



HEALTH ADVISORY #162

Human Immunodeficiency Virus (HIV) Infections Among People Who Inject Drugs -- Additional Area Seeing Increase, Others Vulnerable

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: October 9, 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.

HIV has long been present across West Virginia, although at low levels. With the state's opioid and now broader substance use epidemic, West Virginia has been increasingly vulnerable to HIV outbreak(s) among persons who inject drugs (PWID). The sharing of injection drug equipment as well as high-risk sexual practices associated with substance use generate this vulnerability.

The West Virginia Bureau for Public Health (BPH) actively monitors HIV diagnoses across the state and works with local and federal partners to prevent, investigate and respond to increases. In addition to the Cabell County increase previously reported, BPH has now identified an increase in HIV diagnoses among PWID in Kanawha County (for more information visit www.hivawarewv.org). Although state and local health officials are still investigating, epidemiologic evidence suggests the increase in HIV among Kanawha County residents is distinct from the Cabell County cluster and indicates increased and recent local transmission (e.g., the Kanawha County increase is not simply an extension of the Cabell County cluster).

New HIV infections among PWID are clearly increasing in West Virginia. From 2014 to 2019, the proportion of new HIV diagnoses in West Virginia attributable to injection drug use (IDU) has increased over five-fold from 12.5% to 64.2%, primarily driven by the Cabell County and now Kanawha County increases. The emergence of HIV among PWID in more than one part of the state and the vulnerability of other West Virginia counties to HIV transmission indicate that enhanced surveillance and prevention activities are warranted statewide. **As a result, the BPH is asking all healthcare providers to increase vigilance for potential HIV infection, especially among PWID, to increase testing, to encourage prevention efforts, and to rapidly report new HIV infections to BPH. Prevention, prompt identification of cases and linkage to care improves clinical outcomes and is critical to reducing HIV transmission.**

Recommendations

1. Conduct a complete drug use and sexual risk assessment for every patient. This includes information about specific behaviors, such as drugs used and mode of drug delivery, unstable housing/homelessness, number of partners, types of sex (i.e., vaginal, anal, oral).
2. Test patients for HIV.
 - a. Everyone between 13 and 64 years of age should be tested for HIV at least once as part of routine healthcare.
 - b. Anyone engaging in IDU or high-risk sexual behaviors should be tested for HIV, hepatitis C virus (HCV), hepatitis B virus (HBV), and other STIs every 3-6 months.

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:

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- c. Anyone presenting with injection or substance use disorder-related illness or conditions, including skin/tissue abscess, bacterial endocarditis, overdose, etc. should be tested for HIV and hepatitis.

3. For patients currently using injection drugs who test negative for HIV:

- Discuss strategies to prevent HIV including never sharing needles or other injection equipment, limiting the number of sexual partners, using condoms correctly every time, and abstinence from sex.
- Consider pre-exposure prophylaxis (PrEP), as applicable. More information on PrEP is available at <https://www.cdc.gov/hiv/risk/prep>.
- Provide or refer to substance use disorder treatment, including medication-assisted treatment.
- Provide education about safer practices related to injection. For more information see <https://www.cdc.gov/hiv/risk/idu.html>.
- Work to ensure use of/access to clean needles until the individual is ready to get into treatment and off drugs. This is most effectively done through referral to harm reduction services, where available. These play critical roles in preventing HIV and hepatitis among PWID, facilitate entry into drug treatment, do not increase drug use, and link individuals to other medical and prevention services.
- Encourage patient to refer sex or needle sharing partners for testing and PrEP if HIV negative.

4. For patients currently using injection drugs who test positive for HIV:

- Immediately link to HIV care and treatment. Focused efforts should be made to optimize treatment adherence and retain patients in care. Early treatment of HIV infection is essential to rapidly reduce viral load, improve patient outcomes and prevent further transmission.
- Discuss strategies to prevent HIV transmission to others including never sharing needles or other injection equipment, limiting the number of sexual partners, using condoms correctly every time, and abstinence from sex.
- Provide or refer to substance use disorder treatment, including medication-assisted treatment.
- Provide education about safer practices related to injection. For more information see <https://www.cdc.gov/hiv/risk/idu.html>.
- Work to ensure use of/access to clean needles until the individual is ready to get into treatment and off drugs. This is most effectively done through referral to harm reduction services, where available. These play critical roles in preventing HIV and hepatitis among PWID, facilitate entry into drug treatment, do not increase drug use, and link individuals to other medical and prevention services.
- Encourage patient to refer sex or needle sharing partners for testing and PrEP if HIV negative.
- Connect the person with community resources to address other social and behavioral health needs.
- Contact the Disease Intervention Specialist (DIS) assigned to your area by calling the WV 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 BPH within one week. For more information on reporting, visit: http://www.dhhr.wv.gov/oeps/std-hiv-hep/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

- Ryan White HIV/AIDS Program Locator <https://targethiv.org>
- WV Harm Reduction Programs At-A-Glance https://oeps.wv.gov/harm_reduction/pages/default.aspx
- CDC HIV Resources <https://www.cdc.gov/hiv>
- CDC HIV Risk Reduction Tool <https://wwwn.cdc.gov/hivrisk>
- CDC HIV/AIDS Syringe Service Programs <https://www.cdc.gov/hiv/risk/ssps.html>
- MidAtlantic AIDS Education and Training Center <https://www.maaetc.org/>

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