

HIV/AIDS Epidemic

HIV/AIDS has claimed the lives of over 500,000 Americans. Today, about one million Americans are living with HIV, the virus that causes AIDS, and one quarter of those infected are unaware of their infection.

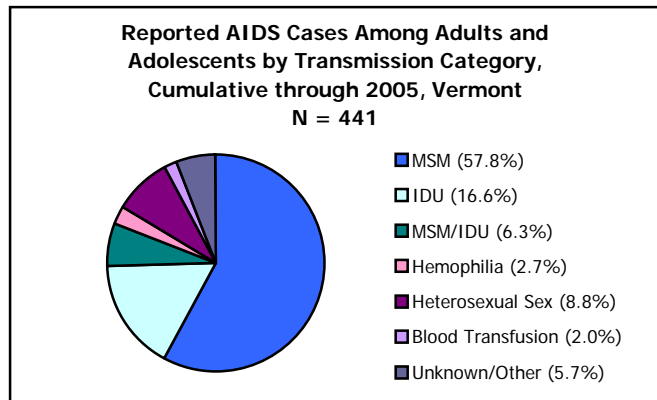


Figure 1: Source: CDC, HIV/AIDS Surveillance System

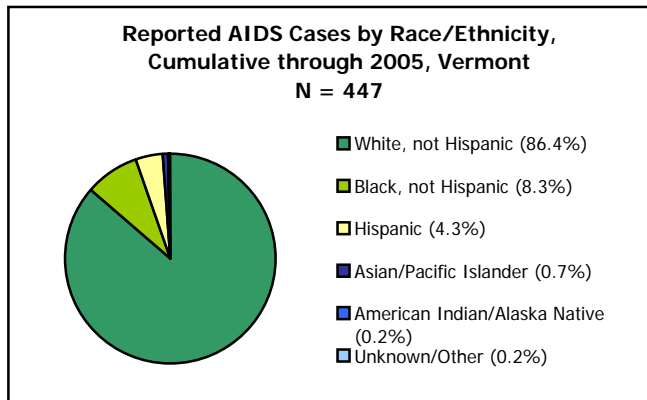


Figure 2: Source: CDC, HIV/AIDS Surveillance System

Vermont reported 447 AIDS cases to CDC, cumulatively from the beginning of the epidemic through December 2005. Vermont ranked 46th highest among the 50 states in number of reported AIDS cases in 2005. For more, visit: http://healthvermont.gov/prevent/aids/aids_index.aspx

Tuberculosis (TB)

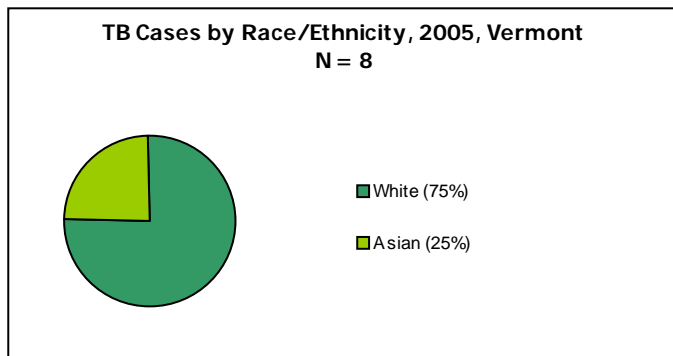


Figure 3: Source: CDC, National TB Surveillance System

Although the overall rate of TB in the U.S. has declined substantially since 1992, the rate of decrease among foreign-born persons has been much smaller than that for U.S.-born persons.

In 2005, Vermont reported:

- The 45th highest rate of TB among states in the U.S. (1.3 per 100,000 persons).
- 25% of TB cases occurred in foreign-born persons.

For more, visit:

<http://healthvermont.gov/prevent/tb/Tuberculosis.aspx>

Viral Hepatitis

Hepatitis A, B, and C Virus (HAV, HBV, HCV)

Safe and effective vaccines against HBV and HAV have led to dramatic declines in acute disease; for each, estimated incidence in 2005 was the lowest ever recorded. But there is no vaccine for HCV, and chronic HBV and HCV account for over 50% of new cases of chronic liver disease, a leading cause of death.

In Vermont, between 2000 and 2005:

- Reports of acute hepatitis A decreased by 50%.
- Reports of acute hepatitis B returned to the same level.
- Chronic hepatitis C infection reporting to CDC was initiated to improve surveillance.

For more, visit: http://www.healthvermont.gov/a_z.aspx

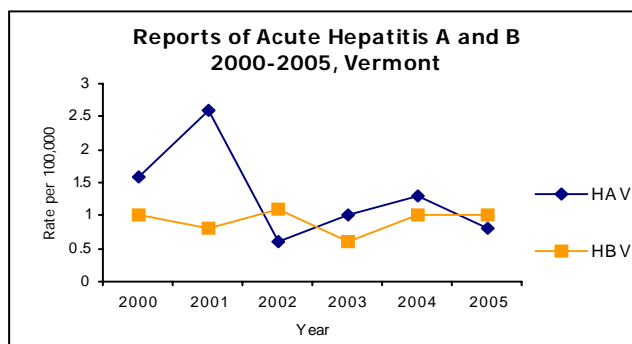


Figure 4: Source: CDC, National Notifiable Disease Surveillance System

Sexually Transmitted Diseases (STDs)

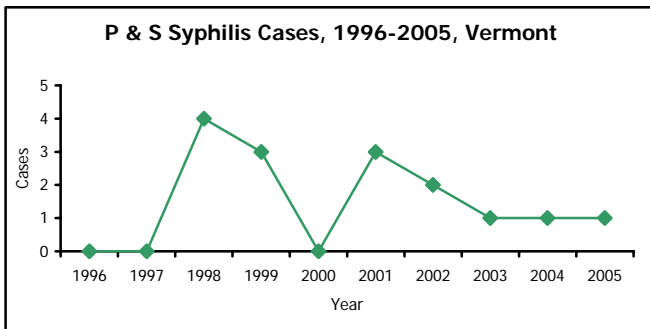


Figure 5: Source: CDC, STD Surveillance System

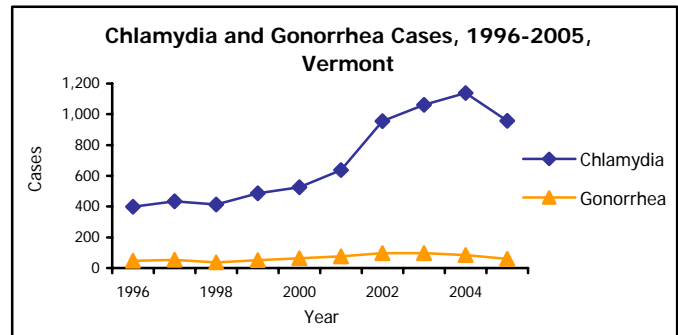


Figure 6: Source: CDC, STD Surveillance System

Syphilis - Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas.

- Vermont ranked 47th among 50 states, with 0.2 cases of P&S syphilis per 100,000 persons.
- Between 1996 and 2005, Vermont reported 1 case of congenital syphilis, in 1996.

Chlamydia and Gonorrhea - Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease, which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain. In 2005, Vermont:

- Ranked 49th among 50 states in chlamydial infections (154 per 100,000 persons) and ranked 49th among 50 states in gonorrheal infections (9.7 per 100,000 persons).
- Reported rates of chlamydia among women (229.7 cases per 100,000) that were 3 times greater than those among men (75.9 cases per 100,000).

For more, visit: http://healthvermont.gov/prevent/std/std_info.aspx

Program Initiatives Supported by CDC

HIV/AIDS - CDC utilizes a comprehensive approach to HIV prevention that includes surveillance, research, interventions, capacity building, and evaluation. CDC supports 65 state, territorial and local health departments and over 100 community-based organizations to conduct HIV prevention programs. Programs are designed to meet the cultural needs, expectations, and values of the populations they serve, and CDC involves affected communities in the HIV prevention community planning process to ensure that funding goes to those who need it most.

STDs - CDC supports 65 state, territorial, and local health departments to conduct STD prevention programs through Comprehensive STD Prevention System grants. These grants support a community-wide, science-based, interdisciplinary approach to STD prevention that includes behavioral interventions, medical and laboratory services, disease surveillance, outbreak response, professional development, and STD awareness and education campaigns. CDC also assigns staff to state and local health departments.

TB - Through cooperative agreements with 68 state, territorial, and big-city health departments, CDC supports TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services, medical consultation for complex TB cases, and training for state and local TB control staff. CDC also assigns staff to the field to provide direct assistance.

Viral Hepatitis - CDC supports Hepatitis C Coordinators to provide management, networking, and technical expertise for successful integration of hepatitis C prevention activities into existing public health programs. Coordinators facilitate activities in 52 health departments, including: 1) incorporating HCV counseling and testing into public health and clinical settings; 2) training of health care professionals; 3) identifying resources for hepatitis A and B vaccination; and 4) developing referral networks to address the needs of HCV-infected persons.

CDC funding to Vermont, 2006	
HIV/AIDS	\$1,535,441
STDs	\$184,193
TB	\$125,976
Viral Hepatitis	\$56,884

For More Information

- Vermont's programs, services, and statistics, visit: <http://healthvermont.gov/>
- CDC's programs, services, and statistics, visit: <http://www.cdc.gov/nchhstp>
- Funding opportunities, conferences, HIV testing resources, and other news, visit: <http://www.cdcnpin.org>