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## Maine Health Alert Network (HAN) System

### PUBLIC HEALTH ADVISORY

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**To:** All Health Care  
**From:** Dr. Isaac Benowitz, State Epidemiologist  
**Subject:** **HIV Cluster Update and Prevention, Testing, and Treatment Recommendations**  
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### HIV Cluster Update and Prevention, Testing, and Treatment Recommendations

#### Summary

- The Maine Center for Disease Control and Prevention (Maine CDC) has identified three additional new HIV diagnoses among people who inject drugs (PWID) in Penobscot County. There are now a total of six confirmed cases associated with this cluster; five of the newly diagnosed individuals were unhoused at the time of their diagnosis. Some of the individuals recently diagnosed with HIV had previous contact with the health care system, including missed opportunities for HIV testing.
- Clinicians should increase vigilance for signs and symptoms of acute HIV and to increase testing for HIV and HCV. Patients may not disclose risk factors. U.S. Centers for Disease Control and Prevention (U.S. CDC) recommends [HIV testing](#) at least once for those 13 to 64, or more often for those with ongoing risk factors. [HCV testing](#) is recommended at least once for those 18 and older, utilizing an opt-out approach.
- **Following the recent detection of this cluster of HIV diagnoses, Maine CDC recommends testing people with ongoing risk factors, statewide, at least every three months.**

#### Background

From October 1, 2023, through April 1, 2024, Maine CDC has identified six new HIV diagnoses among people who inject drugs (PWID) in Penobscot County. Five of these individuals were unhoused at the time of diagnosis and three reported sharing or reusing injection drug equipment. All six people are co-infected 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, link people diagnosed with HIV and HCV to care, and offer preventive services (such as HIV pre-exposure prophylaxis and risk reduction counseling) to people not infected with HIV.

Maine CDC encourages clinicians to increase the frequency of HIV and HCV testing **statewide** for people in groups impacted by this cluster and people with ongoing risk factors, including PWID, people who share or reuse injection drug equipment, people who are unhoused, and sex partners and needle-sharing partners of PWID, to at least every 3 months (instead of the general recommendation for testing at least every 12 months).

Maine CDC also encourages clinicians to offer HIV pre-exposure prophylaxis to persons at increased risk for HIV who test negative for HIV infection.

## Recommendations for Clinicians

### HIV & HCV Testing

- U.S. CDC recommends HIV testing at least once for everyone between the ages of 13 and 64 years old.
- U.S. CDC recommends HCV testing at least once for all adults aged 18 years and older, and for all pregnant people during each pregnancy.
- U.S. CDC recommends HIV testing at least once per year for people with [certain risk factors](#):
  - Men who have sex with men
  - People who have had anal or vaginal sex with someone living with HIV
  - People who have had more than one sex partner since their last HIV test
  - People who have shared syringes, needles, or other injection drug equipment
  - People who have exchanged sex for drugs or money
  - People who have been diagnosed with or treated for another sexually transmitted infection (STI)
  - People who have been diagnosed with or treated for hepatitis or tuberculosis (TB)
  - People who have had sex with anyone with the above risk factors or anyone whose sexual history they don't know
- **Maine CDC recommends HIV testing at least every three months for persons with ongoing risk factors. This recommendation applies statewide** and is based on the possibility of increased risk related to this cluster of HIV cases. Maine CDC will continue to update this recommendation over time.
- When testing for HIV, include testing for other STIs (including chlamydia, gonorrhea, and syphilis) and viral hepatitis (hepatitis B and hepatitis C).

### For patients who test **positive** for HIV or HCV

- Report all cases of newly diagnosed HIV or HCV to Maine CDC.
  - Remain alert to, and notify Maine CDC of, increases in or clusters of HIV or HCV diagnoses.
  - All positive laboratory reports should be reported to Maine CDC by electronic lab report, by fax to 1-800-293-7534 or by phone to 1-800-821-5821.
- Rapidly link to care and treatment for HIV, HCV, or both infections to reduce viral load, improve patient outcomes, and prevent further transmission
  - Primary care providers and infectious disease providers can treat HIV and HCV
  - Maine CDC has linkage to care coordinators to assist patients with accessing care
- Provide resources for assistance with paying for medical care and other needs, including:
  - [MaineCare special benefit waiver](#) for people living with HIV
  - [AIDS Drug Assistance Program \(ADAP\) and Ryan White Part B](#) programs

### For patients who test **negative** for HIV or HCV

- Assess the patient's need for HIV [post-exposure prophylaxis \(PEP\)](#) if they have had possible exposure to HIV in the past 72 hours:
  - Through sexual contact
  - Through sharing injection drug equipment
  - Through sexual assault
- Prescribe or refer for HIV [pre-exposure prophylaxis \(PrEP\)](#)
  - People who have a sexual partner or an injection partner living with HIV
  - People who have not consistently used condoms when having sex
  - People who have been diagnosed with an STI in the past 6 months
  - People who share needles, syringes, or other injection drug equipment
- **Provide counseling on other strategies to reduce risk of STI transmission or acquisition**, including limiting the number of sex partners and using condoms the correct way every time they have sex.

### Additional Recommendations for People Who Inject Drugs

- 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.
- Partner with other organizations to provide comprehensive medical care and services, including:
  - Medications for opioid use disorder (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
  - 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)

### **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](#)
- [National Clinician Consultation Center](#)