

"Twenty Years of AIDS: Honoring Those Lost to HIV by Preventing Its Future Spread"

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Notice to Readers: The 20th Year of AIDS: A Time to Re-Energize Prevention

Since the first acquired immunodeficiency syndrome (AIDS) cases were reported in 1981, human immunodeficiency virus (HIV) has caused approximately 22 million deaths worldwide. In the United States, approximately 400,000 persons have died, and approximately one million have been infected. However, numerous persons have avoided infection through prevention efforts, and many lives have been prolonged through advances in treatment.

The 20th year of AIDS is a milestone in the fight against HIV/AIDS; it is a time to remember persons who have become ill and died from the disease and to reflect on the progress made in both HIV prevention and treatment. A way to commemorate those persons who have died from AIDS is to accelerate efforts to stop HIV transmission. Accordingly, at this milestone, CDC has outlined a new strategy to reduce further HIV infection.

The response to HIV/AIDS in the United States has demonstrated the necessity of collaboration between health officials and affected communities. Since the mid-to-late 1980s, CDC has worked with all sectors of society (e.g., state and local public health, media, business, religious, medical, and academic and community-based organizations) to inform the public about AIDS and implement prevention efforts. These efforts evolved from public information campaigns to highly targeted community-based programs using proven behavior interventions. During this time, U.S. infection rates declined dramatically.

New strategies are needed to maintain and accelerate progress in HIV/AIDS prevention that sustain and reinvigorate communities most severely affected during the early years of the epidemic, particularly men who have sex with men and to meet the evolving needs of an increasingly diverse epidemic. Efforts also must be tailored to equip racial/ethnic minority communities with the skills and knowledge to prevent HIV infection.

Highly active antiretroviral therapies have improved the length and quality of life for HIV-infected persons. However, some infected persons on treatment assume that they are not infectious and engage in behavior that increases risk for transmission (*I*). In addition, some persons may have decreased concern about infection because of advances in treatment. Increases in risk behaviors and rates of sexually transmitted diseases among men who have sex with men have been reported from multiple cities, which may herald an increase in HIV transmission.

CDC begins the third decade of HIV/AIDS with a new strategic plan designed to reduce annual infections by half within 5 years. This three-part plan includes: 1) intensifying efforts to help all infected persons learn their HIV status; 2) establishing new prevention programs to help HIV-infected persons establish and maintain safer behaviors, combined with improved linkages to treatment and care; and 3) expanding highly targeted prevention programs to reach all HIV-negative persons at greatest risk. Additional information about the HIV strategic plan is available at <http://www.cdc.gov/nchstp/od/news/prevention.pdf>

HIV prevention programs contribute to healthier behaviors and reduce the number of new HIV infections in the United States. An expanded and sustained commitment to prevention on a global, national, community, and personal level is required to further reduce the number of new infections and of persons living with HIV.

Reference

1. Dukers NHTM, Goudsmit J, de Wit JBF, Prins M, Weverling G-J, Coutinho RA. Sexual risk behaviour relates to the virological and immunological improvements during highly active antiretroviral therapy in HIV-1 infection. *AIDS* 2001;15:369--78.

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