TO: West Virginia Healthcare Providers, Hospitals, and other Healthcare Facilities

FROM: Catherine Slemp, MD, MPH, Commissioner and State Health Officer
West Virginia Department of Health and Human Resources, Bureau for Public Health

DATE: March 22, 2019

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

The West Virginia Bureau for Public Health is investigating an increase in newly diagnosed human immunodeficiency virus (HIV) cases in the state among persons who inject drugs (PWID). Historically, male-to-male sexual contact has been the predominant reported risk factor for becoming infected with HIV. Since 2018, we have seen an increase in the number of newly diagnosed cases of HIV with injection drug use (IDU) reported as a risk factor statewide.

Since January 2019, the Bureau for Public Health has been actively investigating an increase in newly diagnosed cases of HIV among PWID in Cabell County. Based on a five-year average (2013-2017), the expected number of HIV diagnoses for all reported risk factors in Cabell County per year is eight. In 2018, a total of 17 PWID were diagnosed with HIV in Cabell County, including seven diagnosed in the 4th quarter of 2018. Since January 1, 2019, an additional 13 PWID have been diagnosed in Cabell County, bringing the total number of new diagnoses among PWID to 30 since January 1, 2018. Public health partnerships are critical to preventing outbreaks of HIV. Your efforts and collaboration with the Bureau for Public Health will continue to prevent further infections and provide a healthier future for our communities.

We encourage all healthcare providers, hospitals and other healthcare facilities throughout West Virginia to:

- Screen all patients for history of injection drug use. All persons who inject drugs should be:
  - Tested for HIV, hepatitis C virus (HCV), hepatitis B virus (HBV), syphilis, gonorrhea and chlamydia at least once a year.
  - Encouraged to refer their sex or needle sharing partners for testing.
  - Referred to harm reduction programs where available.
  - Provided education about safe injection practices.
  - Provided or referred to substance use disorder treatment, including medication-assisted treatment (e.g. behavioral health services and support combined with methadone, buprenorphine, or naltrexone).

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:
- Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.
- Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.
- Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.
• Continue to support and promote harm reduction services in your community. Based on existing evidence, the U.S. Surgeon General has determined that harm reduction programs, when part of a comprehensive prevention strategy, can play a critical role in preventing HIV among PWID; can facilitate entry into drug treatment and medical services; and do not increase unsafe illegal injection practices. For more information on harm reduction programs in West Virginia visit https://oeps.wv.gov/harm_reduction/pages/default.aspx.

These additional recommendations apply to all populations:
• All patients age 15 through 65 should be tested for HIV at least once in their lifetime.
• Patients at high-risk for HIV should be tested at least annually. High-risk populations include PWID, men who have sex with men, persons with multiple sex partners, and persons diagnosed with sexually transmitted diseases.
• Discuss ways to lower HIV risk including condom use, never sharing needles, and taking pre-exposure prophylaxis (PrEP) for patients at very high-risk for HIV.

Finally, if a patient tests positive for HIV:
• Immediately link to HIV care and treatment. Decreasing viral load both improves the health of persons living with HIV and is highly effective in reducing HIV transmission to others.
• Encourage patient to refer their sex or needle sharing partners for testing and PrEP if HIV negative.
• Contact the Disease Intervention Specialist (DIS) assigned to your area by calling the West Virginia STD/HIV Hotline at 1 (800) 642-8244. DIS are skilled public health professionals who are trained to identify and locate contacts (e.g. partners) through in-depth case interviews, always maintaining patient confidentiality.
• Report positive HIV cases (all stages) to the Bureau for Public Health within one week. For more information on reporting, visit: http://www.dhhr.wv.gov/oeps/std-hiv-heap/disease_reporting/Pages/default.aspx.

To report suspected clusters or outbreaks of HIV, contact the Division of Infectious Disease Epidemiology (DIDE) at (304) 558-5358, ext. 1 or the answering service at (304) 925-9946.

Additional Resources:
• West Virginia HIV/AIDS Hotline: 1(800) 642-8244
• Ryan White HIV/AIDS Program Locator https://targethiv.org
• CDC HIV Resources https://www.cdc.gov/hiv
• CDC STD Resources https://www.cdc.gov/std
• CDC Get Tested https://gettested.cdc.gov
• CDC HIV Risk Reduction Tool https://wwwn.cdc.gov/hivrisk
• CDC HIV/AIDS Syringe Service Programs https://www.cdc.gov/hiv/risk/ssps.html
• AIDSinfo https://aidsinfo.nih.gov
• HIV Guidelines https://aidsinfo.nih.gov/guidelines
• HIV.gov https://www.hiv.gov
• PrEP Locator https://preplocator.org
• UCSF Clinician Consultation Center http://nccc.ucsf.edu
• amfAR Opioid and Health Indicators Database http://opioid.amfar.org

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