop a standardized report for each state to profile the nature of priority health problems and risk behaviors among youth in that state and school efforts to prevent these problems and behaviors.

- Conduct evaluations of the effectiveness of existing school-based interventions to reduce behaviors that result in HIV infection and related health problems.

- Develop state-of-the-art school-based interventions and evaluate their effectiveness in reducing behaviors that result in HIV and related health problems.

- Conduct and apply meta-evaluations of existing research data about the effectiveness of school-based interventions in reducing health risks behaviors among adolescents.

CRITICAL SUCCESS FACTOR IV: PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV

GOAL: Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, or, if already infected, place others at risk.

OBJECTIVE 4A: By 1995, at least 90% of individuals with known HIV infection will be abstinent or will have used a condom at last sexual intercourse, and at least 50% of individuals who have engaged in high-risk sexual behaviors within the past 12 months will be abstinent, in a mutually monogamous relationship, or have used a condom at last sexual intercourse.

OBJECTIVE 4B: By 1995, at least 75% of injecting drug users will have stopped injecting drugs or used sterile or decontaminated injection equipment at last injection.

OBJECTIVE 4C: By 1995, at least 80% of the health care and public safety workplaces will implement programs and procedures for preventing HIV transmission at work sites.

OBJECTIVE 4D: By 1995, reduce unintended pregnancies to no more than 40% of pregnancies among women with or at risk for HIV infection.

OBJECTIVE 4E: By 1995, the number of individuals donating blood and found to be infected with HIV at the time of donation will decrease by 50% through self-deferral.

OBJECTIVE 4F: By 1995, among selected populations of youth in high-risk situations, increase by 10% the proportion who report they used a condom at last sexual intercourse.

Assess Risk Levels and Trends in Behaviors.

- Collaborate with prevention partners to assess risk behaviors and practices in selected communities to provide baseline and trend data for each behavioral objective identified in this goal.

- Collaborate with international prevention partners in assessing baseline risk levels and measuring trends in sexual practices in selected developing countries.

Develop and Implement Intervention Activities.

- Identify barriers to implementation of HIV prevention programs at community, state, and national levels.

- Collaborate with selected communities in developing and implementing a model behavioral intervention program that comprehensively addresses community needs and utilizes available community resources and prevention partners in selected sites.

- Design, develop, and test effective community-level interventions to change risk behaviors through altering community norms and values to support healthy behaviors.

Strengthen Intervention Capacities.

- Expand the community's capacity to plan, implement, and evaluate culturally competent and linguistically specific HIV prevention guidelines and programs tailored to the needs of specific populations.

- Enhance the capacity of CDC staff to plan, administer, and evaluate behavioral change strategies and community-based interventions to provide public health leadership and assist our prevention partners in designing and managing effective strategies for HIV prevention programs.

- Enhance the capacity of local health departments and other relevant community agencies to collaboratively provide effective HIV education for youth in high-risk situations.

Evaluate Intervention Strategies.

- Establish scientifically-based evaluation components for each CDC HIV prevention activity.

- Use evaluation of components to design or refine HIV prevention programs and/or redirect HIV prevention resources.

CRITICAL SUCCESS FACTOR V: INCREASE INDIVIDUAL KNOWLEDGE OF HIV SEROSTATUS AND IMPROVE REFERRAL TO APPROPRIATE PREVENTION AND TREATMENT SERVICES

GOAL: Increase individual knowledge of serostatus and strengthen systems for successful referral for early intervention services.

OBJECTIVE 5A: By 1995, at least 85% of the estimated 1,000,000 HIV-infected individuals will know their HIV serostatus.

OBJECTIVE 5B: By 1995, at least 90% of health care sites receiving public funds and serving at-risk persons will provide appropriate HIV counseling and testing services.

OBJECTIVE 5C: By 1995, at least 80% of known HIV-infected individuals, either directly or through referral, will receive appropriate primary and secondary prevention services.

Assess Knowledge and Referral Trends.

- In collaboration with governmental and nongovernmental prevention partners, develop and field-test a process for community-level assessments of needed primary and secondary HIV prevention services.

- In collaboration with CDC's prevention partners, develop and implement community and national level methodologies to estimate the:

  1. Number of HIV-infected persons
  2. Number of HIV-infected persons who know their status
  3. Number of HIV-infected persons who receive needed services

- Identify opportunities for common HIV prevention data collection and development of uniform data sets.

Develop and Implement Intervention Activities.

- Develop a specific public information campaign at the state and Federal level promoting the benefits of knowing one's serostatus.

- Use community-based organizations, national minority organizations, and other prevention partners to promote the benefits of knowing one's HIV serostatus.

- Encourage publicly funded HIV counseling and testing sites to promote their services through activities such as advertising, public information campaigns, hotlines, and outreach workers.

- Integrate HIV prevention services into standards of care for the diagnosis and treatment of HIV disease.

Strengthen Intervention Capacities.

- In collaboration with the Food and Drug Administration develop, test, and implement rapid HIV testing procedures.

- Strengthen the capacity of state and local health departments to provide partner notification services to private health care providers offering HIV counseling and testing.

- Develop alternative methods to provide HIV counseling and testing services.

- Work with professional groups, hospitals, and state health departments to ensure that health care workers receive adequate training on primary and secondary HIV prevention (in collaboration with the Health Resources and Services Administration).

- In collaboration with the National Commission on AIDS, study the impact of discrimination as a barrier to prevention services.

- Assist publicly funded counseling and testing sites to establish selection criteria and systems for monitoring the quality of referral laboratories.

Evaluate Intervention Activities.

- Interview persons newly diagnosed with HIV infection to identify missed opportunities for earlier diagnosis and CD4+ testing.

- Conduct a study of incident AIDS cases to determine what services HIV-positive clients are receiving over time to identify service gaps (in collaboration with the Health Resources and Services Administration).