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

**Abstract (2500 Characters)**

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**Background:**

Timely HIV diagnosis and treatment is necessary to prevent transmission. The US Centers for Disease Control and Prevention (CDC) provide funding for HIV testing to community organizations and local health departments. We sought to estimate 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 25 US states. We projected incidence forward across 1,000 simulations under two scenarios where all CDC-funded HIV testing ends in February 2026 and (1) never resumes or (2) returns to previous levels from January 2029 to December 2029. We calculated 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 12,714 additional HIV infections across 25 states by 2030 (95% Credible 4,589 to 21,764) – 8% more infections than if testing had continued (3.1%-14.4%). The projected effects varied by state, ranging from a 2.1% increase in New Jersey (0.80% to 3.9%) to a 27.2% increase in Louisiana (8.55% to 54.8%). If testing were to resume in January 2029, an additional 10,397 HIV infections by 2030 would be projected (3,835 to 17,471). States that perform more CDC-funded tests and states with more rural HIV epidemics were projected to see greater rises in incidence.

The simulated proportion of people who find an alternative means to test for HIV emerged as a critical parameter. In simulations where fewer than one-third still tested, incidence was projected to rise 19,073 (17,533 to 20,238) across all 25 states. If more than two-thirds still tested, incidence was projected to rise only 6,654 (5,517 to 7,906).

**Conclusions:**

Disruptions to CDC-funded HIV testing would substantially increase new infections, particularly in states with more rural epidemics. In the event of disruptions, ensuring as many people as possible can still be tested would be critical to minimizing new infections. These findings demonstrate the value of the CDC’s HIV testing activities in curbing the spread of HIV in the US.

**Figure 1.** Projected Excess HIV Infections if CDC-funded HIV Testing is Disrupted

A graph of a graph showing the number of diseases

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