The Potential Effect of Ending CDC Funding for HIV Tests:
A Modeling Study in 25 US States

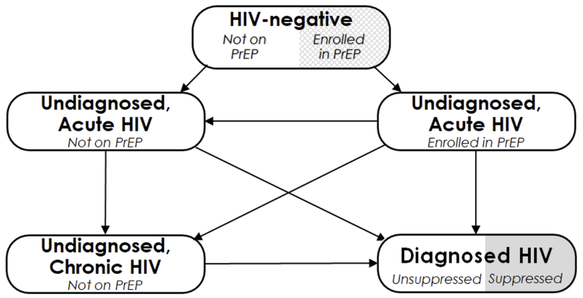
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BACKGROUND

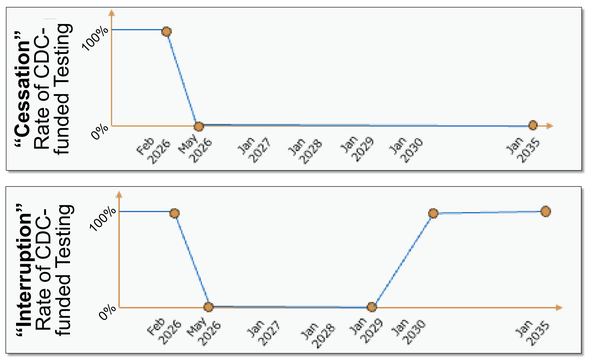
The US Centers for Disease Control and Prevention (CDC) provide funding for HIV testing to community organizations and local health departments. **We aimed to model the additional number of HIV infections that would result from ending or interrupting CDC funding for HIV tests in US states.**

METHODS

We adapted the Johns Hopkins Epidemiological and Economic Model (JHEEM) stratified by race/ethnicity, sex, age and intravenous drug use to quantify the impact of two scenarios across 25 US states.



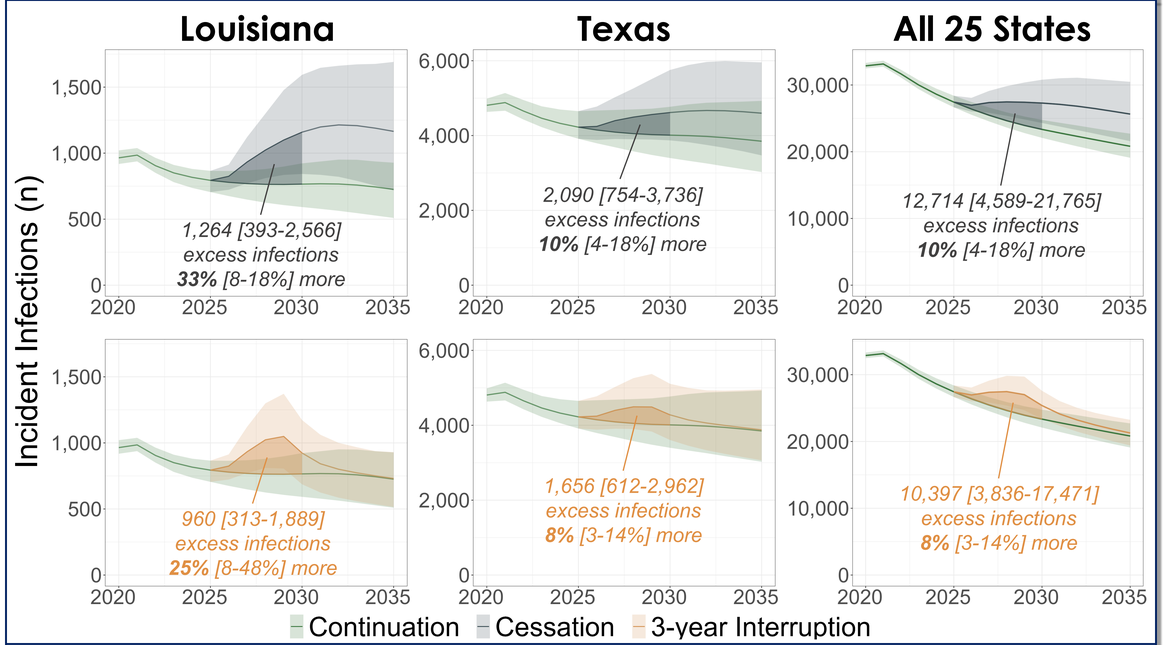
We projected incidence forward under two scenarios:
(1) **"Cessation"** – all CDC-funded HIV testing ends in February 2026 and never resumes.
(2) **"3-year Interruption"** – all CDC-funded HIV testing ends in February 2026 and returns to prior levels from January to December 2029.

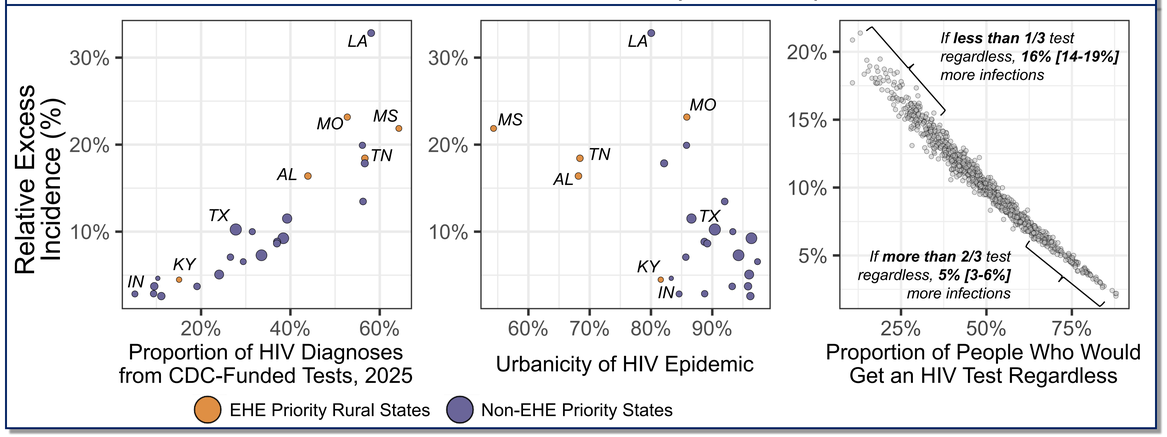


RESULTS

If CDC-funded HIV testing ended permanently in February 1, 2026 we project, across 25 states:

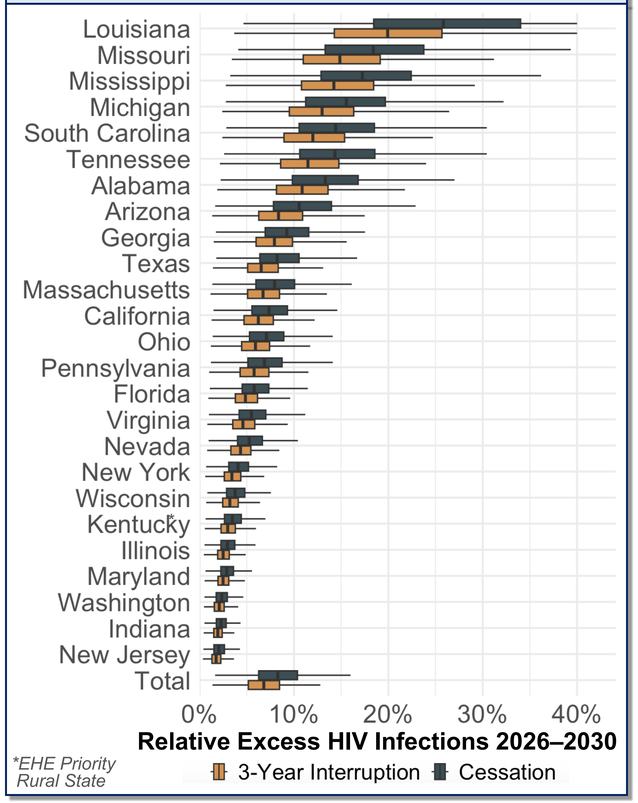
- **12,714 additional infections** by 2030 (95% CrI 4,589 to 21,765)
- **10% more infections** than if testing had continued (4%-18%)
- Projected excess depends on the proportion of people who are able to find an alternative means for HIV testing





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RESULTS



CONCLUSIONS

A complete cessation of CDC-funded HIV testing in 2026 would result in **12,714 excess infections** across 25 U.S. states by 2030, disproportionately impacting states with more rural HIV epidemics. Mobilizing access to alternative HIV testing would be critical to mitigating this impact.

- The rise in infections is closely correlated with the proportion of HIV that diagnoses are made with CDC-funded HIV tests.
- These findings demonstrate the value of the CDC's HIV testing activities in limiting US HIV transmission.