Written Statement of

Dr. Ronald O. Valdiserri, Deputy Assistant Secretary for Health, Infectious Diseases

Office of HIV/AIDS & Infectious Disease Policy, U.S. Department of Health & Human Services

to the United States Senate Special Committee on Aging

September 18, 2013

Chairman Nelson and Members of the Special Committee,

Good afternoon. I am Ronald Valdiserri, MD, MPH, and I serve as the Deputy Assistant Secretary for Health, Infectious Diseases, at the U.S. Department of Health and Human Services. I am pleased to offer testimony on the challenges of human immunodeficiency virus (HIV) infection among persons age 50 or older and how the National HIV/AIDS Strategy and other Federal initiatives are helping to address their prevention, treatment, and care needs.

According to the Centers for Disease Control and Prevention (CDC), an estimated 11 percent of the nearly 50,000 new HIV infections per year in the United States occur in persons age 50 years or older. The Nation is witnessing a major demographic shift toward older age groups among the estimated 1.1 million Americans living with HIV. In 2009, CDC surveillance data estimated that 33 percent of persons living with HIV infection were age 50 or older; by 2020, this age group may represent *half* of those living with HIV infection.[1]

Prevention for this age group is complicated by a number of factors. First, as is true for younger age groups, there are large racial and ethnic disparities in HIV diagnoses among persons age 50

[1] Brooks, John T., et al. "HIV infection and older Americans: The public health perspective." American Journal of Public Health 102.8 (2012): 1516-1526.

or older. Between 2005-2008, the rates of HIV diagnosis for African-Americans and Hispanics/Latinos were 13 and 5 times higher, respectively, than the rate for whites.[2] Second, although a large fraction of Americans remain sexually-active into their mid-sixties and beyond – including those living with HIV infection – many lack awareness of the risks of infection, take little precaution against HIV acquisition, and do not discuss their sexual health with care providers. Third, prevention for this age group may also be complicated by established health risk behaviors such as smoking, alcohol abuse, and substance use.[3]

Treating persons aging with HIV presents its own challenges. Older persons are more likely to be diagnosed late in the course of their HIV infection and have inferior immune responses to antiretroviral therapy than younger people. This may be remediated in part by fully implementing routine HIV screening for all persons 15 – 65 years of age in accord with new U.S. Prevention Services Task Force recommendations.[4] Yet even among those diagnosed and receiving HIV treatment, persons age 50 or older and living with HIV infection may prematurely experience chronic co-morbidities common to advancing age, including cardiovascular disease, infectious and non-infectious cancers, liver disease (particularly among those with hepatitis co-infection), renal disease, and neuro-cognitive decline.[5]

---

[2] Laurie Linley, Joseph Prejean, Qian An, Mi Chen, and H. Irene Hall. Racial/Ethnic Disparities in HIV Diagnoses Among Persons Aged 50 Years and Older in 37 US States, 2005–2008. American Journal of Public Health: August 2012, Vol. 102, No. 8, pp. 1527-1534. doi: 10.2105/AJPH.2011.300431 http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300431?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3Dpubmed&&

[3] Nakagawa, Fumiyo, Margaret May, and Andrew Phillips. "Life expectancy living with HIV: recent estimates and future implications." Current Opinion in Infectious Diseases. 2013, 26(1): 17-25.

[4] Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. Annals of Internal Medicine. 2013, Jul;159(1):I-36.

[5] High, Kevin P., et al. "HIV and aging: state of knowledge and areas of critical need for research. A report to the NIH Office of AIDS Research by the HIV and Aging Working Group." JAIDS Journal of Acquired Immune Deficiency Syndromes. 2012, 60: S1-S18.

Finally, because HIV disproportionately affects sexual, racial, and ethnic minorities who often have fewer economic and social resources, optimizing health outcomes for those aging with HIV requires care services that address homelessness, food insecurity, and social isolation.

Our progress toward achieving an AIDS-free generation in the United States has been assisted by three recent developments. First, the Affordable Care Act is expanding access to quality care for millions of uninsured Americans, some of whom were previously refused health insurance due to pre-existing conditions, including HIV infection. The law also includes new provisions to support patient-centered medical homes, which are expected to increase care coordination, improve health outcomes, and lower treatment costs.

Second, in 2010, the White House released the National HIV/AIDS Strategy (NHAS), which strives to reduce new HIV infections, improve access to care and health outcomes, and reduce HIV-related health disparities. The White House subsequently convened an HIV and Aging meeting that included leading researchers, representatives from HHS agencies, and a video address from a well-known actor whose recurrent character on a popular TV series (Brothers & Sisters) was that of an older man living with HIV. Other Federal Departments and agencies are also addressing the needs of older adults in their NHAS implementation activities. CDC collects and analyzes HIV surveillance data, supports HIV testing and prevention services, and educates practitioners on the HIV-prevention needs of persons age 50 years or older. The National Institutes of Health (NIH) has commissioned an HIV and Aging work group to identify research priorities for the treatment and care needs of those aging with HIV infection, which has led to new initiatives focused on the aforementioned medical complications of aging with HIV. The

Administration for Community Living has released fact sheets, educational videos, and community resource webinars to help increase awareness of the prevention, treatment, and care needs of older adults. The Department of Justice has pursued several cases of HIV-related discrimination as called for by the NHAS, including a successful lawsuit against an Arkansas nursing home that refused to provide care for a retired professor living with HIV.

Third, on July 15, 2013, the White House issued Executive Order 13649, *Accelerating Improvements in HIV Prevention and Care in the United States Through the HIV Care Continuum Initiative*, establishing a work group to offer the President recommendations for actions Federal agencies can take to improve HIV care continuum outcomes. As you may know, only 25 percent of the estimated 1.1 million Americans living with HIV infection achieve virologic suppression,[6] which requires being diagnosed, linked to and retained in HIV medical care, and prescribed combination antiretroviral therapy. That is, approximately 830,000 people in the United States – including those age 50 years or older – do not receive the full benefits of HIV medical care, which can promote health, reduce risk of onward transmission, and extend life expectancy to levels approaching those of persons not living with HIV infection.

Taken together, these key developments will enable the Federal Government to better anticipate demographic shifts in the epidemic and address the HIV prevention, treatment, and care needs of all Americans, including persons age 50 or older.

[6] Hall, H. Irene, et al. "Differences in Human Immunodeficiency Virus Care and Treatment Among Subpopulations in the United States HIV Care and Treatment in the United States." JAMA Internal Medicine (2013): 1-7.

This concludes my testimony, Mr. Chairman. I appreciate the opportunity to appear before you and I will be happy to answer any questions the committee may have.