**The Potential Effect of Ending CDC Funding for HIV Tests: A Modeling Study in 27 States**

**Abstract (2500 Characters)**

**Background:**

Timely HIV diagnosis and treatment is necessary to prevent its transmission. 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 used the Johns Hopkins Epidemiologic and Economic Model (JHEEM), a validated model of HIV transmission, to simulate HIV epidemics in 27 US states. We projected incidence forward under two scenarios where all CDC-funded HIV testing ends in February 2026 and (1) never resumes or (2) returns to previous levels between January 2029 to December 2029. We calculated the excess incident HIV infections compared to a scenario where CDC-funded testing continues uninterrupted.

**Results:**

If CDC funding for HIV tests were to end on February 1, 2026, we project an additional 12,807 HIV infections across 27 states by 2030 (95% Credible Interval 4,639 to 21,927). The projected effects varied by state, ranging from a 0.47% increase in Minnesota (0.15% to 0.96%) to a 27.2% increase in Louisiana (8.55% to 54.8%). If testing were to resume in January 2029, an additional 10,477 HIV infections by 2030 would be projected (3,878 to 17,585). States that perform more CDC-funded tests and states with more rural HIV epidemics were projected to see greater rises in incidence.

**Conclusions:**

Disruptions to CDC-funded HIV testing would substantially increase new infections, particularly in states with more rural epidemics. These findings demonstrate the value of the CDC’s HIV testing activities in curbing the spread of HIV in the US.