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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

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Subject:	HIV and Hepatitis C: Penobscot County Updates and Clinical Guidance Package
Date / Time:	Tuesday, March 18, 2025, at 9:30AM
Priority:	Normal
Pages:	2
Message ID:	2025PHADV006

HIV and Hepatitis C: Penobscot County Updates and Clinical Guidance Package

Summary

The Maine Center for Disease Control and Prevention (the Maine CDC) has been responding to an outbreak of human immunodeficiency virus (HIV) infections in people who inject drugs (PWID) in Penobscot County since February 2024. The first case in what was later determined to be a cluster was identified in October 2023. Most of these persons are coinfected with Hepatitis C Virus (HCV) and were unhoused in the year prior to HIV diagnosis. The Maine CDC is working with community partners and health care providers on further detection and response activities.

The U.S. CDC considers the use of the terms "cluster" and "outbreak" interchangeably with regards to HIV, reflecting the overlap in response strategies. The Maine CDC has shifted to the use of "outbreak" to better reflect the common factors between these recent cases of HIV.

In collaboration with on-the-ground local partners, the Maine CDC has assembled a <u>HCV and HIV Clinical</u> <u>Guidance Package</u> containing resources for health care providers to use for screening, treatment, prevention, and patient care in a syndemic approach that addresses the intersectionality of HIV, viral hepatitis, sexually transmitted infections (STIs), and harm reduction services.

Penobscot County HIV Outbreak Update

From October 1, 2023, through March 1, 2025, the <u>Maine CDC has identified</u> 21 new HIV diagnoses among PWID in Penobscot County. Twenty (95%) are co-infected with HCV and 19 (90%) were unhoused in the year prior to their HIV diagnosis. This is a marked increase from historical trends; over the previous five years in Penobscot County, there were an average of two new HIV diagnoses per year overall, and one new diagnosis per year among PWID.

In response to this outbreak, the Maine CDC is working with on-the-ground community partners to improve access to HIV and HCV testing in Penobscot County, link people diagnosed with HIV and HCV to care and offer

preventive services such as HIV pre-exposure prophylaxis (PrEP), HIV post-exposure prophylaxis (PEP), risk reduction counseling, harm reduction services, and connections to housing. The Maine CDC is also working with health care providers to increase access to HIV testing and access to HIV PrEP and HIV PEP.

Health Care Provider Recommendations: HBV, HCV, HIV, and Sexually Transmitted Infections (STI)

- TEST
 - Offer HIV testing at least every three months for people with ongoing risk factors for HIV infection, including sharing or reusing syringes, needles, or other drug injection equipment. This is a Maine CDC interim recommendation due to the recent increase in new HIV diagnoses.
 - When testing for HIV, offer testing for other STIs, including chlamydia, gonorrhea, and syphilis AND testing for hepatitis B virus (HBV) and HCV. A <u>Maine law</u> passed in 2023 requires health care providers to offer HIV testing when conducting tests for other STIs.
- TREAT
 - Rapidly treat or link to care and treatment for HIV, HCV, and any other co-occurring STIs.
- REPORT
 - Report all cases of newly-diagnosed HIV, HBV, HCV, chlamydia, gonorrhea, and syphilis to the Maine CDC through electronic laboratory reporting. Health care providers and labs are required to report notifiable conditions to the Maine CDC.
- PREVENT
 - Prescribe or refer for HIV post-exposure prophylaxis (PEP) <u>OR</u> HIV pre-exposure prophylaxis (PrEP) for patients with ongoing risk of acquiring HIV through injection drug use or sexual contact.
 - Vaccinate against hepatitis A and hepatitis B.
 - If services are not available on-site, partner with community organizations to provide comprehensive medical care, harm reduction services, prevention counseling, and Medications for Opioid Use Disorder (MOUD).

Background

- <u>The opioid crisis in the United States</u> has resulted in high rates of fatal and nonfatal drug overdoses while also contributing to increased bloodborne infections, including HBV, HCV, HIV, and bacterial and fungal infections. Infections are primarily spread through contaminated injection drug equipment and sexual contact with an infected person.
- Rural communities like Maine are disproportionately affected by the opioid epidemic, presenting a significant risk of overdoses and rapid spread of bloodborne viruses. Sharing needles, syringes, or other drug use equipment (e.g., cookers, water, and cotton) puts people at high risk of transmission of HBV, HCV, and HIV. In 2022, injection drug use accounted for about 1 in 14 new HIV diagnoses in the United States. Injection drug use accounts for approximately 70% of new HCV infections and is the driving force in ongoing spread of HCV in the country. One <u>study</u> estimated that each person who is infected with HCV and injects drugs is likely to infect about 20 others within the first 3 years of infection.
- A 2014 <u>systematic review</u> estimated that needle-sharing injection drug use resulted in 63 new HIV infections per 10,000 exposures in the U.S. Receptive anal intercourse without a condom has the highest per-act likelihood of transmitting HIV through sex, with an estimated 138 infections per 10,000 exposures. The risk of transmission is substantially reduced by condom use and antiretroviral (ARV) use. Providers should conduct a thorough sexual history, including sites of sexual contact, and discuss safer sex practices with their patients.

Resources

- HIV outbreak in Penobscot County: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hiv-cluster.shtml (includes Maine CDC's interim clinical recommendations for Hepatitis C and HIV testing)
- Hepatitis C and HIV Clinical Guidance Package: <u>https://www.maine.gov/dhhs/mecdc/infectious-</u> disease/epi/documents/HIV-HCV-Clinical-Guidance-Package.pdf
- Maine CDC disease reporting information: <u>https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml</u>