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Agencies - HHS [Health and Human Services] - CDC [Centers for Disease Control and Prevention] - Budget Meetings

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Surveillance

Research

Technology Transfer

Program Planning
& Service Delivery

Program Evaluation

CDC

Essential Components of a Comprehensive HIV Prevention Program

Component	Based on Science	Based on Program Experience
A community planning process	✔	✔
Epidemiologic and behavioral surveillance; compilation of other health and demographic data relevant to HIV risks, incidence, or prevalence	✔	✔
HIV counseling, testing, and referral and partner counseling and referral, with strong linkages to medical care, treatment, and other needed services	✔	✔
Health education and risk reduction (HE/RR) activities, including individual-, group-, and community-level interventions	✔	✔
Accessible diagnosis and treatment of other sexually transmitted diseases (STD)	✔	✔
Public information programs	✔	✔
Training and quality assurance	✔	✔
HIV prevention capacity-building activities	✔	✔
An HIV prevention technical assistance assessment and plan	✔	✔
Evaluation of major program activities, interventions, and services	✔	✔

Technology Transfer

- Technology transfer is the translation of research findings into program elements and guidelines that can be used to help extend the reach of effective prevention efforts nationwide
- Over time, changes in CDC's Program Announcements have reflected newly identified prevention technologies
- Examples of CDC's wide array of ongoing technology transfer activities:

- Guidelines and Recommendations
- Interactive Satellite Broadcasts
- STD/HIV Educator Trainer Network
- Prevention Training Centers
- Curricula Development
- Conference Support
- Technical Assistance Network
- Identification and Replication of Effective Programs
- Intervention Packages
- Technical Assistance on Evaluation
- Science, Evaluation, and Technical Transfer Team

Technology Transfer Highlights
HIV/AIDS Prevention Research Synthesis (PRS) Project

- Purpose: To develop, maintain, and analyze a database of behavioral, social, and policy-related HIV risk-reduction interventions
- Policy makers, researchers, health departments, community planning groups, and community-based organizations can use PRS data and findings to shape prevention services
- PRS database includes research studies that
  - were reported from 1988 to present
  - meet pre-established methodological criteria
  - have behavioral or health outcomes for all age groups and settings, including international
- Helps researchers and providers to systematically determine
  - intervention, population, and setting factors associated with effective interventions
  - specific programs and methods associated with effective interventions
  - gaps in the published and non-published research
  - ways that study designs and methods contribute to what can be learned

Technology Transfer Highlights
Replicating Effective Programs (REP) Project

- Cooperative agreement with 4 research institutions to
  - replicate an effective behavior-change intervention
  - make the intervention available to other HIV prevention programs
  - learn the process these programs go through in starting up new intervention
  - help the programs find ways to keep the intervention running after project ends

- Four projects include:
  - Mpowerment: A community-level HIV prevention intervention for young gay and bisexual men designed to reduce the frequency of unprotected anal intercourse
  - Popular Opinion Leader (POL): Trains popular opinion leaders in the gay community to endorse behavioral change and to model effective health promotion messages
  - RAPP II: A community-level HIV prevention intervention for inner-city women designed to increase condom use with both main and other partners
  - The VOICES/VOCES Program: A brief bilingual HIV/STD prevention program for African American and Latino men and women at high risk for HIV/STD infection and transmission

CDC Program Support

- Work with public and private partners to strengthen HIV prevention efforts in states, cities, and local communities
  - Local Partnerships
  - City and State Partnerships
  - National and Regional Partnerships

CDC Program Support

- HIV Prevention Services
  - State, City, and Territorial Health Departments
    - Community Planning
    - HIV Prevention Programs
  - Directly Funded Community-based Organizations
- Leadership, Capacity-building, and Technical Assistance
  - National and Regional Minority Organizations
  - National Partnerships Program
    - Business Responds to AIDS/Labor Responds to AIDS
    - Faith Initiative

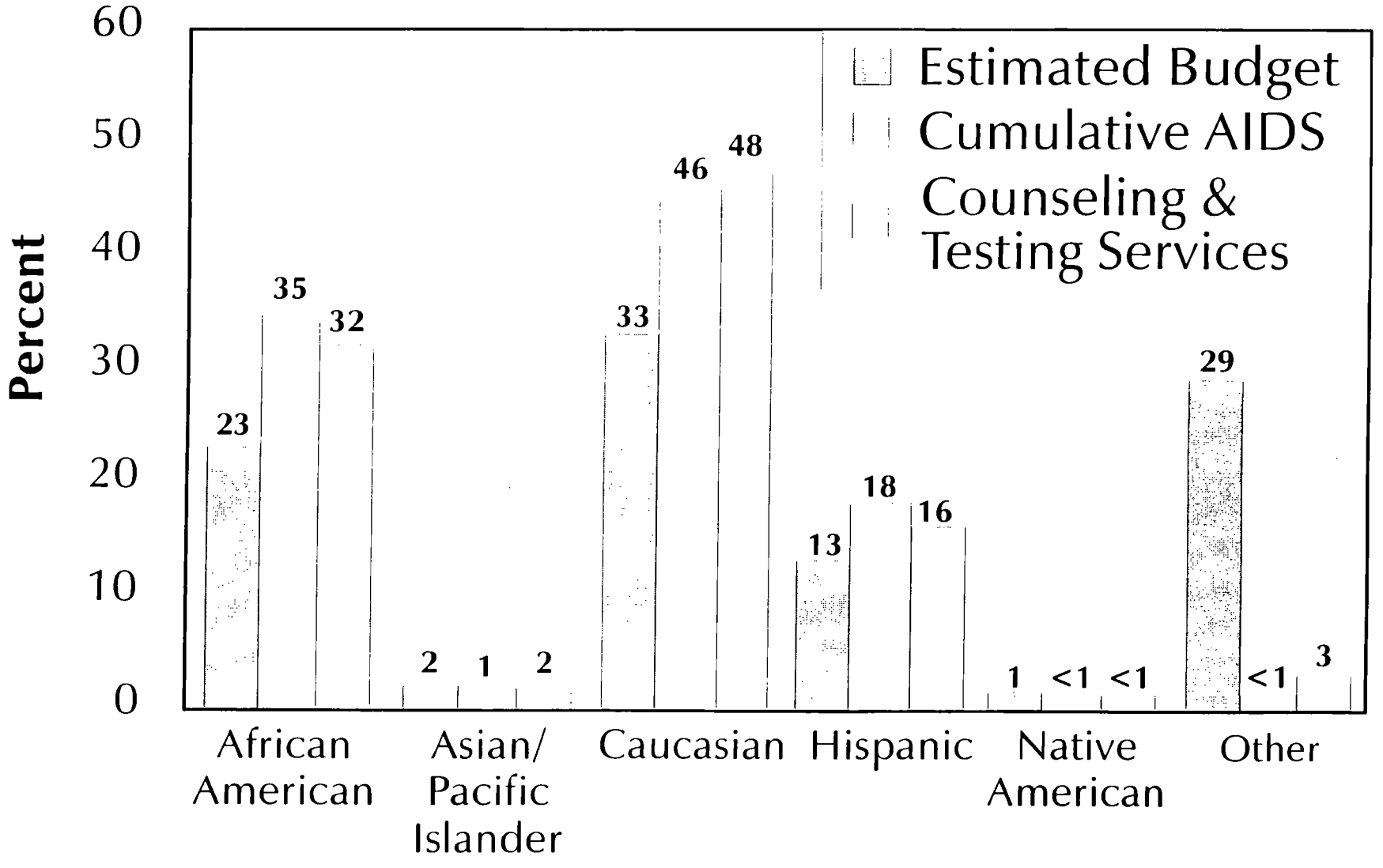
City and State Partnerships
State, Territorial, and Local Health Departments

- 65 Project areas
  - Conduct Community Planning
  - Implement HIV Prevention Programs

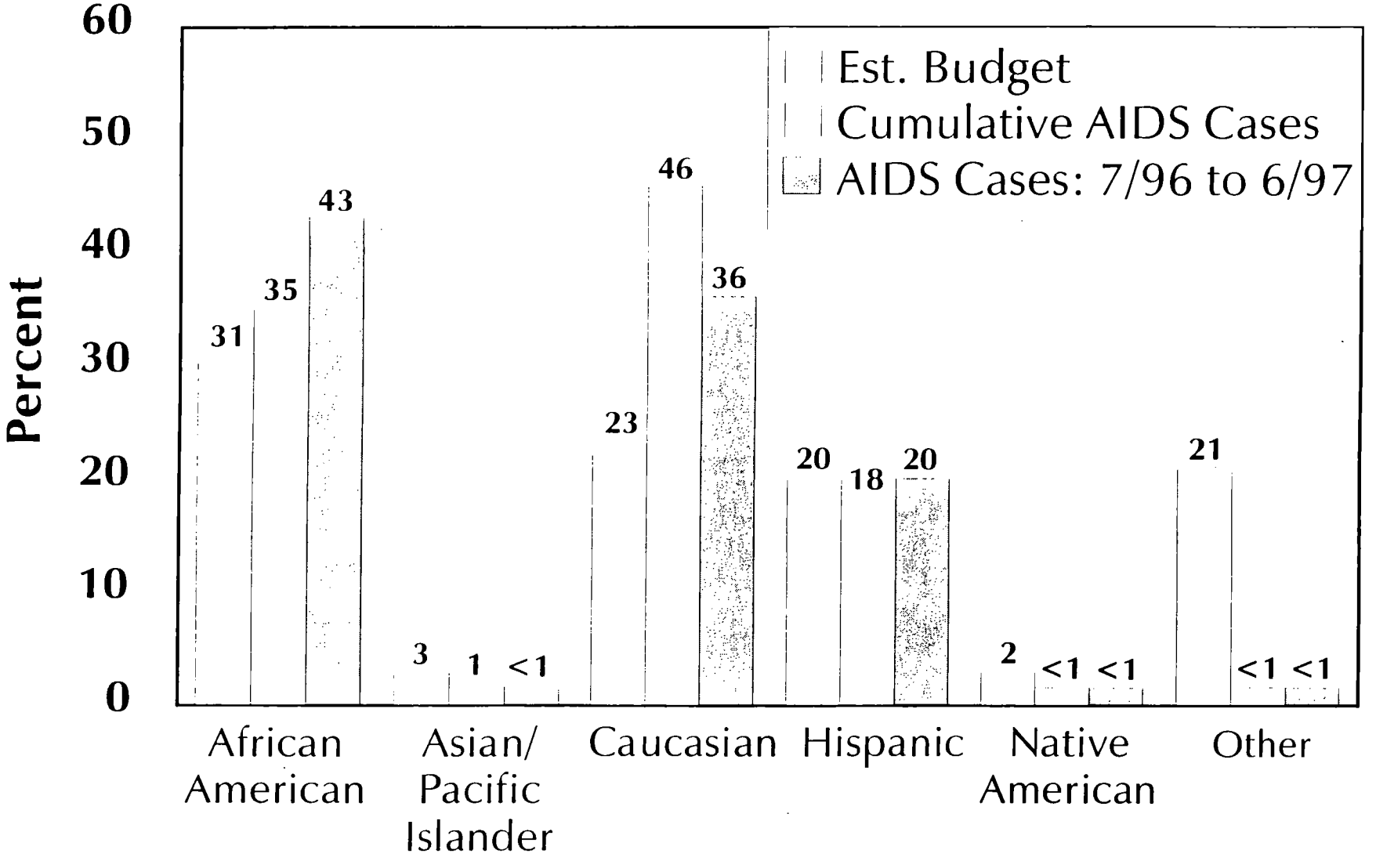
HIV Prevention Community Planning

- Improve the effectiveness, relevance, and responsiveness of HIV prevention programs
  - Apply a strong scientific basis to decision-making
  - Promote representative community input to planning process
  - Target prevention interventions effectively

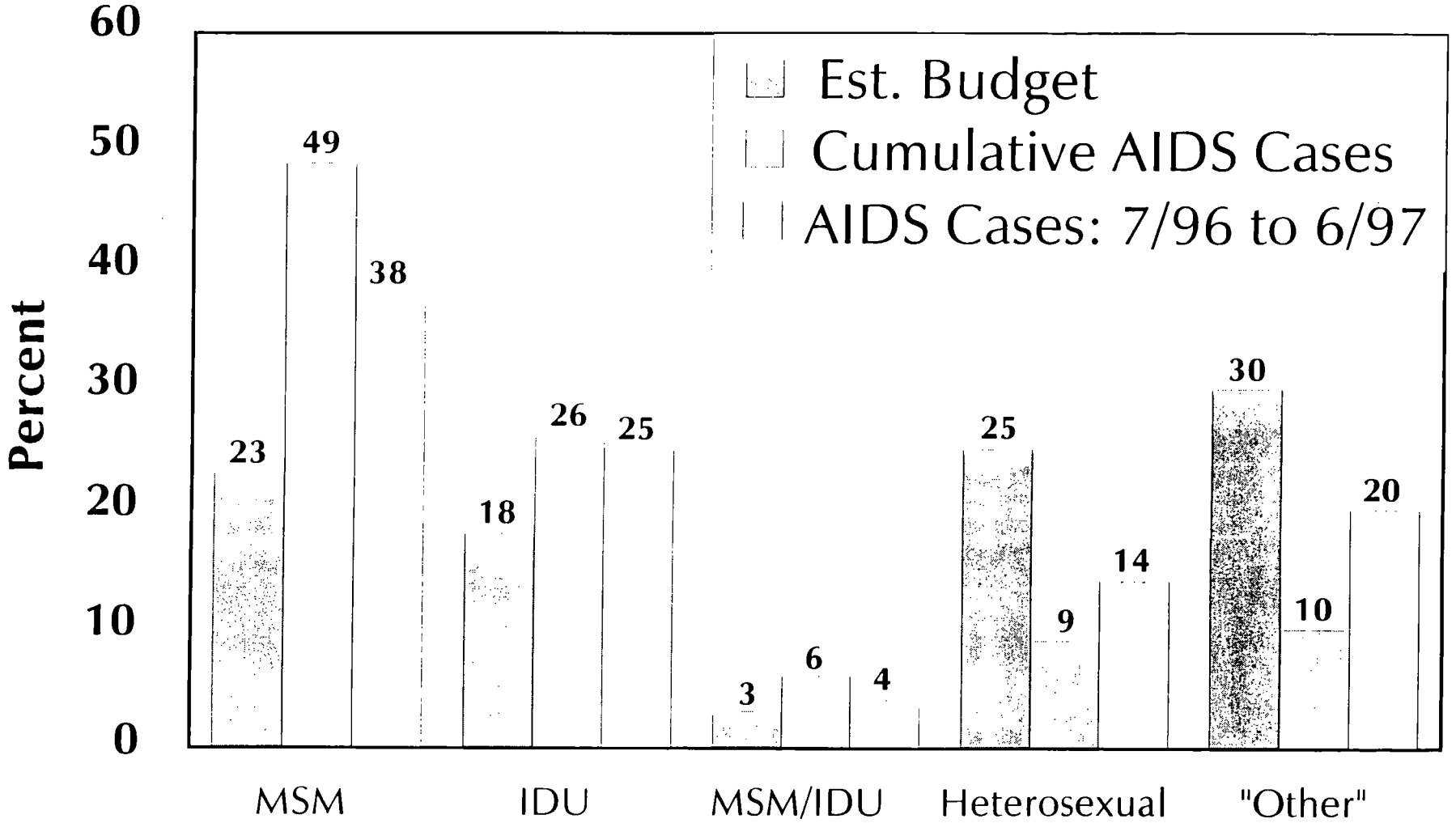
CTRPN by Race/Ethnicity and Service Delivery Statistics



HE/RR by Race/Ethnicity



HE/RR by Risk Category



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FY 1998 Estimates of HIV Prevention Budget Spending

Total Budget Table Projections

	Amount of Award	Percent of Award
Counseling, Testing, Referral and Partner Notification	$91,002,215	35%
Health Education and Risk Reduction	$104,468,715	41%
Public Information	$8,177,577	3%
Evaluation and Research	$8,145,929	3%
Capacity Building and Infrastructure Development	$12,093,127	5%
Community Planning	$13,306,728	5%
Other	$5,400,164	2%
Indirect Cost	$14,195,581	6%
Award Total	**$256,790,393**	

CDC

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FY 98 Budget Projections for Health Education and Risk Reduction Comparisons with the AIDS Epidemic by Race

Race	Amount of Budget Spent HERR:	% Budget Spent HERR:	1997 Number of AIDS cases	1997 Percent of Total AIDS cases reported
American Indian / Alaskan Native	$1,735,099	2%	206	0%
Asian/Pacific Islander	$2,917,566	3%	448	1%
Black (non-Hispanic)	$38,810,513	37%	27,075	45%
Hispanic	$21,025,672	20%	12,466	21%
White (non-Hispanic)	$27,400,725	26%	20,197	33%
Other Race	$12,579,141	12%	242	0%
	$104,468,715		60,634	

CDC

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State	Total HERR Budget	Percent HERR Budget	Count AIDS cases:	Percent AIDS cases: 1997	Percent Difference**
Alaska	$19,028	3%		0%	3%
Los Angeles	$1,627,836	24%	586	22%	2%
Rhode Island	$219,761	30%	42	28%	2%
New Jersey	$1,789,768	60%	1,871	58%	2%
Hawaii	$7,826	1%		0%	1%
Wisconsin	$736,587	37%	91	36%	1%
Arkansas	$100,900	41%	96	41%	0%
Oregon	$31,727	6%	18	6%	0%
Montana	$0	0%	0	0%	0%
South Dakota	$0	0%	0	0%	0%
Colorado	$197,970	14%	53	14%	0%
Iowa	$130,000	21%	20	21%	0%
North Carolina	$680,100	71%	610	72%	-1%
New York City	$4,510,228	47%	4,784	48%	-1%
Ohio	$891,986	43%	377	45%	-2%
Indiana	$216,243	29%	163	31%	-2%
Chicago	$848,845	52%	854	55%	-3%
South Carolina	$1,184,325	70%	574	74%	-4%
Mississippi	$715,680	74%	265	78%	-4%
Nebraska	$55,000	16%	19	21%	-5%
Michigan	$946,738	54%	517	59%	-5%
Washington	$133,000	7%	78	12%	-5%

*Data from the AIDS Public Information Dataset, entries whose value is 3 or fewer are not included in this table

** Percent Difference calculated by subtracting the 1997 Percent AIDS Cases from the Percent HERR Budget

1998 Health Education and Risk Reduction Budget Estimates and 1997 AIDS Cases by State

Reported for Black (non-Hispanic)

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State	Total HERR Budget	Percent HERR Budget	Count AIDS cases:	Percent AIDS cases: 1997	Percent Difference**
Vermont	$172,522	27%	0	0%	27%
Wyoming	$40,000	21%		0%	21%
West Virginia	$251,000	43%	29	22%	21%
Louisiana	$1,432,181	84%	732	67%	17%
San Francisco	$1,002,457	32%	207	16%	16%
Kentucky	$433,513	48%	115	32%	16%
Kansas	$299,728	31%	26	18%	13%
New Mexico	$114,000	13%	0	0%	13%
Utah	$82,576	18%	9	6%	12%
New Hampshire	$72,963	10%	0	0%	10%
North Dakota	$5,772	8%	0	0%	8%
Oklahoma	$225,030	25%	48	17%	8%
Missouri	$506,379	49%	242	42%	7%
Minnesota	$451,866	37%	65	31%	6%
Maine	$40,000	5%	0	0%	5%
Massachusetts	$867,711	33%	242	28%	5%
Idaho	$10,000	5%	0	0%	5%
California	$1,255,513	25%	1,447	21%	4%
Houston	$493,346	47%	759	43%	4%

*Data from the AIDS Public Information Dataset, entries whose value is 3 or fewer are not included in this table

** Percent Difference calculated by subtracting the 1997 Percent AIDS Cases from the Percent HERR Budget

DRAFT REPORT

State	Total HERR Budget	Percent HERR Budget	Count AIDS cases:	Percent AIDS cases: 1997	Percent Difference**
Nevada	$150,000	18%	136	23%	-5%
Illinois	$679,425	46%	966	53%	-7%
Maryland	$2,681,280	76%	1,552	83%	-7%
Arizona	$1,247	0%	33	7%	-7%
Pennsylvania	$849,000	48%	1,059	56%	-8%
Connecticut	$936,495	34%	528	43%	-9%
Texas	$1,064,642	28%	1,792	38%	-10%
Virginia	$1,164,242	51%	726	62%	-10%
Georgia	$844,703	58%	1,239	72%	-14%
Alabama	$149,070	56%	408	72%	-16%
Florida	$2,097,602	35%	3,092	51%	-16%
Tennessee	$559,461	43%	461	59%	-16%
New York State	$3,007,282	28%	6,202	47%	-19%
Philadelphia	$722,209	30%	941	63%	-33%
Delaware	$185,908	34%	178	78%	-44%

*Data from the AIDS Public Information Dataset, entries whose value is 3 or fewer are not included in this table

** Percent Difference calculated by subtracting the 1997 Percent AIDS Cases from the Percent HERR Budget

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FY 98 Budget Estimates for Youth Comparison with the AIDS Epidemic by Race

Race	Amount of Budget Spent Youth*	Percent of Budget Spent Youth*	1997 Number of AIDS Cases**	1997 Percent of Total AIDS Cases Reported**
American Indian / Alaskan Native	$908,281	2%	432	0%
Asian/Pacific Islander	$1,402,213	2%	761	1%
Black (non-Hispanic)	$20,038,540	34%	41,337	36%
Hispanic	$9,998,660	17%	23,147	20%
White (non-Hispanic)	$18,813,728	32%	48,699	43%
Other	$20,309,165	13 %	119	0%
Total	$59,332,444		114,495	

* Budget Estimates are for youth (13 - 25 years old)
** AIDS Cases reported for youth (13 - 29 years old)

CDC

HIV Counseling and Testing (C&T) in Publicly Funded Sites

Summary Report

- Approximately 2.5 million HIV tests are performed each year at publicly funded sites.
- Data from *Summary Report* are used to assist in targeting and evaluating C&T services.

HIV Counseling and Testing (C&T) in Publicly Funded Sites from 1996 Summary Report

SITE TYPE	NUMBER OF TESTS
Free-standing HIV CT Sites	745,914
STD Clinics	691,287
Family Planning Clinics	351,279
Prenatal/Obstetrical Clinics	211,552
Other Health Department Sites	182,024
Other/Unknown Test Sites	158,178
Drug Treatment Clinics	111,309
Prisons	106,745
Hospital/Private MD	36,482
TB Clinics	27,580
TOTAL	2,623,873

HIV Counseling and Testing (C&T) in Publicly Funded Sites
(from 1996 *Summary Report)*

SITE TYPE	RETURN RATE	RETURN RATE FOR HIV+
Free-standing HIV CT Sites	81.7	81.9
Drug Treatment Clinics	68.8	73.7
Prisons	68.7	78.5
Other Health Department Sites	63.6	67.9
Other/Unknown Test Sites	63.0	66.9
Prenatal/Obstetrical Clinics	56.5	77.0
Family Planning Clinics	47.5	81.9
STD Clinics	45.9	70.8
TB Clinics	45.3	74.7
Hospital/Private MD	44.4	49.9
TOTALS	61.3	74.4

Where Does the Money Go?

- Fiscal Year 1998 Supplemental Funding ($18.6 million):
  - $5.6 million for general high-priority program needs identified through community planning
  - $6.0 million for minority CBOs
  - $5.0 million for services for HIV-infected individuals
  - $2.0 million for program evaluation

CDC

Local Partnerships
Directly Funded Community-based Organizations (CBOs)

- 93 organizations currently funded

- Health Education/Risk Reduction Activities
  - Individual-level Interventions
    - Prevention case management
  - Group-level Interventions
  - Community-level Interventions
  - Street and Community Outreach

Categories of CBO Services

- 71 of the 94 funded organizations (75.5%) serve African Americans
- 64 (68.1%) serve Latinos
- 9 (9.6%) serve Asian Americans
- 3 (3.2%) serve American Indians/Alaska Natives

- 60 (63.8%) serve gay/bisexual men
- 60 (63.8%) serve IDUs
- 61 (64.9%) serve youth
- 58 (61.7%) serve heterosexual women

CDC

National and Regional Partnerships
National and Regional Minority Organizations (NRMOs)

- 21 Organizations Currently Funded

- National/Regional Technical Assistance and Training Activities
  - Capacity-building
  - Program Development
  - Information Dissemination
  - Community Planning

- Community Needs Assessment

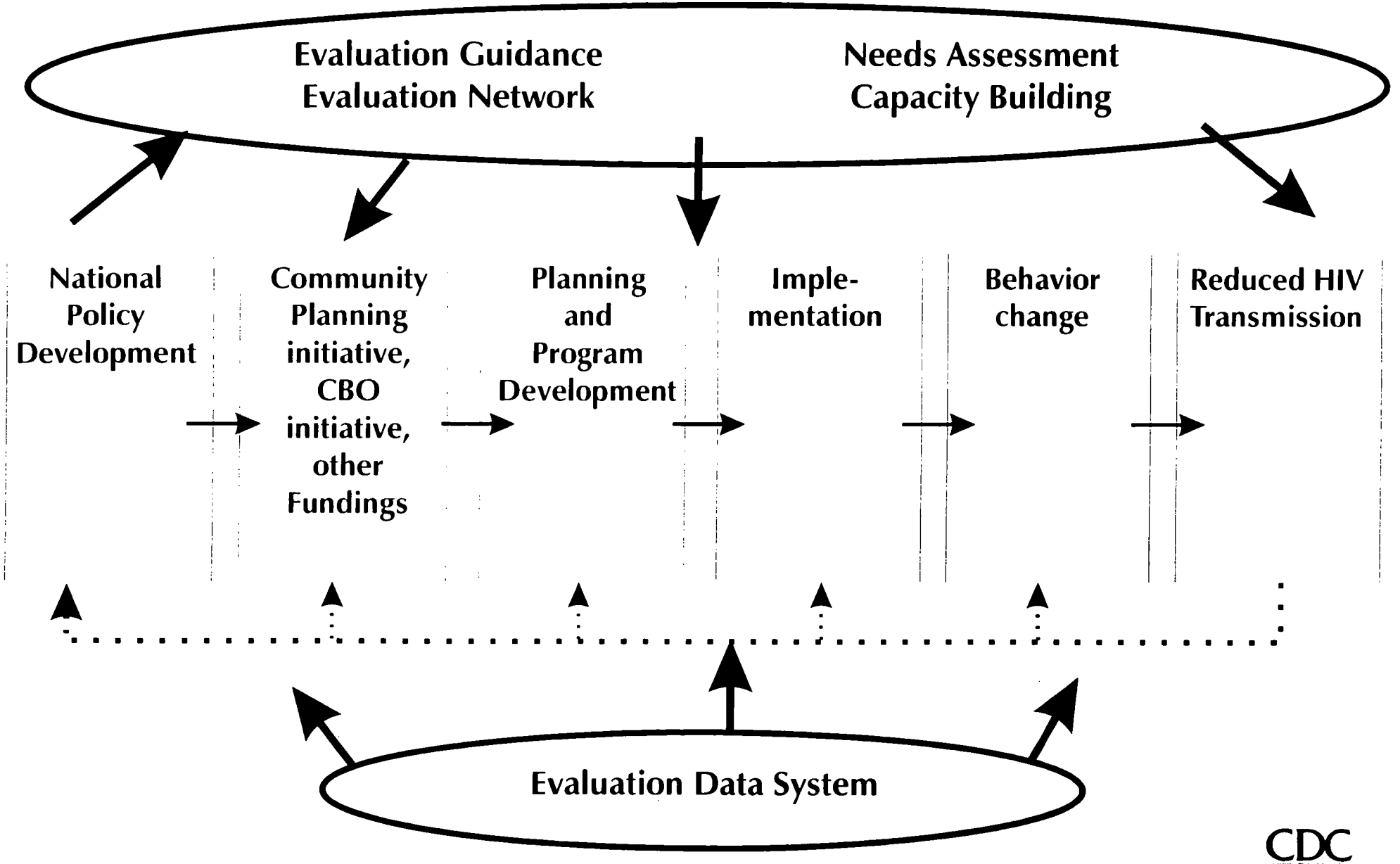
National and Regional Partnerships

- Business Responds to AIDS/Labor Responds to AIDS
  - Workplace HIV/AIDS Policy Development
  - Training for Managers and Leaders
  - HIV/AIDS Education for Employees
  - HIV/AIDS Education for Employees' Families
  - HIV-related Community Service and Volunteerism
- Faith Initiative
  - Support and foster HIV prevention activities and partnerships involving faith communities

Where Does the Money Go?

- Fiscal Year 1999 Congressional Black Caucus Funding ($18.0 million) to Address Urgent Prevention Needs in the African American Community:
  - $10 million for 35-40 additional CBOs
  - $4 million for Community Development Grants will focus on HIV-infected persons, especially in racial/ethnic minority communities
  - $2.5 million for technical assistance to directly funded CBOs
  - $1.5 million for a faith-based initiative will support the development of HIV and substance abuse prevention curricula in divinity schools of Historically Black Colleges and Universities

Evaluation Model



CDC

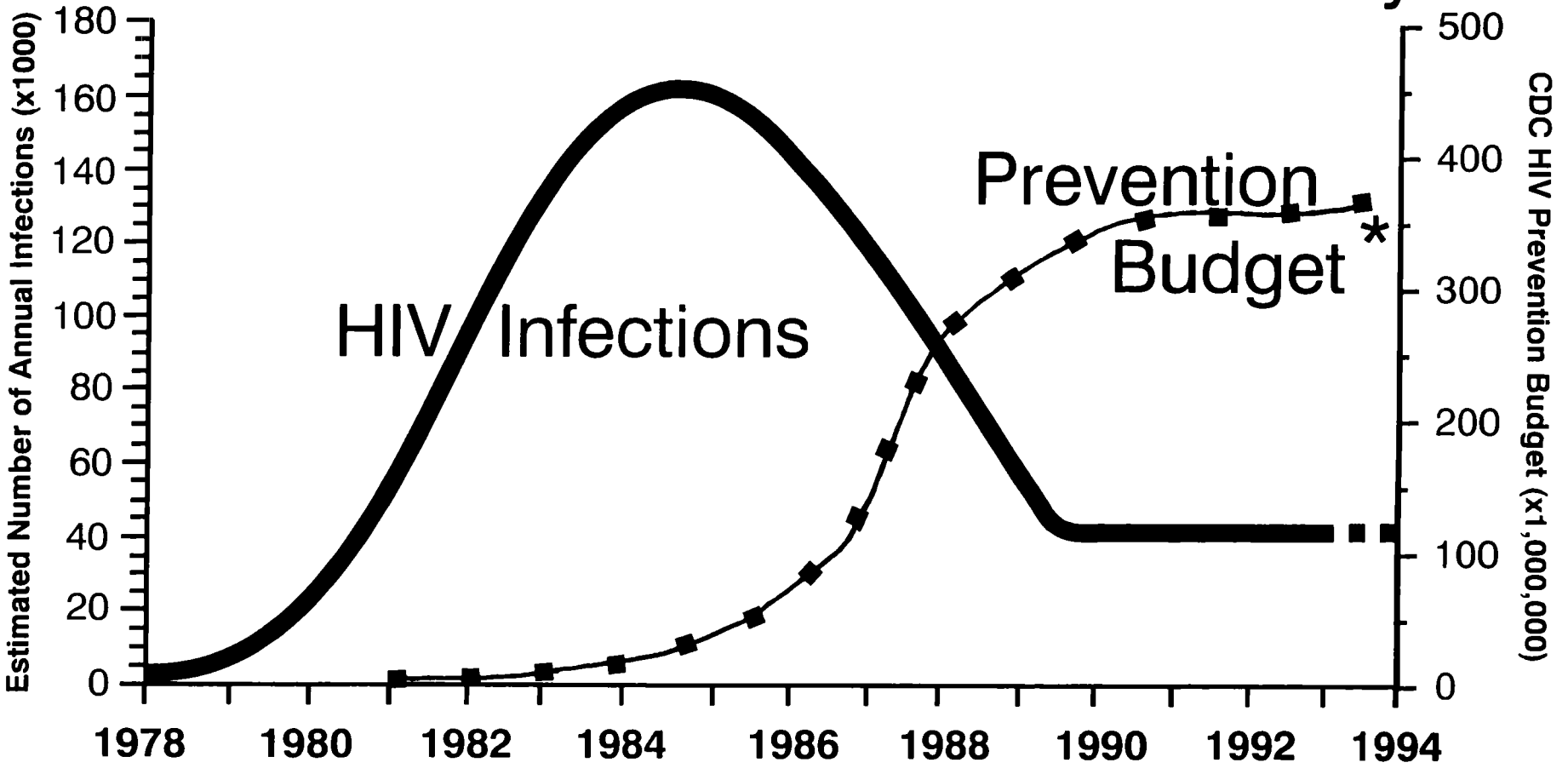
Types of HIV Prevention Evaluation Activities

- Evaluate the HIV Prevention Community Planning process
- Evaluate the development of overall HIV prevention plans in jurisdictions
- Evaluate the soundness and feasibility of new intervention and program activities
- Evaluate linkages between comprehensive HIV prevention plans, applications for funds, and resource allocations
- Monitor and evaluate the process of intervention implementation
- Monitor and evaluate outcomes of interventions
- Monitor and evaluate the overall impact of HIV prevention activities in a jurisdiction

Program Evaluation Guidance

- Why We Need It
  - To improve the planning, implementation, and effectiveness of HIV prevention programs
  - To meet accountability requirements at all levels
- Objectives
  - To describe evaluation concepts and methods
  - To provide evaluation designs and tools
    - Lays foundation for developing evaluation capacity nationwide
    - Facilitates creation of basic data system for assessing and improving prevention programs

National Investment in HIV Prevention and Number of New Infections Annually



* adjusted for inflation

SOURCE: Centers for Disease Control and Prevention

CDC

Major Accomplishments

- Convened the African American Gay Men's Consultation to provide recommendations for a national strategy to better address the prevention needs of this population.
- Developed the HIV Partner Counseling and Referral Services Guidance (PCRS), published December 30, 1998.
- Initiated a multi-site study to evaluate an intervention to help young men leaving prison reduce their risk behaviors.
- Completed creation of an ongoing database of HIV behavioral, social, and policy intervention studies from 1988 through 1997, with initial meta-analyses showing overall positive and statistically significant effects of prevention interventions on sexual risk behaviors.

CDC

Major Accomplishments (cont'd.)

- Completed qualitative population descriptions and study design for a national, multi-site evaluation of a community-level intervention to prevent HIV among young, primarily minority, men who have sex with men.

- Developed *Prevention Case Management (PCM) Guidance*, a new document for providers of this innovative HIV prevention approach that integrates case management and risk-reduction counseling as a means to reduce risk for those with complex psychosocial and medical needs.

- Piloted, finalized, and introduced to training constituents a revised HIV Prevention Counseling curriculum, *Fundamentals of HIV Prevention Counseling* (incorporating scientific research findings from Project RESPECT), for inclusion in the CDC training-of-trainers (TOT) training series.

CDC

Major Accomplishments (cont'd.)

- Formed the Technology Transfer Work Group to examine existing training and technical assistance networks for their appropriateness to participate in the diffusion of scientifically proven-effective HIV prevention interventions to CDC constituents, primarily community-based organizations (CBOs) and health departments. The work group is preparing a proposal for the DHAP-IRS Director's approval highlighting cost-effective and timely options for the training and ongoing technical assistance needs of replicating these effective HIV prevention intervention programs.

- Formed the Science, Evaluation, and Technical Transfer team to increase the effectiveness of HIV intervention and prevention programs by synergizing program accomplishments and science and technology advances for transfer to DHAP program areas.

CDC

Major Accomplishments (cont'd.)

- Issued *Evaluating CDC HIV Prevention Programs: Guidance and Data System* to identify the types and provide a system for the collection of the standardized data CDC needs (1) to be accountable for the use of federal funds to prevent HIV transmission and (2) to conduct the systematic analysis necessary to improve programs and policies. These data include the types and categories of interventions provided, the characteristics of the clients targeted and reached by the interventions, and the effects of the interventions on client behaviors and HIV transmission.

- Collaborated with CDC's Public Health Practice Program Office and the Public Health Training Network to produce two interactive satellite broadcasts that were viewed by 7,000-9,000 persons each at approximately 400 locations nationwide. The two broadcasts were "HIV Prevention Update on Surveillance of HIV/AIDS and Prevention Among Injection Drug Users" and "Update on HIV Prevention for Persons Living With HIV." Audience was primarily health department staff members, but also included representatives from American Red Cross chapters, Veterans Medical Centers, hospitals, universities, and correctional facilities.

CDC

Major Accomplishments (cont'd.)

Published *HIV Prevention Community Planning: Shared Decision Making in Action*, the first report on community planning to show budget figures for program activities. This reporting will allow CDC to better monitor each jurisdiction's use of funds and ensure that funding "follows the epidemic."

Improved systems and capacity for information tracking, management, marketing, and dissemination through the following venues:

- Internet/Intranet (DHAP Web Site, Listservs, and e-mail communications)
- CDC National Prevention Information Network
- CDC National AIDS/STD Hotline
- Exhibit Program at national conferences and meetings
- CDC Voice Information System
- Broadcast Fax
- Electronic Publishing
- Print Materials (newsletters, brochures, fact sheets, manuscripts, reports, backgrounders)
- Visual Materials (multimedia and other presentations, illustrations, photographs, slide sets, graphs, posters, design & layout services)

CDC

Changes in HIV Prevention Strategies in Recent Years

- HIV Prevention Community Planning and its impact
- For directly funded CBOs, development of funding criteria that better reflect characteristics of the epidemic
- National/Regional Minority Organization (NRMO) program evaluation
- De-emphasis on "AIDS 101" activities (done at peril)
- New research activity selection
- New training activity selection

Gaps

- *Increases needed in...*
  - prevention activities for drug-using populations
  - program evaluation activities (including program reviews)
  - training to complement technology transfer activities, e.g., Replication of Effective Interventions Project
  - applied intervention research
  - staffing to keep up with prevention opportunities for communities of color

Selected Key Challenges and Opportunities for DHAP-IRS in Calendar Year 1999

Review content and evaluation of, and technical assistance for, the three largest programmatic funding streams with the express purpose of ensuring that the programs serve to reduce overall numbers of new HIV infections in all at-risk communities, reduce racial/ethnic health disparities, and move toward elimination of perinatal transmission (i.e., conduct a thorough review of NRMO, CBO, and health department/community planning activities).

Ensure high quality and rapid implementation of activities enabled by new Congressional funding.

Develop and test comprehensive HIV prevention services for persons living with HIV.

Refine and disseminate information on comprehensive HIV prevention services for persons who inject drugs (given current societal constraints).

Implement an internal work group for each community of at-risk persons (with the deliverable of each work group being a 2- to 3-page set of bulleted recommendations for the Division Director once every 6 months.

Further improve the scientific basis of HIV prevention programs via systematic, bidirectional technology transfer (and refine conceptual framework for all technical assistance activities).

Improve communications about HIV prevention programs via even better showcasing of prevention strategies and successes, and strategically refine national partnerships

Refine national, quantitative approach to monitoring the ongoing impact of HIV prevention efforts (and develop a method to monitor grantee activities on a small number of critical success factors).

Focus proactively on career development and workplace sensitivity issues within DHAP-IRS.

Intervention Trials and Behavioral Intervention Research Currently Underway

The Community Intervention Trial for Youth (CITY)

GOAL: To develop and evaluate a comprehensive, community-level approach to encourage young men, primarily men of color, who engage in risk behaviors associated with HIV acquisition and transmission to change these behaviors

Project START (STD and AIDS Reduction Trial)

GOAL: To develop and evaluate an innovative science-based intervention to prevent HIV and STD infection and transmission among young men between the ages of 18 and 29 who are in prison but about to return to their communities

Seropositive Urban Men's Intervention Trial (SUMIT)

GOAL: To conduct a randomized controlled trial evaluating the effects of a theory-based intervention to reduce HIV transmission by seropositive gay and bisexual men

Replication of Effective HIV Behavioral Interventions

GOAL: To contribute to the development of strategies and methods for facilitating the adoption of effective HIV interventions by HIV prevention programs

Intervention Trials and Behavioral Intervention Research Currently Underway (cont'd.)

HIV/AIDS Behavioral, Social, and Policy Interventions: A Research Synthesis, Analysis, and Applications System

GOALS: To search for, review, and identify scientifically strong HIV risk-reduction interventions

To synthesize this information, using meta-analysis when appropriate

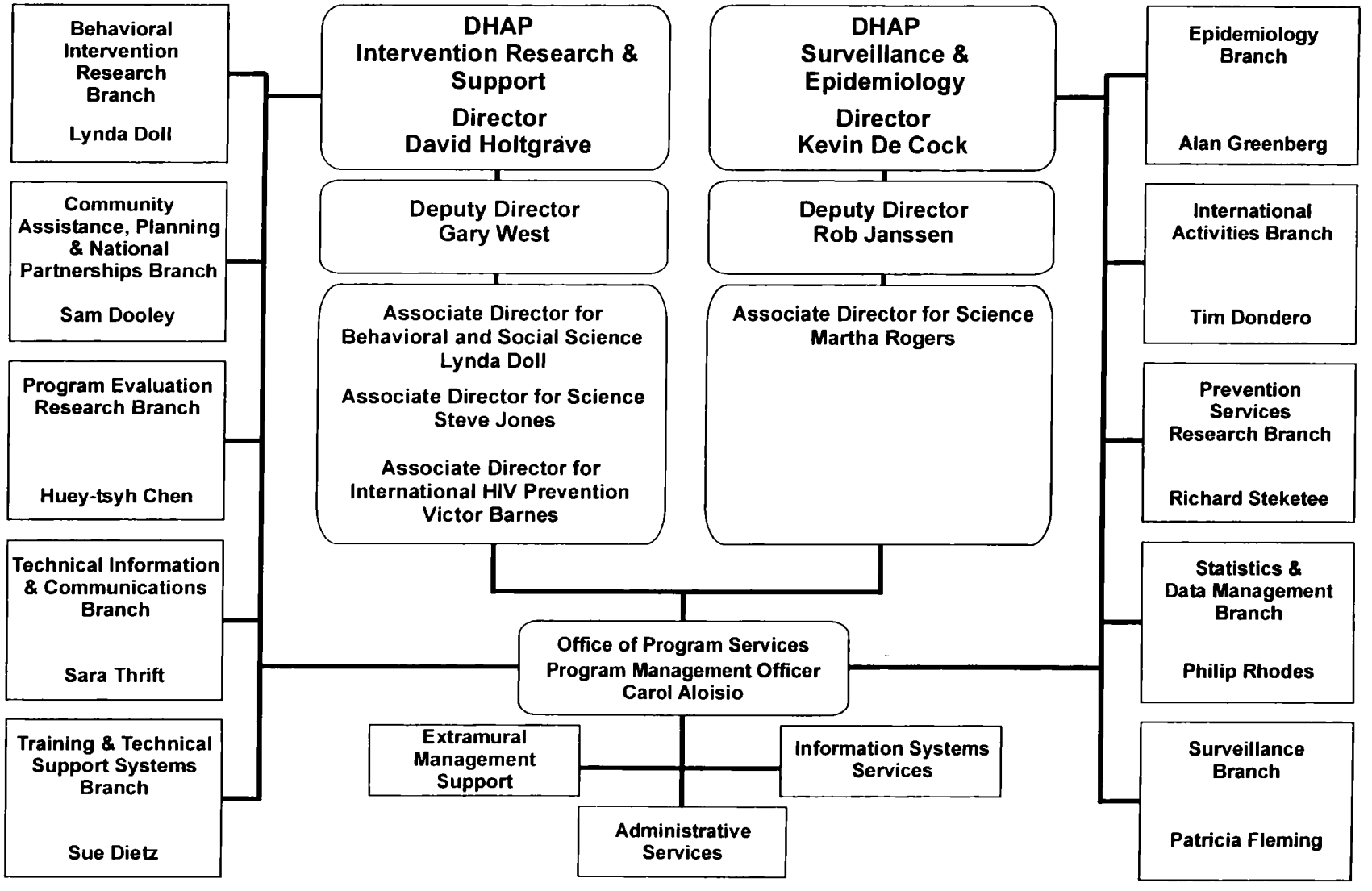
To determine intervention, population, and setting factors associated with effective interventions

To recommend interventions with evidence of positive effects for technology transfer to HIV prevention programs

The Behavioral and Social Scientists Volunteers Project

GOAL: To build a network of trained volunteer scientists to provide technical assistance in the application of the behavioral and social sciences to community planning groups as they deliberate approaches to HIV prevention

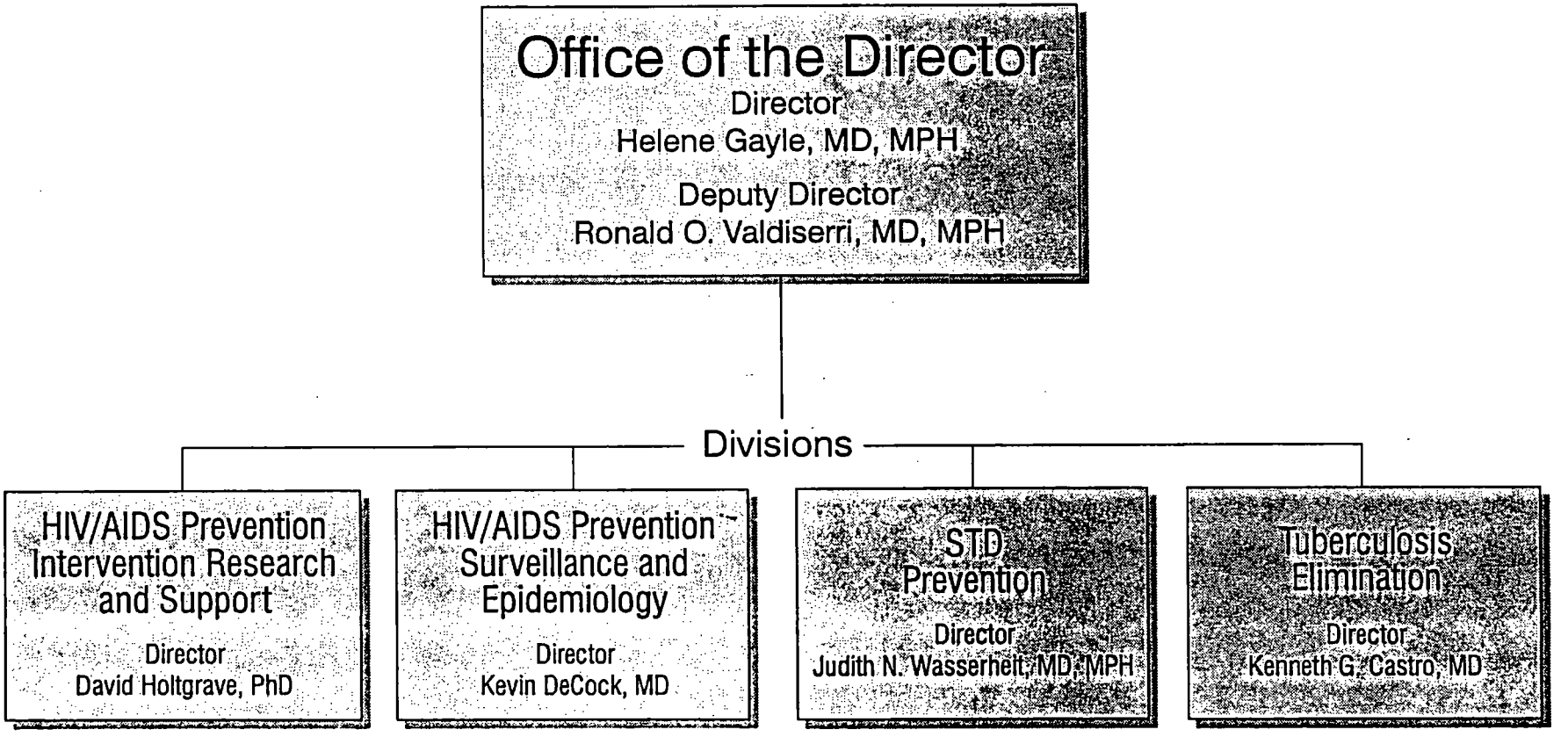
Divisions of HIV/AIDS Prevention (DHAP)



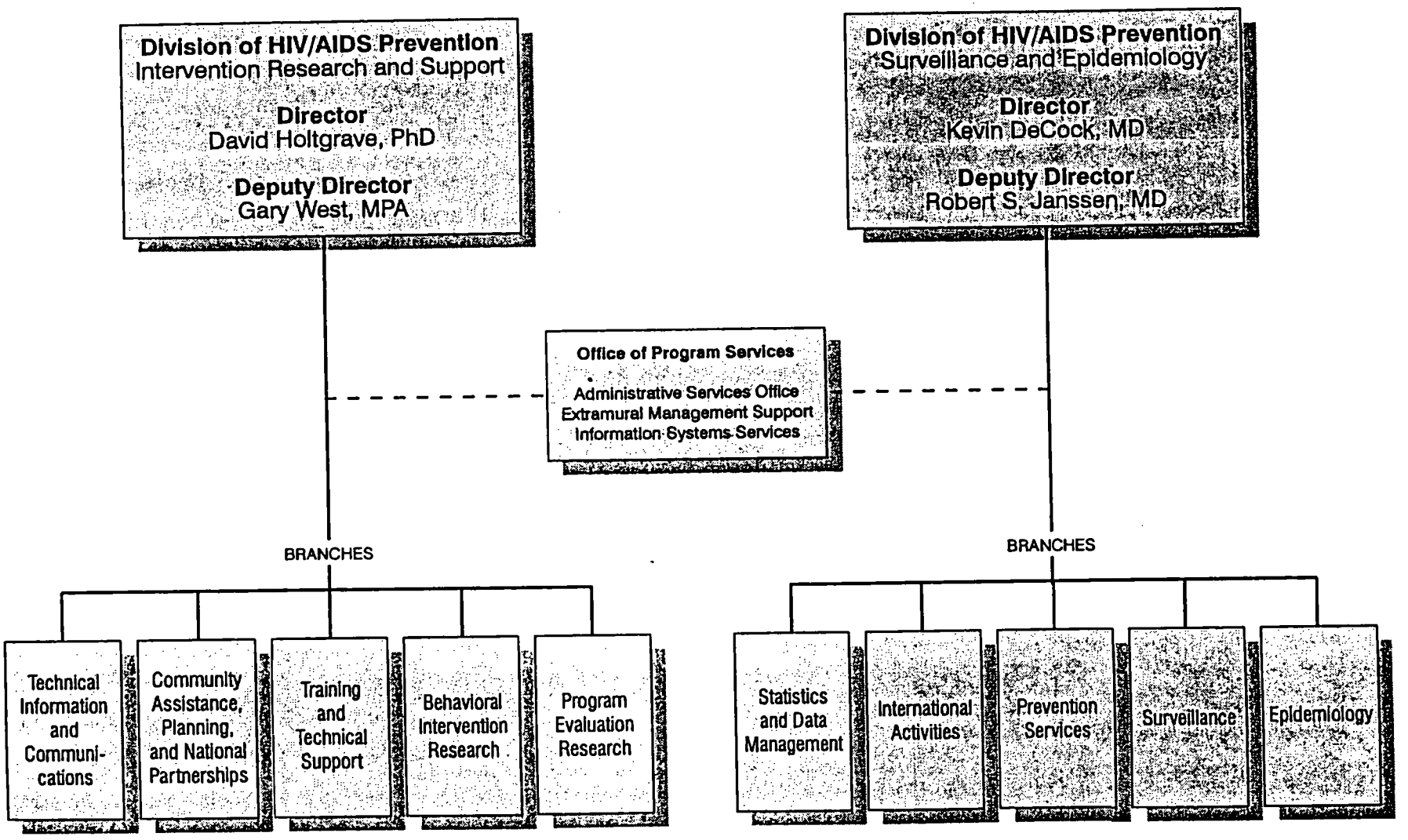
Updated 1/99

CDC

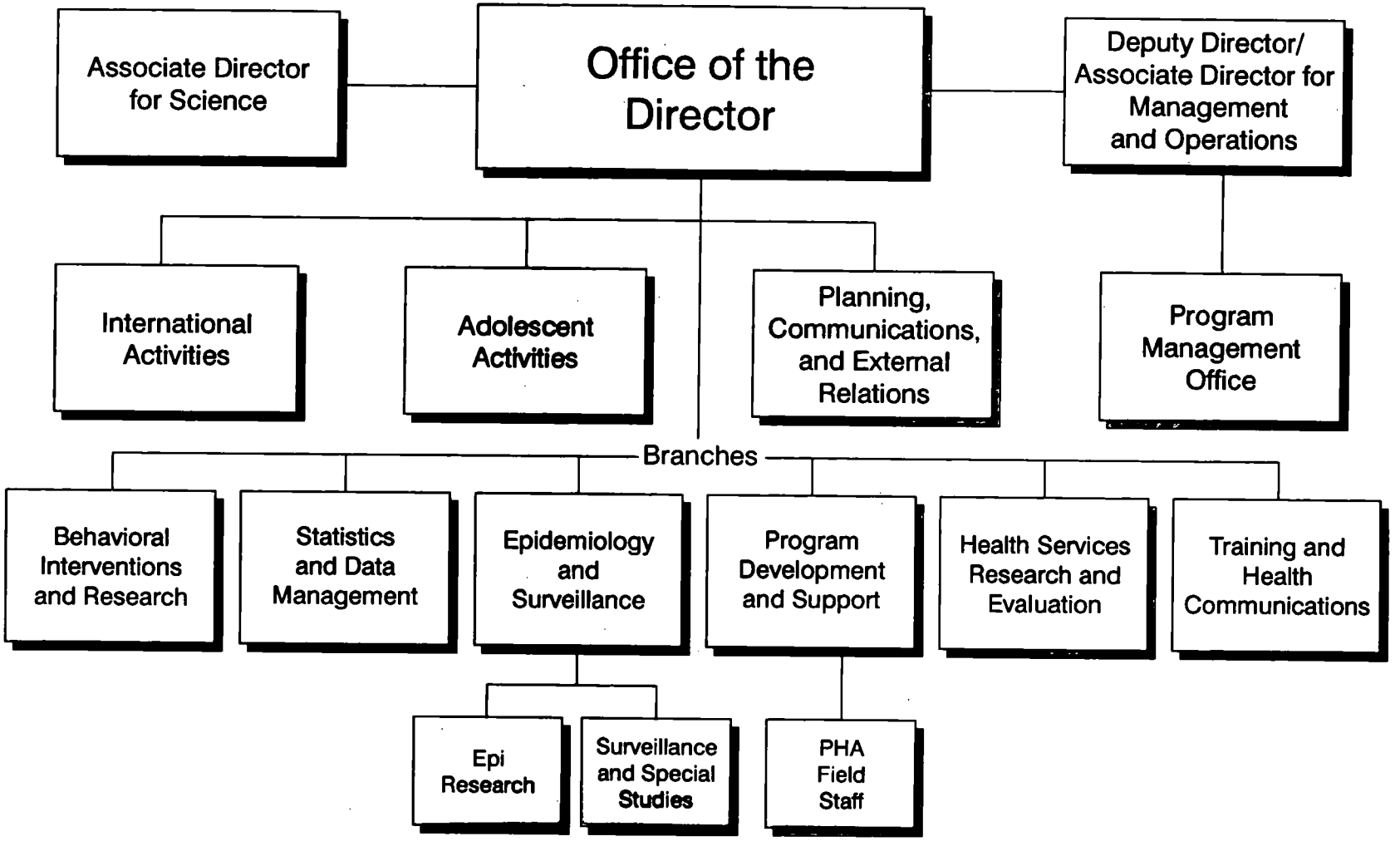
National Center for HIV, STD, and TB Prevention



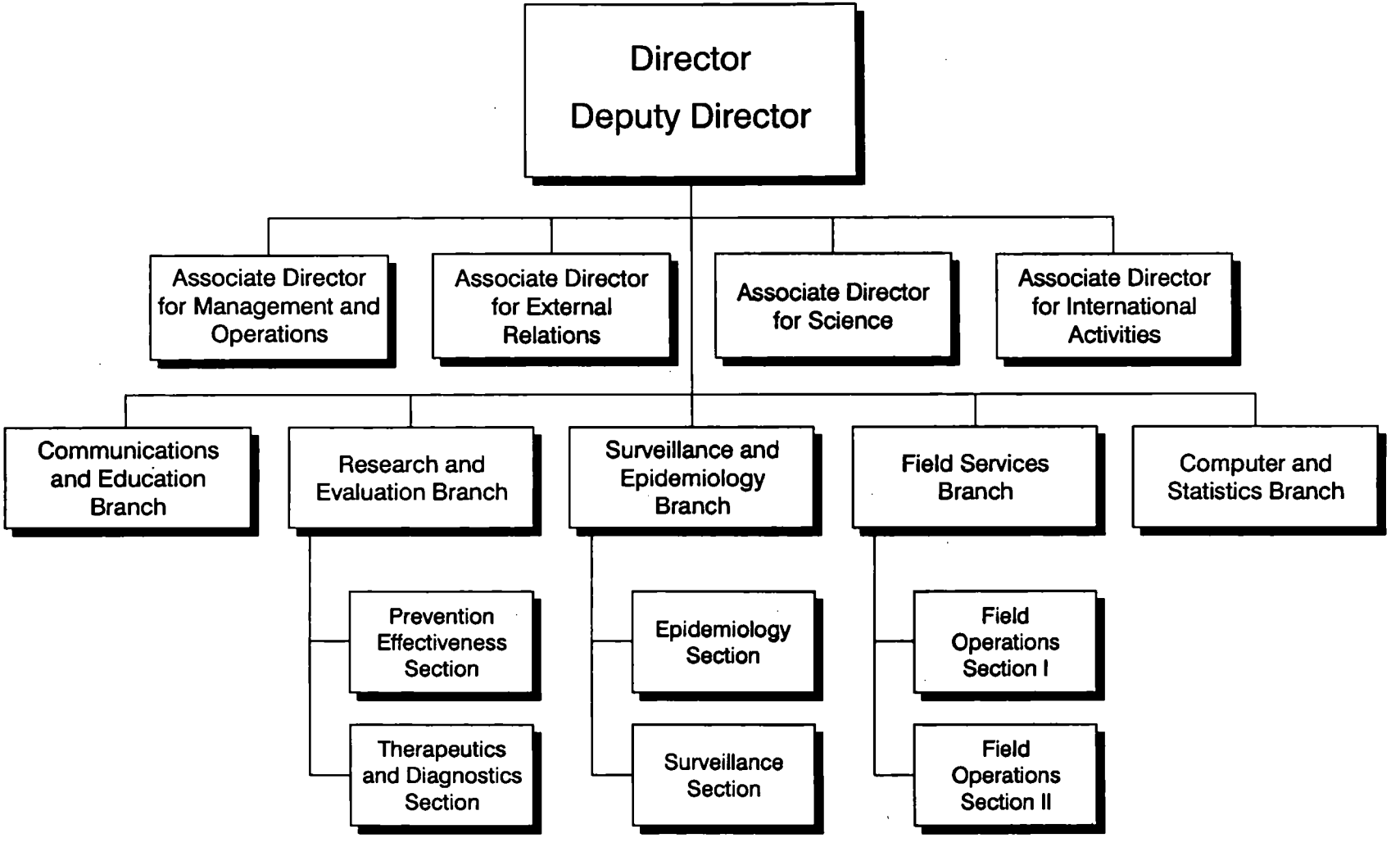
Divisions of HIV/AIDS Prevention



Division of STD Prevention



Division of Tuberculosis Elimination



Prevention Priorities

- HIV Prevention in Communities of Color
- Syphilis Elimination: A National Effort
- National HIV Case Surveillance: A Strategy to Address Our Diminishing Ability to Monitor the HIV Epidemic
- HIV Prevention in an Era of Improved Therapy
- Tuberculosis Elimination

Prevention Priorities

- Preventing STD-Related Infertility in Women
- Correctional Health Care: An Opportunity for Public Health to Reach High-Risk Individuals
- "Know Your HIV Status" Campaign
- Preventing Perinatal HIV Transmission
- Prevention of Non-HIV Viral Sexually Transmitted Diseases

Division of HIV/AIDS Prevention
Surveillance & Epidemiology

Surveillance Activities

- **Current**
- **Recent Changes**
- **Future Directions**

Prevention Research

- **Research Prioritization**
- **Epidemiologic and Biomedical Interventions**
- **Behavioral Interventions**

Gaps in Surveillance and Prevention Research

Major Accomplishments

CDC HIV/AIDS Surveillance Activities

Current

- HIV/AIDS Case Surveillance
- Supplemental Surveillance
- HIV Serologic Surveys (Serosurveillance)
- Behavioral Surveillance

Recent Changes

- Monitor HIV Variants and Resistance
- HIV Incidence (Less Sensitive Assay)
- HIV Surveillance Guidelines

Future Direction

- Sampling
- Monitor Care

HIV/AIDS Prevention Research Activities

Research Prioritization

- **Collect Information for Targeting Prevention Activities and Public Health Planning**
- **Conduct Studies that Provide a Theoretical Base for Intervention Development**
- **Develop Interventions to Prevent HIV Transmission**
- **Implement Efficacious Interventions**
- **Evaluate Established Interventions**

Epidemiologic and Biomedical

- **Women**
- **Perinatal Transmission**
- **Prevention of HIV among Injecting Drug Users**
- **New HIV Testing Technologies including Rapid Tests**
- **Focusing on HIV Positives--Highly Active Antiretroviral Therapy (HAART)**
- **International Research**

Behavioral

- **Youth/Adolescents/Women**
- **HIV Seropositive Injecting Drug Users (IDUs) and Men who have Sex with Men (MSMs)**
- **Prevention Activities Among Inmates in Correctional Facilities**
- **Efficacy of Counseling and Testing with Rapid Tests (*Respect 2*)**

Gaps in CDC's HIV Surveillance and Prevention Research

- **Technical Assistance to States for Implementing HIV Surveillance**
- **Enhancing the Surveillance Infrastructure for the New Millennium**
- **Using Surveillance and Epidemiologic Data for HIV/AIDS Prevention**
- **Treatment for Prevention**
- **Vaccine Trials**
- **International**

Division of HIV/AIDS Prevention–Surveillance & Epidemiology
Major Accomplishments

- **CDC Recommends HIV Infection Reporting**
- **Declines in Perinatally-acquired HIV/AIDS**
- **AIDS Surveillance Data Help Congressional Black Caucus Mobilize and Allocate Resources to Fight HIV**
- **Important Trends in HIV/TB and HIV/STD Co-morbidity**
- **Assessing the Impact of Ryan White Care Programs**
- **New Testing Technologies**
- **The HIV Outpatient Study (HOPS)**
- **Study Concludes Most HIV-infected Women Will Develop Cervical Cancer Precursors**
- **Adolescent Studies**
- **International Perinatal Trials**