

Ending the HIV Epidemic (EHE)

The U.S. Department of Health and Human Services (HHS) has launched Ending the HIV Epidemic: A Plan for America. The cross-agency initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating programs, resources, and infrastructure of many HHS agencies and offices. The overarching goal of this plan is reaching a 75% reduction in new HIV infections by 2025 and at least a 90% reduction by 2030.

EHE Pillar 1: Diagnose all people with HIV as early as possible after infection

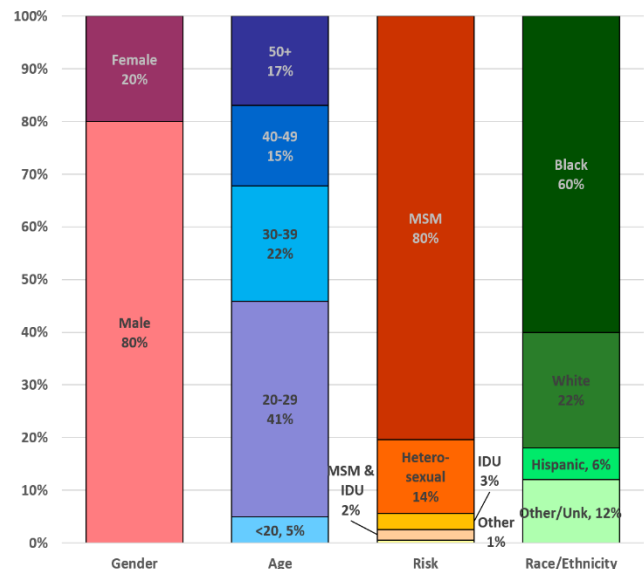
HIV in S.C. For the two-year period 2018-2019, 1,556 people were newly diagnosed with HIV in S.C., which is slightly lower than the 1,562 diagnosed in 2016-2017.

By Sex at birth, 80 percent of new HIV/AIDS cases occurred among men; 20 percent were among women.

By age, the majority (41 percent) of new HIV/AIDS cases were among people ages 20-29; 22 percent were among people age 30-39; 15 percent were among people age 40-49; and 17 percent were age 50 and up. Five percent of new cases were under the age of 20.

By risk, among the 883 people with a reported risk, men who have sex with men (MSM) represent the largest proportion (80 percent) of newly diagnosed, followed by 14 percent indicating heterosexual sex (men who have sex with women / women who have sex with men) as their exposure to HIV. Twenty-seven people (3 percent of total with reported risk) were persons who injected drugs (PWIDs). Of the people who reported a risk, 2 percent indicated the combined risks of men who injected drugs and had sex with other men.

By race/ethnicity, among people newly diagnosed with HIV/AIDS in S.C., 60 percent were African American; 22 percent were white; 6 percent were Hispanic. In 2018-2019, African Americans had a case rate 6.5 times greater than whites in S.C.



Among women recently diagnosed with HIV/AIDS in S.C., most were African American (64 percent); 21 percent were white; 3 percent were Hispanic. Of the 99 women reporting risk, 91 percent indicated heterosexual sex as their exposure to HIV and 7 percent were women who injected drugs.

Among men recently diagnosed in S.C., 59 percent were African American; 23 percent were white; and 7 percent were Hispanic. Of the 784 men reporting risk, 90 percent were men who have sex with men, 4 percent were exposed through heterosexual sex; 3 percent were men who injected drugs; and 3 percent were men who injected drugs and had sex with other men.

EHE Pillar 2: Treat the infection rapidly and effectively to achieve sustained viral suppression

As of December 2019, there were 20,334 residents of S.C living with a diagnosis of HIV (including AIDS). Of these, 14,599 were men and 5,735 were women. Most people (10,248) were ages 50 and over; 4,116 were ages 40-49; 3,646 were ages 30-39; 2,141 were ages 20-29; and 183 were children and teens under 20 years of age.

As with new infections, African Americans were disproportionately impacted. Most of the people living with HIV in S.C. were African American men (47 percent), 22 percent were African American women, 21 percent were white men and 4 percent were white women. Six percent of people living with HIV were Hispanic/Latino (men and women).

Of the 15,844 people living with HIV who reported a risk, 56 percent reported a risk of men who have sex with men; followed by men and women exposed through heterosexual sex (30 percent); injecting drug use (9 percent); and 4 percent were men who injected drugs and had sex with other men.

As of December 2019, on average 76 percent of people diagnosed with HIV/AIDS in S.C. were linked to care within 30 days; on average 94 percent of newly diagnosed people were linked to care within 90 days; 55 percent of people who received care in S.C. were retained in care; and 61 percent of people receiving care reached viral suppression.

Note: The national and state performance standard for linkage to care is at least 85% of persons newly diagnosed with HIV should be linked to care within 30 days of diagnosis.

EHE Pillar 3: Prevent new HIV transmissions by using proven interventions

Pillar 3 includes proven interventions such as pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs, where allowable by law). Pre-exposure prophylaxis (PrEP) is a pill taken daily by people who do not have HIV but who are at very high risk for getting HIV. It is highly effective in preventing HIV when taken daily. Based on the most recently available data, CDC estimated in 2018 that there were approximately 10,249 persons in South Carolina who had indications for PrEP. Of the 10,000+ persons, only 1,198 (11.7%) were prescribed PrEP medication.

EHE Pillar 4: Respond quickly to potential HIV outbreaks

Responding quickly to potential HIV outbreaks will get needed prevention and treatment services to people who need them. HIV cluster detection and response (CDR) is an approach that uses data routinely reported to health departments to identify networks of rapid HIV transmission. This information can then be used to identify gaps in prevention and care services that contribute to rapid transmission and ensure that services reach the populations that need them the most.

A cluster or outbreak indicates gaps in our prevention and care services that need to be addressed to remove barriers to services and stop transmission. To close this gap, health departments can work to:

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| -- Understand barriers to care and prevention | -- Provide needed services in targeted areas |
| -- Develop approaches to overcome barriers | -- Increase testing and outreach in those areas |

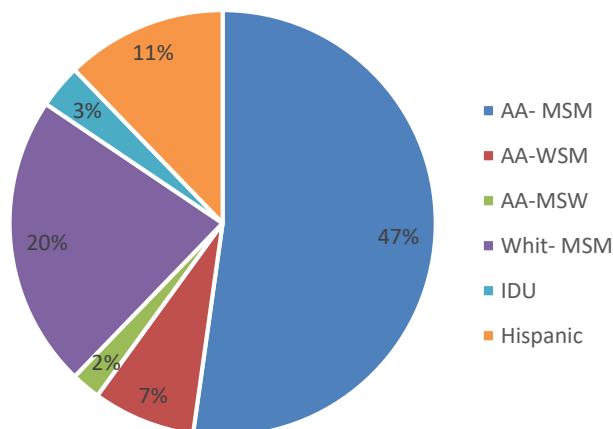
S.C. HIV Program Priority Populations

Care, treatment and prevention services for persons living with HIV/AIDS are top priorities for the State of South Carolina's HIV Program.

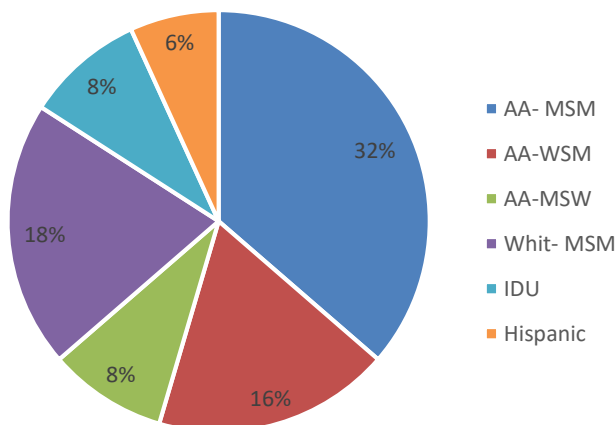
| Among remaining priority populations for the state's HIV prevention services: | | |
|--|---|---|
| S.C. HIV Prevention Program Priority Populations ^(1,2) | 2018/2019 Diagnosed HIV/AIDS Cases by Population % of Total Cases w/Risks Identified (911 Total) * | People Living with HIV/AIDS, 2019 By Population % of Total Cases w/Risks Identified (16,126 Total) |
| 2. African American MSM | 47% | 32% |
| 3. African American WSM | 7% | 16% |
| 4. African American MSW | 2% | 8% |
| 5. White MSM | 20% | 18% |
| 6. IDU | 3% | 8% |
| 7. ♦Hispanic/Latino ³ | 11% | 6% |

*Caution: Due to small numbers, it is important to interpret recent case proportions with caution.

2018-2019 Incidence Priority Populations



2019 Prevalence Priority Populations



NOTES:

1. Populations: MSM = Men who have Sex with Men; IDU = Injecting Drug User; WSM = Women who have Sex with Men; MSW = Men who have Sex with Women.
2. Priority Populations are a subset of the Epi Profile data and are not directly comparable to incidence and prevalence counts/percentages.
3. Ethnicity, in and of itself, is not a risk factor for HIV; however, in the context of Priority Populations, Hispanic/Latino is included as a 'Risk' for reporting purposes.

Source: SCDHEC, STD/HIV Division 11/2020

For more information visit: www.scdhec.gov/health/infectious-diseases/hiv-aids-std-data-and-reports or call the S.C. AIDS/STD Hotline toll free at 1-800-322-AIDS