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## Maine Health Alert Network (HAN) System

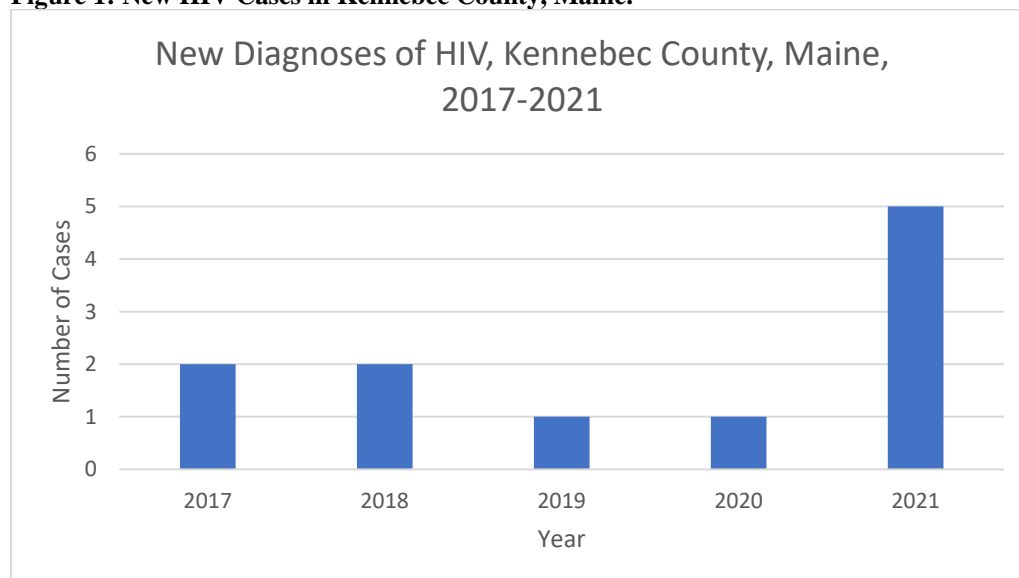
### PUBLIC HEALTH ALERT

**To:** All HAN Recipients  
**From:** Dr. Isaac Benowitz, State Epidemiologist  
**Subject:** **Increase in HIV Cases in Kennebec County, Maine**  
**Date / Time:** Thursday, April 7, 2022 at 1:45PM  
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#### Increase in Human Immunodeficiency Virus Cases in Kennebec County, Maine

Human Immunodeficiency Virus (HIV) cases in Kennebec County, Maine, have increased from 1 case in 2020 to 5 cases in 2021 (see Figure 1). Of the 5 cases diagnosed in 2021, 4 were diagnosed when severely ill and hospitalized; 3 were diagnosed with AIDS (Acquired Immune Deficiency Syndrome) at the same time as their HIV diagnosis. The Maine CDC has not identified an epidemiological link among these cases at this time. Individuals who are diagnosed later in their HIV infection course are more likely to transmit HIV to others, and also have a poorer prognosis than those diagnosed earlier.

**Figure 1: New HIV Cases in Kennebec County, Maine.**



There were 29 newly diagnosed HIV infections in Maine in 2017, 30 new HIV cases in 2018, and 29 new HIV cases in 2019. In 2020 there was a decrease to only 16 new cases in Maine. This overall decrease in new HIV cases in 2020 makes the increase in newly diagnosed HIV cases in Kennebec County in 2021 concerning. Late diagnosis and concurrent HIV and AIDS diagnoses for new cases across Maine have been of concern since 2019.

### **Signs and Symptoms of HIV**

The signs and symptoms of an acute HIV infection occur two to four weeks after the initial infection. Individuals may experience a flu-like illness including fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, or mouth ulcers. These signs and symptoms can last for weeks and may not be obviously indicative of an HIV infection since the signs and symptoms can resemble many other infections such as the flu. Some individuals do not have any symptoms during the acute HIV infection stage and then progress to a chronic HIV infection. Some patients have a chronic infection for years without experiencing signs and symptoms. Therefore, it is very important to take patient history and urge all sexually active patient to get tested (*see* below for screening recommendation). Individuals with untreated chronic HIV infection will go on to develop AIDS and opportunistic infections. There are many possible opportunistic infections for people living with HIV, such as candidiasis, certain forms of cancer, histoplasmosis, pneumonia, tuberculosis, toxoplasmosis, wasting syndrome due to HIV, and others.

### **Screening Recommendations**

The U.S. CDC recommends that all individuals 13–64 years old be tested for HIV infection at least once as part of routine healthcare. Testing should be suggested to anyone seeking STD testing and who is not known to have an HIV infection. Providers should use opt-out testing. This means that providers should inform patients they will be automatically tested. If the patient does not wish to be tested, they can opt-out. All pregnant women should be tested for HIV at their first prenatal visit and again in their third trimester, but when they are at less than 36 weeks gestation. Patients who are at higher risk of HIV infection should be tested at least annually. Higher risk patients include men who have sex with men, injection-drug users and their sex partners, people who exchange sex for money or goods, and individuals who have a sex partner who is HIV positive. These groups should also be informed about PrEP as an additional way they can prevent an HIV infection.

The Maine CDC recommends that all clinical providers discuss the need for HIV testing with their patients and follow the U.S. CDC's HIV screening recommendations. Providers should discuss methods that patients can use to protect themselves from HIV infection such as the use of condoms, the use of HIV Pre-Exposure Prophylaxis (PrEP), reducing their number of sexual partners, and encouraging their sexual partners to be tested for HIV.

The U.S. CDC recommends that all sexually active individuals receive information about PrEP<sup>1</sup>. Clinical guidelines recommend PrEP usage for individuals who engaged in anal or vaginal sex in the past six months and have one or more of the following<sup>1</sup>:

- HIV-positive sexual partner,
- Bacterial sexually-transmitted disease (STD) in the past 6 months, or
- History of inconsistent or no condom use with sexual partner(s)

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<sup>1</sup> Centers for Disease Control and Prevention. U.S. Public Health Service: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update Clinical Practice Guideline: A Clinical Practice Guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published 2021.

Clinicians should also advise injection drug users who have an HIV-positive partner or share injection equipment to use PrEP.<sup>1</sup>

Clinical providers should interview individuals who test positive for HIV to identify sexual partners and/or needle sharing partners who should be tested and treated. Providers should work with Maine CDC Disease Intervention Specialists to facilitate having partners tested and treated.

### **Treatment Recommendations**

Antiretroviral Therapy (ART) should be started as soon as an HIV infection is confirmed, regardless of CD4 count. Early treatment is critical to keep the patient healthy and decrease the likelihood that HIV will be spread to others. A person with HIV infection is highly unlikely to infect sexual partners when they have a viral load of less than 200 copies/mL with ART.

### **Additional Resources for HIV**

- For more information on HIV in Maine, contact the Maine CDC at (800) 821-5821, or [disease.reporting@maine.gov](mailto:disease.reporting@maine.gov).
- For up-to-date information and recommendations on HIV for health professionals, visit <https://www.cdc.gov/hiv/clinicians/index.html>.