

2024 Current Fiscal Year Report: CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment

Report Run Date: 04/25/2024 09:48:38 AM

| | |
|---|------------------------------|
| 1. Department or Agency | 2. Fiscal Year |
| Department of Health and Human Services | 2024 |
| 3. Committee or Subcommittee | 3b. GSA Committee No. |

| | |
|---|-------|
| CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment | 15124 |
|---|-------|

| | | | |
|------------------------------------|---------------------------|---------------------------------|------------------------------|
| 4. Is this New Fiscal Year? | 5. Current Charter | 6. Expected Renewal Date | 7. Expected Term Date |
| No | 11/25/2022 | 11/25/2024 | |

| | | |
|---|---|-----------------------------|
| 8a. Was Terminated During Fiscal Year? | 8b. Specific Termination Authority | 8c. Actual Term Date |
| No | | |

| | | |
|--|---|----------------------------------|
| 9. Agency Recommendation for Next Fiscal Year | 10a. Legislation Req to Terminate? | 10b. Legislation Pending? |
| Continue | Not Applicable | Not Applicable |

11. Establishment Authority Authorized by Law

| | | | |
|---|---------------------------|---------------------------|---------------------------|
| 12. Specific Establishment Authority | 13. Effective Date | 14. Committee Type | 14c. Presidential? |
| 42 U.S.C. 217a | 11/17/1962 | Continuing | No |

15. Description of Committee Scientific Technical Program
Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 0 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 0

Meetings and Dates
No Meetings

| | Current FY | Next FY |
|---|---------------|------------|
| 18a(1). Personnel Pmts to Non-Federal Members | \$0.00 | \$0.00 |
| 18a(2). Personnel Pmts to Federal Members | \$0.00 | \$0.00 |
| 18a(3). Personnel Pmts to Federal Staff | \$0.00 | \$0.00 |
| 18a(4). Personnel Pmts to Non-Member Consultants | \$0.00 | \$0.00 |
| 18b(1). Travel and Per Diem to Non-Federal Members | \$0.00 | \$0.00 |
| 18b(2). Travel and Per Diem to Federal Members | \$0.00 | \$0.00 |
| 18b(3). Travel and Per Diem to Federal Staff | \$0.00 | \$0.00 |
| 18b(4). Travel and Per Diem to Non-member Consultants | \$0.00 | \$0.00 |
| 18c. Other(rents,user charges, graphics, printing, mail, etc.) | \$0.00 | \$0.00 |
| 18d. Total | \$0.00 | \$0.00 |
| 19. Federal Staff Support Years (FTE) | 0.00 | 0.00 |

20a. How does the Committee accomplish its purpose?

The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and Sexually Transmitted Diseases (STD) Prevention and Treatment (CHAC) accomplishes its purpose by deliberating and making recommendations to the U.S. Department of Health and Human Services (HHS) Secretary, the CDC Director, and the HRSA Administrator on timely topics relevant to the Committee's focus. The Committee establishes workgroups to research and provide reports on

issues related to: (1) prevention, control, and treatment of HIV, viral hepatitis, and STDs, and (2) the status of health care services to affected populations. The CHAC accomplishes its purpose through support of CDC and HRSA.

20b. How does the Committee balance its membership?

CHAC's membership is composed of recognized experts in the field of HIV, viral hepatitis and sexually transmitted diseases prevention, treatment, and control, public health, epidemiology, laboratory practice, immunology, infectious diseases, substance use disorder, behavioral science, health education, healthcare delivery, state and local health programs, clinical care, preventive health, medical education, health services and clinical research, health equity, and healthcare financing. The Committee must include at least four members who are persons living with HIV. The Committee membership may also include representation from persons with lived experience, such as those who have experienced viral hepatitis, STDs, and drug use, HIV/viral hepatitis/STD community-based organizations, and the ethics or faith-based community. CDC and HRSA's recruitment processes ensure that the membership is balanced by geographic region, race/ethnicity, gender, and expertise.

20c. How frequent and relevant are the Committee Meetings?

CHAC met twice in fiscal year (FY) 2023: November 2022 and April 2023. The CHAC activities included holding its regular meetings to discuss critical and timely issues, establishing workgroups to focus on specific topic areas, and presenting findings and outcomes to CHAC. The CHAC provided recommendations and advice to

the HHS Secretary, HRSA Administrator, and CDC Director. The Committee provided direction and guidance on a variety of high priority topics. Topics addressed by the committee included: Nontraditional Partnerships, the AIDS Educations and Training Center Program, Mpox, including and training community health workers to improve access to HIV care, Self-Testing and Self-Collection, Workforce, sexual health public health implementation, new disease interventions, and youth health. The Committee made recommendations for the future direction of CDC and HRSA programs in prevention, management and treatment of HIV, viral hepatitis and STD's via written correspondence to the HHS Secretary, HRSA Administrator, and CDC Director. In the November 2, 2022 meeting, CHAC approved HIV self-testing and self-collection recommendations after discussing the findings and outcomes completed by the Self-Testing and Self-Collection Workgroup, which was established in the April 2022 meeting. These recommendations included (1) expanding the availability of self-testing and self-collection and working to resolve any regulatory or legal barriers that exist, 2) including modernizing the current FDA approach specific to HIV self-testing and self-collecting; (3) encouraging the FDA to downgrade the regulatory classification of HIV self-testing from Class III to Class II diagnostics. These recommendations were submitted to HHS on December 20, 2022 and an interim response from Secretary Becerra was sent to CHAC members on February 21, 2023. CDC followed with a detailed response which was sent to members on April 7, 2023, noting continued engagement with FDA on this topic. The CHAC approved extending the scope of the Self-Testing and Self-Collection Workgroup to include sexually transmitted infections (STI) with a

new charge to provide research to CHAC regarding self-testing for the three most common reportable bacterial STIs in the U.S.: Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG) and Treponema pallidum (syphilis). The workgroup met in January, February, and April 2023 and presented their findings in the April 2023 CHAC meeting. The CHAC approved STI Self-testing and Self-collection recommendation after discussing the findings completed by the workgroup. These recommendations include 1) Support laboratory validation studies and FDA approval of testing performed on CT/NG swab samples that are self-collected in non-clinical settings (including at home) by allowing submission of data from STI swabs collected outside the clinical setting; 2) Create a simpler and streamlined system to enable STI reporting (CT/NG/syphilis) of results to all relevant US public health jurisdictions (similar to COVID diagnostic test reporting); 3) Collaborate with industry and academia to a) collect safety and stability data for CT/NG NAAT testing outside the clinical setting and b) develop point of care CT/NG/syphilis testing with optimal sensitivity and specificity. Test results available in 30 minutes or less is optimal; 4) Identify and amplify success stories (such as “I want the kit”⁸) that increase access to STI testing, reporting, and treatment for people with barriers to care; and 5) Identify support systems for people with newly diagnosed STI that are HIV status neutral and ensure linkage to STI care, partner services, HIV PrEP, and STI case reporting. These recommendations were submitted to HHS on July 13, 2023. During this meeting, CHAC also approved mpox recommendations on November 3, 2022. These recommendations include 1) for CDC/HRSA to host listening sessions or focus groups with the

community of MSM/LGBTQ/people with HIV, including women, men and transgender individuals, to discuss communication issues and public-facing messaging with the current mpox outbreak; 2) for CDC/HRSA to develop an equity plan that emphasizes the use of non-stigmatizing communication, attention to risk perception and outreach to proactively address issues related to current and future epidemics.. CDC should encourage state and local jurisdictions to develop or adopt similar equity plans, recognizing that emerging infections often disproportionately affect populations with poor outcomes and limited access to care; 3) for CDC to use epidemiologic data to identify emerging populations who are affected or at risk, and to strategically use these data to understand the epidemic and educate key stakeholders. 4) for CDC to continue to leverage its efforts and influence to encourage vaccine manufacturers to ramp up production to meet demand; 5) new emergency funding and support additional flexibility in identifying funding for emergency pandemics. These emergency funds should be earmarked for the development of an effective and efficient public health response without diversion from other currently funded public health programs; and 6) allocation of funding for the development and implementation of community health worker training related to emerging diseases and infections. These recommendations were submitted to HHS on March 3, 2023 and an interim response from Secretary Beccera was sent to members on April 28, 2023. CDC and HRSA plan to send a detailed response in FY24. The CHAC deliberated on the findings of the Workforce Workgroup, established during the April 2022 meeting, on November 3, 2023. The CHAC determined that the workgroup would be extended to narrow the scope and topics

to be discussed in the April 2023 meeting, and that moving forward recommendations resulting in this workgroup would be shared with PACHA to form a joint resolution. The Workforce Workgroup met in December 2022 and March 2023 and presented findings at the April 2023 CHAC meeting. The CHAC approved workforce recommendations after discussing the findings of the workgroup, 1) Infrastructure development for delivery of decentralized, differentiated HIV prevention and care (e.g., telehealth, community-based delivery of services, etc.); 2) Integration of team members (e.g. CHWs, RNs, LPNs, Social Workers, Pharmacists, Behavioral/Mental Health Professionals) into the HIV workforce in partnership with other care providers and address appropriate training standards, compensation, and paths for promotion; 3) Incentivization of programs that create pathways for more diversity in professional careers beyond community health workers (e.g. fellowship programs) of the workforce with current and emerging needs and challenges of people living with HIV communities; 4) Removal of regulatory barriers that place restrictions on practice at the highest level of training and licensure (e.g., for nurse practitioners, PAs, medical technicians, pharmacists, etc.). 5) Identify and support viable HIV career workforce trajectories through adequate compensation and advancement opportunities and in alignment with emerging workforce needs and challenges. These recommendations were presented at the June PACHA meeting and approved for a joint letter which is expected to be completed in FY24. In the April 2023 CHAC meeting CHAC discussed resolutions on the benzathine penicillin G drug shortage noting it is the only antibiotic option recommended by CDC to be used for the

treatment of syphilis in pregnancy. CHAC approved resolutions on April 19, 2023 which included 1) Support laboratory validation studies and FDA approval of testing performed on CT/NG swab samples that are self-collected in non-clinical settings (including at home) by allowing submission of data from STI swabs collected outside the clinical setting; 2) Create a simpler and streamlined system to enable STI reporting (CT/NG/syphilis) of results to all relevant US public health jurisdictions (similar to COVID diagnostic test reporting); 3) Collaborate with industry and academia to a) collect safety and stability data for CT/NG NAAT testing outside the clinical setting and b) develop point of care CT/NG/syphilis testing with optimal sensitivity and specificity. Test results available in 30 minutes or less is optimal; 4) Identify and amplify success stories (such as “I want the kit”⁸) that increase access to STI testing, reporting, and treatment for people with barriers to care; and 5) Identify support systems for people with newly diagnosed STI that are HIV status neutral and ensure linkage to STI care, partner services, HIV PrEP, and STI case reporting. These resolutions were sent to Secretary Beccera on July 3, 2023. Response is expected in FY24. During the April 2023 meeting, CHAC members continued the discussion on youth and sexual health and approved recommendations on April 19, 2023 for CDC to 1) Collect data on sexual risk and behavior in youth through continuation of the YRBS, and other relevant sources of data in all states and jurisdictions. Data should include protective factors (including families and trusted adults, use of PrEP, etc.) and sites of testing when possible; Evaluation should incorporate and reflect the impact of mental health, COVID-19 pandemic, and violence, and should intentionally include

evaluation at district levels; and 2) Reframe the YRBS positively as Youth Health Behavior Survey. CDC is considering these recommendations. The CHAC also approved recommendations for HHS on youth and sexual health which include 1) Support development of routine screening for youth (including STI screening but also mental health, substance and violence screens) and protocols for management for youth-relating to sexual health, integrating youth voices throughout planning process; and 2) Mechanism for youth-focused services to incorporate CHW, use of peer-to-peer supports, use of champions/influencers, and listening sessions with youth to identify and implement best strategies to engage, educate, link to care and impact behavior, recognizing how young people are different and how differences change over time and vary between individuals. Recommendations for HHS are expected to be received by the CHAC in FY24. Lastly in the April 2023 meeting, CHAC members approved the formation of two workgroups, the Long-Acting Injectable workgroup (LAIWG) and the Community Partnerships workgroup (CPWG). The LAIWG scope is focused on defining current and emerging issues related to use of long-acting injectable PrEP and treatment, including identification of system and clinic-level barriers and opportunities (including cost and access issues) and identification of best practices and potential models of care. This workgroup met three times in FY23. The CPWG scope is to provide research to CHAC regarding best strategies and consistent barriers encountered in the development, capacity, and retention of community partnerships that increase health equity by identifying and eliminating disparities. This workgroup met three times in FY23. Both workgroups will submit a report of findings at the

October 24-25, 2023, CHAC meeting. Additional key accomplishments made in FY23 include: The CHAC LGBTQI+ Youth letter submitted to Secretary Beccera on August 25, 2022 was widely circulated in HHS the CDC and HRSA response had input from additional HHS Agencies focusing on LGBTQI+ health including Office of the Assistant Secretary for Health (OASH), Indian Health Service (IHS), Administration for Children and Families (ACF), and Substance Abuse and Mental Health Services Administration (SAMHSA). As a result of this letter, CHAC co-chairs also had a meeting with OASH and SAMHSA on January 20, 2023 to discuss ongoing efforts with addressing the concerns raised in the LGBTQI+ letter. CDC responded to the CHAC Perinatal recommendations submitted on April 21, 2021: Recommendation consistency: CDC recommends universal screening for these infections and is working with other societies, USPSTF, and statestoimprove consistency; ACOG recently update VH guidance and is now consistent with CDC recommendations for hepatitis C and hepatitis B. Screening pregnancy panels: CDC worked with commercial laboratories to offer hepatitis C screening in prenatal panels with Quest, LabCorp, Mayo and ARUP now including hepatitis C screening in prenatal panels. Data linkages: CDC recently published an innovative approach to monitor medication exposures and outcomes in pregnancy. CDC participates in SET-NET, which aims to understand the effects of emerging and reemerging threats on pregnant people and their infants. Case review boards: Notice of funding CDC-RFA-PS23-0013, Assuring Comprehensive Perinatal, Maternal and Infant Health and the Elimination of Perinatal HIV in the United States⁷, was recently awarded with an expanded scope to

incorporate congenital syphilis prevention; this work will include integrated case review boards. CDC responded to the CHAC Telehealth recommendations submitted on June 16, 2022: CDC announced a cooperative agreement, CDC-RFA-PS-24-0026: Implementation of Community Health Worker-Mediated Services for Re-Engagement to Care and Outreach for Persons with HIV in Rural Communities to train community health workers to facilitate re-engagement of persons with HIV. CDC supported national technical assistance provider, NASTAD, to expand TelePrEP in EHE jurisdictions through online learning and collaboration. CDC funded the development of the Telehealth: Using Human Centered Design to Reach Underserved Communities initiative.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Every year, millions of Americans are infected with HIV, viral hepatitis, and STDs, and tens of thousands die from their infections. The work of CHAC is important in assisting CDC and HRSA achieve their missions related to these infectious diseases. As a joint CDC and HRSA committee, CHAC plays a critical role ensuring an integrated approach to the prevention, care and treatment of HIV, viral hepatitis, and STDs. This unique composition allows for a unified approach to the national HIV, viral hepatitis, and STD agenda, including providing support for Ending the HIV Epidemic initiative and HRSA and CDC programs.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Deleted: Demetre Daskalakis (CD-1621158),
appointment term date as a special government
employee is 5/29/2019 – 11/9/2020.

Designated Federal Officer

Jonathan Mermin DFO

| Committee Members | Start | End | Occupation | Member Designation |
|---------------------------|------------|------------|--|--|
| Akolkar, Pradip | 11/30/2002 | 11/29/2024 | Food and Drug Administration | Ex Officio Member |
| Arrington Sanders, Renata | 09/15/2023 | 09/14/2027 | Chief of Adolescent Medicine, The Children's Hospital of Philadelphia | Special Government Employee (SGE) Member |
| Cadena-Fulks, Keiva Lei | 09/15/2023 | 09/14/2027 | Director of Harm Reduction Services, Kumukahi Health + Wellness | Special Government Employee (SGE) Member |
| Deal, Carolyn | 01/26/2023 | 01/26/2025 | National Institutes of Health, National Institute of Allergy and Infectious Diseases | Ex Officio Member |
| Dieffenbach, Carl | 01/26/2023 | 01/26/2025 | National Institutes of Health, National Institute of Allergy and Infectious Diseases | Ex Officio Member |
| Dionne, Jodie | 10/18/2019 | 11/30/2023 | University of Alabama at Birmingham | Special Government Employee (SGE) Member |
| Dowler, Shannon | 05/25/2021 | 11/30/2024 | North Carolina Medicaid | Special Government Employee (SGE) Member |
| Driffin, Daniel | 06/20/2021 | 06/22/2025 | D3 Consulting | Special Government Employee (SGE) Member |
| Gandotra, Neerja | 11/21/2019 | 11/20/2024 | Substance Abuse and Mental Health Services Administration | Ex Officio Member |

| | | | | |
|------------------------|------------|------------|--|--|
| Gordon, Christopher | 01/26/2023 | 01/26/2025 | National Institutes of Health, National Institute of Mental Health | Ex Officio Member |
| Granados, Grissel | 09/15/2023 | 09/14/2027 | Deputy Director, The Well Project | Special Government Employee (SGE) Member |
| Greene, Meredith | 02/16/2021 | 01/03/2025 | University of California, San Francisco | Special Government Employee (SGE) Member |
| Guilamo Ramos, Vincent | 05/25/2021 | 11/30/2024 | Duke University School of Nursing | Special Government Employee (SGE) Member |
| Haverkate, Richard | 11/14/2016 | 11/13/2024 | Indian Health Service | Ex Officio Member |
| Hayes, Kaye | 03/12/2012 | 03/11/2024 | Office of HIV/AIDS and Infectious Disease Policy | Ex Officio Member |
| Kapogiannis, Bill | 05/02/2023 | 05/02/2025 | National Institutes of Health, Office of AIDS Research | Ex Officio Member |
| Lindsey, Kali | 12/01/2021 | 11/30/2025 | ETR | Special Government Employee (SGE) Member |
| Mabry Hernandez, Iris | 09/24/2012 | 09/23/2024 | Agency for Healthcare Research and Quality | Ex Officio Member |
| Mallick, Aditi | 11/03/2022 | 11/03/2024 | Centers for Medicare and Medicaid Services | Ex Officio Member |
| Markham, Christine | 12/01/2021 | 11/30/2025 | University of Texas Houston School of Public Health | Special Government Employee (SGE) Member |
| Riester, Robert | 02/16/2021 | 01/03/2025 | Denver Element | Special Government Employee (SGE) Member |
| Rodriguez, Leandro | 02/16/2021 | 01/03/2025 | Latino Commission on AIDS | Special Government Employee (SGE) Member |

| | | | | |
|---------------|------------|------------|---|--|
| So, Samuel | 05/25/2021 | 11/30/2024 | Asian Liver Center at Stanford University | Special Government Employee (SGE) Member |
| Wild, Richard | 03/20/2012 | 03/19/2024 | Centers for Medicare and Medicaid Services | Ex Officio Member |

Number of Committee Members Listed: 24

Narrative Description

The Committee supports the missions of the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) by providing recommendations on important issues related to the prevention, control, and treatment of HIV, viral hepatitis and STDs, and the support of health care and treatment services to people with HIV.

What are the most significant program outcomes associated with this committee?

| | Checked if Applies |
|---|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input checked="" type="checkbox"/> |
| Major policy changes | <input checked="" type="checkbox"/> |
| Advance in scientific research | <input checked="" type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input checked="" type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

N/A

What are the cost savings associated with this committee?

| | Checked if Applies |
|------|--------------------------|
| None | <input type="checkbox"/> |

| | |
|----------------------------|-------------------------------------|
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

There was no apparent cost-savings in comparison to the previous year.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

218

Number of Recommendations Comments

The recommendations in FY 2023 fall under these categories: mpox, syphilis drug shortage, STI Self-testing and Self-collection, Youth and sexual health, HRSA's best practices compendium, RFA guidance, and the AETC re-competition.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

66%

% of Recommendations Fully Implemented Comments

Since 2007, 144 recommendations were fully implemented.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

19%

% of Recommendations Partially Implemented Comments

Since 2007, 41 recommendations remain partially implemented. We work with programs on a routine basis to update partially implemented recommendations. Currently 33 recommendations have not been implemented by the agencies, of which 9 were directed to HHS and 24 were directed to CDC and HRSA.

Does the agency provide the committee with feedback regarding actions taken to

implement recommendations or advice offered?Yes ☒ No ☐ Not Applicable ☐**Agency Feedback Comments**

Agency updates are provided at the beginning of each Committee meeting; by written and electronic correspondence; and in reports and recommendations, which are published in CDC's Morbidity and Mortality Weekly Reports. The public can also obtain additional information including meeting minutes at:

<https://www.cdc.gov/faca/committees/chachspt.html>.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

| | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input checked="" type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

The agencies work closely with the Committee Co-Chairs to identify priorities and issues to be addressed at committee meetings. Prior to the meetings, the agencies prepare agendas and provide background materials to Advisory Committee members. As needed, the agencies also support workgroups formed by CHACHSPT members, which include presentation by outside experts, to focus on priority issues under the scope of the Advisory Committee.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

Checked if Applies

| | |
|------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |

Online Committee Web Site



Online GSA FACA Web Site



Publications



Other



Access Comments

Information for On line Committee Web Site can be found at SBI website:

<https://www.cdc.gov/faca/committees/chachspt.html>