

### Health Advisory

#### Increase in New HIV Diagnoses among People who Inject Drugs

June 7, 2022

### SUMMARY POINTS

- HIV diagnoses are on the rise among people who inject drugs (PWID) in Philadelphia.
- PDPH recommends that providers, especially in emergency departments, offer HIV testing to those who are at risk, then:
  - For POSITIVE TESTS, link to and start HIV treatment immediately.
  - For NEGATIVE TESTS, recommend and refer for pre-exposure prophylaxis (PrEP).
- PDPH recommends that health systems distribute harm reduction materials including sterile syringes and equipment and refer patients to ongoing harm reduction services.

Since an outbreak was initially identified among people who inject drugs (PWID) in 2018, the Philadelphia Department of Public Health (PDPH) has been closely monitoring and working to prevent new HIV infections among PWID in Philadelphia. After fewer new diagnoses in 2020 due to limited access to HIV testing during the COVID-19 pandemic, PDPH is now observing an increase in new infections among PWID, including men who have sex with men who inject drugs (MSM/PWID). During 2021, 59 new cases were diagnosed, which is an 84% increase in HIV diagnoses compared to 2016 when the lowest number of HIV diagnoses among PWID had ever been reported in the history of the HIV epidemic in Philadelphia. More recently, 18 new cases have been diagnosed in the first three months of 2022. If diagnoses continue at this pace, 2022 will far exceed new diagnoses in 2020 and 2021. Since 2016, 353 cases have been diagnosed among PWID and PWID/ MSM. Most diagnoses have been made in emergency departments (EDs) and the Philadelphia jails, as the latter provides routine opt-out HIV testing during the intake process. With reduced jail census since the onset of the COVID-19 pandemic, EDs have emerged as the most frequent diagnosing sites. Across the City, HIV testing has not returned to pre-pandemic levels, so the number of new HIV diagnoses likely does not reflect the degree of HIV transmission occurring in this community.

PDPH is also observing shifting demographics among PWID newly diagnosed with HIV: the proportion of new cases has increased among white individuals (64%), non-Hispanic Black individuals (21%), individuals over 30 (90%), and among males (80%). A higher proportion of newly diagnosed PWID report MSM/PWID risk (up from 17% in 2019 to 29% in 2021).

Prior to this outbreak, there had been a 95% reduction in the number of new HIV diagnoses among PWID in Philadelphia since the implementation of the syringe exchange program in 1992 through 2016<sup>i</sup>. Recent increases in infections are likely attributable to the following circumstances facing PWID:

- Increasingly common use of fentanyl, which is associated with more frequent injection and needle sharing<sup>ii</sup>
- High rates of homelessness among PWID
- Provider and social/sexual network disruption related to encampment clearings, as described in the February 2022 CDC Interim Guidance on People Experiencing Unsheltered Homelessness: "Clearing encampments can cause people to disperse throughout the community and break connections with service providers."<sup>iii,iv</sup>

Visit the Philadelphia Substance Use Data Dashboard at <https://www.substanceusephilly.com/> to learn more.

Efforts are needed from the healthcare community to interrupt this outbreak. PDPH is calling on providers to:

- Offer HIV Testing in Emergency Departments.** Because EDs play such a large role in diagnosing HIV among PWID, PDPH is calling on providers in emergency departments to offer HIV testing for people who present to EDs with bio-social indications for testing. Biological markers for testing include, but are not limited to: overdose, testing positive for Hepatitis B and/or C, a history of STIs, symptoms of STIs, soft tissue wounds, wound infections, endocarditis, flu-like symptoms, and pregnancy. Emergency Department providers should conduct HIV testing regardless of the ability to provide linkage. For PDPH support in these activities, call (215) 985-2437.
- All Clinical Providers: Offer testing to persons who are at risk for exposure to HIV.** PDPH recommends HIV and Hepatitis C testing and repeat testing every three months for all persons at high risk for infection in all settings, including EDs. All persons who inject drugs, people who are living homeless, or persons engaging in transactional sex should be tested; this includes all persons with evidence of confirmed or suspected: overdose, injection related infections, hepatitis A virus, sexually transmitted infections, and persons seeking treatment for substance use disorder. PDPH conducts active follow up for all persons newly diagnosed with HIV to provide linkage to HIV medical care, support services, insurance, and partner notification.

- All providers offering HIV testing, including EDs, should:
  - 1) Use laboratory-based fourth-generation antigen/antibody HIV testing.<sup>v,vi</sup>
  - 2) Identify and report all new cases of HIV infection to PDPH promptly by phone to (215) 685-4789 with as much risk history, clinical, and demographic data as you can obtain.<sup>vii</sup>
  - 3) Link to and start HIV treatment immediately. For improved treatment outcomes and to prevent onward transmission of HIV, PDPH recommends starting antiretrovirals within 96 hours of the first reactive HIV test, ideally on the same day (except the rare instances when clinically contraindicated). For settings that do not provide HIV treatment, providers can connect individuals to HIV treatment and support services by calling the PDPH Health Information Helpline at (215) 985-2437. For more information about rapid initiation protocols, see the AIDS Education & Training Center Program (AETC) Rapid (Immediate) ART Initiation & Restart: Guide for Clinicians at <https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians>.
  - 4) Health systems and providers should distribute harm reduction supplies to their patients including syringes and equipment.
  - 5) Provide referrals to ongoing effective harm reduction services, including syringe service programs (SSPs). Sterile syringes and drug use equipment save lives and prevent new HIV and hepatitis C infections and have been identified by the federal government as a core strategy to address the sequelae of the opioid use epidemic. Per the White House, syringe exchange programs "**have a proven track record of reducing disease, increasing access to addiction treatment, improving public safety, and reducing costs.**" Given the short duration of action and the conversion of Philadelphia's opioid supply to fentanyl, SSPs have become even more essential as greater injection frequency and more sharing is being observed with the increased use of fentanyl. Resources can be found at <https://www.substanceusephilly.com/harmreduction>.
  - 6) Advise all HIV-negative individuals to consider pre-exposure prophylaxis (PrEP) for HIV prevention. Individuals can access PrEP at Health Center #1 (1930 S. Broad) or at the locations listed at <https://phillykeeponloving.com/hiv-prep/>.

<sup>i</sup> Ruiz, Monica S. PhD, MPH; O'Rourke, Allison MPHb; Allen, Sean T. DrPH, MPHc; Holtgrave, David R. PhDc; Metzger, David PhDd,e; Benitez, Jose MSWf; Brady, Kathleen A. MDg; Chaulk, C. Patrick MD, MPHh; Wen, Leana S. MDi Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia, JAIDS Journal of Acquired Immune Deficiency Syndromes: December 1, 2019 - Volume 82 - Issue - p S148-S154. Available at [https://journals.lww.com/jaids/fulltext/2019/12012/using\\_interrupted\\_time\\_series\\_analysis\\_to\\_measure.14.aspx](https://journals.lww.com/jaids/fulltext/2019/12012/using_interrupted_time_series_analysis_to_measure.14.aspx).

<sup>ii</sup> Lambdin BH, Bluthenthal RN, Zibbell JE, Wenger L, Simpson K, Kral AH. Associations between perceived illicit fentanyl use and infectious disease risks among people who inject drugs. Int J Drug Policy. 2019;74:299-304. doi:10.1016/j.drugpo.2019.10.004

<sup>iii</sup> CDC. Interim Guidance on People Experiencing Unsheltered Homelessness. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html#facility-encampments>.

<sup>iv</sup> Melissa M Kim, S Caitlin Conyngham, Champagnae Smith, Dana Higgins, Tanner Nassau, Coleman Terrell, Kathleen A Brady, Understanding the Intersection of Behavioral Risk and Social Determinants of Health and the Impact on an Outbreak of Human Immunodeficiency Virus Among Persons Who Inject Drugs in Philadelphia, The Journal of Infectious Diseases, Volume 222, Issue Supplement\_5, 1 October 2020, Pages S250–S258, <https://doi.org/10.1093/infdis/jiaa128>

<sup>v</sup> CDC. Types of HIV Tests. Available at <https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html>.

<sup>vi</sup> CDC. Quick Reference Guide – Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations. June 27, 2014. Available at [https://www.cdc.gov/hiv/pdf/guidelines\\_testing\\_recommendedlabtestingalgorithm.pdf](https://www.cdc.gov/hiv/pdf/guidelines_testing_recommendedlabtestingalgorithm.pdf).

<sup>vii</sup> Philadelphia Department of Public Health, AIDS Activities Coordinating Office. HIV Surveillance Report, 2019. Philadelphia, PA: City of Philadelphia; October 2020. Available at <https://www.phila.gov/media/20201201082316/HIVReport-2019-final.pdf>.