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## Maine Health Alert Network (HAN) System

### PUBLIC HEALTH ADVISORY

**To:** All HAN Recipients  
**From:** Dr. Isaac Benowitz, State Epidemiologist  
**Subject:** Increase in HIV Diagnoses among People Who Inject Drugs in Penobscot County  
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### Increase in HIV Diagnoses among People Who Inject Drugs in Penobscot County

#### Summary

- Maine Center for Disease Control and Prevention (Maine CDC) has identified a cluster of three new HIV diagnoses among persons who inject drugs (PWID) in Penobscot County. Two of the individuals were unhoused and reported sharing or reusing injection drug equipment, and all three were coinfecting with hepatitis C virus (HCV).
- Clinical providers should test PWID for HIV and HCV when they present for care, and strive to connect patients with community resources, including harm reduction or syringe services programs, to ensure access to sterile syringes and to address other social and behavioral health needs.
- Organizations who serve people who inject drugs should offer testing for HIV and HCV and partner with other organizations to link clients with comprehensive medical care and services.

#### Background

From October 2023 through February 23, 2024, Maine Center for Disease Control and Prevention (Maine CDC) has identified three new HIV diagnoses among people who inject drugs (PWID) in Penobscot County. Two of the individuals were unhoused and reported sharing or reusing injection drug equipment. All three individuals were coinfecting with hepatitis C virus (HCV). Over the past five years, there have been an average of two new HIV diagnoses per year in Penobscot County residents and one new case per year among PWID in Penobscot County. In response to this increase in HIV diagnoses among PWID,

Maine CDC is working with community partners to increase access to HIV and HCV testing among people at risk.

## **Recommendations**

### **Clinical Providers**

- When patients present with possible complications of injection drug use (e.g., skin, soft tissue, or bloodstream infections; overdose):
  - Provide screening for substance use disorder;
  - Recommend and offer HIV, hepatitis B virus (HBV), HCV, and sexually transmitted infection (STI) testing, including chlamydia, gonorrhea, and syphilis;
  - Vaccinate against hepatitis A and hepatitis B; and
  - Offer or refer for substance use disorder treatment, including medication for opioid use disorder (MOUD).
- Report cases of newly diagnosed HIV or HCV to Maine CDC.
  - Remain alert to, and notify the health department of, increases in or clusters of HIV or HCV diagnoses.
  - All positive laboratory reports should be reported by electronic lab report, by fax to 1-800-293-7534 or by phone to 1-800-821-5821.
- Monitor adherence and offer adherence support for PWID who receive medication for opioid use disorder or treatment for HIV, HCV, or both infections.
- Connect patients with community resources, including harm reduction or syringe services programs, to ensure access to sterile syringes and to address other social and behavioral health needs.
  - If syringe services programs are not available, provide prescriptions for syringes or information about nonprescription pharmacy sales.
- Implement or expand routine opt-out HIV and HCV testing for PWID in settings such as correctional facilities, emergency departments, substance use disorder treatment centers, and community-based medical practices that are frequented by PWID.
- Everyone between the ages of 13 and 64 should be tested for HIV at least once. People with [certain risk factors](#), including men who have sex with men and persons with multiple sex partners, should be tested once per year, regardless of county of residence.

### **All Organizations Serving People Who Inject Drugs**

People who inject drugs need comprehensive medical care. Providers and organizations serving people who use drugs can collaborate to ensure that people currently or previously injecting drugs, or who are at high risk of drug injection, have access to culturally competent prevention and care services.

- Recognize that any clinical encounter is an opportunity to provide multiple clinical and public health services for PWID.
- Partner with other organizations to provide comprehensive medical care and services, including:
  - MOUD, also known as medication-assisted treatment, such as buprenorphine, methadone, and naltrexone, or other services for substance use disorder or other mental or behavioral health needs (as appropriate)
  - [Education about safer injection practices](#) and never reusing or sharing needles, syringes, or drug preparation equipment (e.g., cookers, water, filters) for people not yet motivated or able to stop injecting drugs
  - Screening and treatment for skin and soft tissue and other infections (HIV, HCV, HBV, STIs)
  - Vaccination against hepatitis A and hepatitis B

- Sterile syringes (e.g., prescribe or refer to a [syringe services program](#) or to nonprescription sales through retail pharmacies)
- [Naloxone](#) (for overdose reversal)
- [Pre-exposure prophylaxis \(PrEP\)](#) to prevent HIV acquisition
- [HIV post-exposure prophylaxis](#) for persons potentially exposed to HIV through sex or injection within the past 72 hours
- Counseling about other strategies to reduce risk of HIV transmission or acquisition, including limiting the number of sex partners and using condoms the correct way every time they have sex
- Testing for HIV and HCV at least annually
  - [HIV self-testing or use of a home specimen collection kit](#) may be considered
  - Offer rapid point of care (POC) testing for HIV and HCV
    - If rapid POC test is reactive, rapidly link client to confirmatory testing
    - Encourage injection partners and sex partners to test for HIV and HCV
    - Report cases of newly diagnosed HIV or HCV to Maine CDC
  - If testing confirms HIV or HCV is present:
    - Rapidly link to care and treatment for HIV, HCV, or both infections to reduce viral load rapidly, improve patient outcomes, and prevent further transmission; and
    - Encourage injection partners and sex partners of people with HIV or HCV to get tested.

People who inject drugs can better access the diversity of needed services when services are provided in convenient locations, through mobile service delivery, or [when services are co-located and integrated](#) (often referred to as “one-stop shops”).

### **Additional Resources**

- [Maine CDC Infectious Disease Prevention Program](#)
- [Injection Drug Use and HIV Risk](#)
- [People who Use or Inject Drugs and Viral Hepatitis](#)
- [Additional Resources on Syringe Services Programs](#)