



CDC reports HIV prevention progress has stalled

The Centers for Disease Control and Prevention (CDC) recently reported that despite the reduction in HIV cases by more than two-thirds since the height of the epidemic, progress has stalled in recent years. The estimated number of new HIV infections began to level off in 2013 with approximately 38,900 people and 38,700 newly infected in 2016.

CDC proposes that the stabilization of new infections has occurred because effective prevention and treatment are not adequately reaching those that need it. They further indicate that gay and bisexual men, African Americans, Latinos, and people ages 25-34 bear the greatest burden of new HIV infections in the United States.

A proposed federal initiative was announced in February to eliminate the HIV epidemic in the U.S. by increasing four main efforts:

- Diagnosing HIV as early as possible after infection
- Treating HIV rapidly and effectively to achieve sustained viral suppression
- Protecting people at risk for HIV using proven prevention approaches such as pre-exposure prophylaxis (PrEP)
- And responding rapidly to growing HIV clusters to stop new infections

The “Ending the Epidemic: A Plan for America” initiative will use scientific advances in prevention, diagnosis, and treatment by integrating programs at the national level such as CDC, the National Institutes of Health, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and Indian Health Services. The goal of the initiative is to reduce new HIV infections by 90% over 10 years.

To read the report, please visit: https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/HIV-Incidence-Fact-Sheet_508.pdf

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Screening pregnant women for hepatitis C found to be highly cost effective

A new study which evaluated the cost-effectiveness of hepatitis C screening among pregnant women in the U.S. demonstrated that it would be highly cost effective. Hepatitis C prevalence among pregnant women doubled between 2009-2014. However, many pregnant women with hepatitis C remain undiagnosed. Screening of pregnant women is currently not a recommendation by the Centers for Disease Control and Prevention, despite new guidelines by the American Association of the Study of Liver Disease recommending screening for this population. This study assessed the cost-effectiveness of hepatitis C screening for pregnant women in the U.S.

The researchers used a natural history Markov model to evaluate cost-effectiveness of universal hepatitis C screening among pregnant women and treatment after pregnancy and compared that to background risk-based screening from a health care payer perspective. Based on national data, prevalence of hepatitis C among pregnant women was assumed to be 0.73%. The researchers investigated cost in U.S. dollars and health outcomes in quality adjusted life years (QALYs) over the lifetime. Cost of hepatitis C treatment was assumed to be \$25,000 per treatment.

Antenatal screening was shown to be cost effective at even the lowest estimated prevalence in the U.S. (0.07%, Hawaii). The researchers conclude that universal screening of pregnant women could result in detection and treatment of 33,000 women based on current fibrosis restrictions.

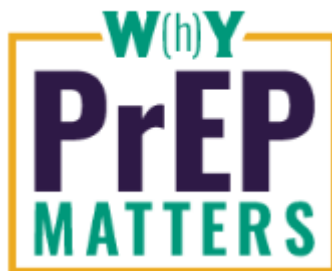
To read the full article, visit: <https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/cizo63/5303781?redirectedFrom=fulltext>

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PrEP
REDUCES YOUR RISK OF GETTING HIV FROM INJECTION DRUG USE BY MORE THAN **70%**

GET STARTED AND FIND A PROVIDER NEAR YOU AT:
WYPrEPmatters.com

Wyoming Department of Health



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DO YOU HAVE SEX...

- with multiple partners?
- without a condom?
- with someone who is HIV+?

... Then you need to know **WHY PrEP MATTERS**

GET STARTED AND FIND A PROVIDER NEAR YOU AT:
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Wyoming Department of Health

Language Access Webinar Series

The Wyoming Department of Health (WDH) Office of Health Equity is encouraging service providers and other residents to learn more about language access rights through an upcoming webinar series.

“Many people understand the need to make sure their services are accessible and welcoming to people with physical challenges,” said Lillian Zuniga, WDH Office of Health Equity program manager. “Yet most are unsure about their responsibilities to help those who speak a language other than English.”

The planned webinar series offers community members, health and human service agencies, healthcare providers, law enforcement, education and concerned citizens an opportunity to learn more about language access rights, as well as other related civil rights and protections.

Zuniga noted language access is a civil right protected by federal law.

Webinar details include:

Session I: Language Assistance Services

Wednesday, 3/20, 11:30 a.m. – 12:30 p.m.

Register at <https://tinyurl.com/vyq8o7wf>

Session II: Language Access Planning

Wednesday, 4/17, 11:30 a.m. – 12:30 p.m.

Register at <https://tinyurl.com/y5s5toou>

Session III: Beyond LEP: Effectively Communicating with Individuals with Disabilities

Wednesday, 5/22, 11:30 a.m. – 12:30 p.m.

Register at <https://tinyurl.com/y53r5q3c>

Ian Shipps, supervisory investigator with the U.S Department of Health and Human Services Office for Civil Rights will lead each webinar session.

The series is being offered in collaboration with the Wyoming State Network for Language Access (WYSNLA). For more information, contact Zuniga at lilli-an.zuniga@wyo.gov.

W(h)Y PrEP Matters

The new PrEP resource website has launched. Please visit wyprepmatters.com to find information about PrEP including recommended populations, payment options for PrEP, finding a PrEP provider, and other resources.

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