HIV and STD Prevention in Maine

Maine Center for Disease Control and Prevention

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Overview

• HIV & STD Epidemiology
  o HIV
  o Gonorrhea
  o Syphilis
  o Chlamydia
  o Additional Resources

• HIV and STD Prevention Programs
  o Taking a Sexual History
  o Harm Reduction Tools
  o Testing Resources
  o Condom Distribution Program
1) *all* data are subject to change due to delayed reporting and

2) federally reported data and state data may differ due to missing data at a state level
HIV Incidence in Maine: (2008-2018)

*HIV data for 2018 is preliminary and based on 6 months reporting delay.*
HIV Incidence in Maine: (2017)

- Incidence data from 2017 indicates that individuals who identify as **African American/Black** had an **incidence rate of 20.4 per 100,000 individuals**, whereas their White counterparts had an incidence rate of 2.2 per 100,000 individuals (over 9 times the incidence rate).

- Individuals who identified as Multiracial had an incidence rate of 6.7 per 100,000 and individuals who identified as Hispanic/Latino had an incidence rate of 5.9 per 100,000 individuals.

- **Androscoggin County** had an incidence rate of 5.5 cases per 100,000 individuals, Cumberland County had an incidence rate of 3.5 cases per 100,000 individuals, and York County had an incidence rate of 2.8 cases per 100,000 individuals.
HIV Diagnoses in Maine: (2017) – Rate by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.0</td>
</tr>
<tr>
<td>Asian</td>
<td>0.0</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5.9</td>
</tr>
<tr>
<td>White</td>
<td>2.2</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>6.7</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>20.4</td>
</tr>
</tbody>
</table>

HIV Diagnoses in Maine:  
(2017) – Rate by Age Group

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HIV Diagnoses in Maine: (2017) - Case count by Transmission Category

- Male to Male Sexual Contact: 20 cases
- Injection Drug Use: 4 cases
- Heterosexual Contact: 3 cases
- MSM and IDU: 2 cases
- Other: 0 cases

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Lifetime Risk of HIV Diagnosis: (2016)- National Data

Lifetime Risk of HIV Diagnosis by Transmission Group

- MSM: 1 in 6
- Women Who Inject Drugs: 1 in 23
- Men Who Inject Drugs: 1 in 36
- Heterosexual Women: 1 in 241
- Heterosexual Men: 1 in 473

Source: Centers for Disease Control and Prevention

Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity

- African American MSM: 1 in 2
- Hispanic MSM: 1 in 4
- White MSM: 1 in 11

HIV Prevalence in Maine: (2016) Maine Data

- In 2016, there were roughly **1,543** individuals living with HIV/AIDS in Maine.

- The CDC estimates that the actual prevalence of Maine is 1,700 (95% CI, 1,500-2,400).

- The HIV prevalence rate per 100,000 people in Maine, 2016 was 133.9.

- The majority of people living with HIV in Maine live in Cumberland County, which has a prevalence rate of 221.9 per 100,000 people.
STD Overview:

• There has been a **substantial** increase in the cases of sexually transmitted diseases (STD’s) in the United States, as well as in the state of Maine.

• From 2016-2017, Maine saw an increase of **30%** for gonorrhea, and **77%** for infectious syphilis.

• There was another increase from 2017-2018, although slower, with a **19%** increase in gonorrhea and a **25%** increase in infectious syphilis.
Gonorrhea Cases in Maine: (2009-2018)

Source: Maine CDC. Infectious Disease Data Reports, Jan 2019.
Gonorrhea Cases in Maine Per 100,000: (2018)- Androscoggin County

Infectious Syphilis Cases in Maine: (2009-2018)

Source: Maine CDC. Infectious Disease Data Reports, Jan 2019.
Syphilis Cases in Maine Per 100,000: (2018)- Cumberland County and York County


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Chlamydia Cases in Maine: 
(2009-2018)

Source: Maine CDC. Infectious Disease Data Reports, Jan 2019.

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Questions About CDC Guidelines?
• **Chlamydia**
  o For adolescents and adults:
    o Azithromycin 1 g orally in a single dose
    o OR
    o Doxycycline 100 mg orally twice a day for 7 days
• **Gonorrhea**
  o For adolescents and adults with uncomplicated infections of the cervix, urethra, and rectum
    o Ceftriaxone 250 mg IM in a single dose
    o PLUS
    o Azithromycin 1g orally in a single dose
• **Syphilis**
  o For primary, secondary, or early latent infections in adults who are not pregnant or HIV infected:
    o Benzathine penicillin G 2.4 million units IM in a single dose
Questions on Treatment Guidelines?
Download the App from the CDC
Extragenital Testing: Chlamydia and Gonorrhea

- Providers should test patients at all sites of exposure
- Urine only chlamydia and gonorrhea tests miss 70-88% of infections in MSM.¹
- Rectal gonorrhea infections are asymptomatic 85% of the time.²
- Additional resources:
  - [https://www.denverptc.org/Consultation.html](https://www.denverptc.org/Consultation.html)

### Chlamydia

<table>
<thead>
<tr>
<th>Total Positive Individuals</th>
<th>Urine +</th>
<th>Oral +</th>
<th>Anal +</th>
<th>Missed w/o anal/oral</th>
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</thead>
<tbody>
<tr>
<td>107</td>
<td>67</td>
<td>12</td>
<td>41</td>
<td>40 (37.4%)</td>
</tr>
</tbody>
</table>

### Gonorrhea

<table>
<thead>
<tr>
<th>Total Positive Individuals</th>
<th>Urine +</th>
<th>Oral +</th>
<th>Anal +</th>
<th>Missed w/o anal/oral</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>18</td>
<td>27</td>
<td>32</td>
<td>41 (70.7%)</td>
</tr>
</tbody>
</table>

Unpublished data provided by Shawn Peterson from the India Street Public Health Center. Obtained on September, 7th 2018.
Maine CDC
HIV and STD Prevention Programs

• Targeted Testing Program
• Clinical and Public Outreach
• Disease Surveillance
• Disease Intervention Specialists
• HIV Linkage to Care
The Importance of Discussing Sexual Health

- Sexual health greatly impacts overall health
- Sexual health histories identify risk
  - Need for screening
  - Additional preventative services
- An opportunity to discuss risk reduction
- Can be empowering for patients
Taking a Sexual History- 
The 5 P’s:

• Partners  
  o What are the genders of the people you have sex with?  
  o In the past year, roughly how many people have you had sex with?  

• Practices  
  o What types of sex do you typically have? Vaginal? Anal? Oral?  

• Protection from STDs  
  o How do you protect yourself from STDs and HIV?  
  o How often do you use condoms?  

• Past History of STDs  
  o Have you ever been diagnosed with an STD?  
  o Have your partners recently had an STD?  

• Prevention from Pregnancy  
  o Are you or your partner currently trying to get pregnant?  
  o How do you protect yourself from pregnancy?  

• 68% of new HIV cases in Maine identified as MSM in 2017
• 61% of new male syphilis cases in Maine identified as MSM in 2018
• Collecting an LGBTQ competent sexual history
  o Collect Sexual Orientation & Gender Identity (SOGI) information for both patient and partners
  o Differentiating between sexual orientation, gender identity, and sexual behaviors
• Extragenital testing at all sites of exposure
  o Pharyngeal, rectal, and urine testing
Harm Reduction

• Safe Sex Practices
• HIV Treatment as Prevention
• Pre-Exposure Prophylaxis (PrEP)
• Post-Exposure Prophylaxis (PEP)
• Safe Injection Practices
Harm Reduction for HIV/STD Prevention
Safer Sex Practices

- Abstinence
- Engage in lower risk sexual activities
- Use a condom, lube, and PrEP for every sexual encounter.
- Get tested & know your partners’ status
- Consider Serosorting and/or positioning
- Use the withdrawal method.
- No harm reduction practices being used.

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Treatment as Prevention

- Antiretroviral Therapy $\rightarrow$ viral suppression $\rightarrow$ undetectable viral load
- Individuals on effective antiretroviral treatment (ART) with an undetectable viral load cannot transmit HIV to others
- The PARTNER Study (2016) -
  - 1,000 mixed status couples
  - All HIV+ partners virally suppressed
  - 58,000 sex acts without a condom
  - 0 new HIV infections


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HIV Prevention Tool: Pre-Exposure Prophylaxis (PrEP)

• **PrEP (Truvada):** A medication for HIV negative people at high risk of contracting HIV
  - Reduces risk by more than 90%
  - Highly dependent on adherence
  - More of a program than just a pill
• **Questions/concerns** that might come up:
  - PrEP 3 month follow-up appointments
  - Risk of STDs
  - Side-effects

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Pre-exposure Prophylaxis
Who should consider it?

- MSM (Men Who Have Sex With Men)
  - 25%
- 1 in 5 PWID (People Who Inject Drugs)
- High Risk MSW & WSM (Men Who Have Sex With Women) (Women Who Have Sex With Men)


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Pre-exposure Prophylaxis
Who should consider it?

MSM
(Men Who Have Sex With Men)

- Anal sex without a condom in past 6 months
- STD diagnosed in last 6 months
- Ongoing sexual relationship with an HIV positive partner


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Pre-exposure Prophylaxis
Who should consider it?

• Sharing of injection or drug preparation equipment
• Sexual risk factors

1 in 5 PWID
(People Who Inject Drugs)

Pre-exposure Prophylaxis
Who should consider it?

High Risk
MSW & WSM
(Men Who Have Sex With Women)
(Women Who Have Sex With Men)

- In a sero-discordant sexual relationship
- Infrequent condom use with partners of unknown HIV status at substantial risk

Pre-exposure Prophylaxis
Transgender and GNC Individuals

• No current CDC Guidelines for PrEP for transgender and gender non-confirming (GNC) populations
  o Lack of clinical trials
  o Inadequate data collection

• More studies are needed to determine potential interactions between PrEP & hormone therapy

• Estimated 27% of transgender women in the U.S. are HIV-positive
  o Stigma/Discrimination
  o Sex practices
  o Poverty

• Transgender and GNC individuals interested in PrEP should inquire with their provider


Post-Exposure Prophylaxis (PEP)
Who should consider it?

Exposure to HIV
Consult with Provider
2 Pill regimen

High risk exposure
72 Hours
28 Days

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PEP: Barriers to Utilization

• **Common reasons providers give for not prescribing PEP:**
  - Lack of knowledge of PEP guidelines
  - Concern of drug side effects
  - Concern of drug resistance
  - Perception of “low-risk” exposure
  - No or limited health insurance

Source: AIDS Education & Training Center Program. Prescribing nPEP: A guide for hospitals & healthcare facilities in rural areas. 2018
Questions About Post-Exposure Prophylaxis

Clinical Consultation Center- PEP Hotline
1-888-448-4911
9 a.m. – 2 a.m. ET

For more information on the services offered through the PEPline, visit the National Clinicians Consultation Center.

Harm Reduction for HIV/STD Prevention
Safer Injection Practices

Abstinence
Use a new clean needle and works every use.

Reuse own needles and works only.

Clean needles with bleach, cold water, or liquid soup.

Clean injection site and fingers with alcohol pad.

Dispose of used materials in proper location.

No harm reduction practices being used.

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# Needle Exchange Programs

<table>
<thead>
<tr>
<th>Needle exchange</th>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland Needle Exchange</td>
<td>103 India St. – Portland</td>
<td>(207) 756-8024</td>
</tr>
<tr>
<td>Health Equity Alliance</td>
<td>25A Pine St. - Ellsworth</td>
<td>(207) 667-3506</td>
</tr>
<tr>
<td>Health Equity Alliance</td>
<td>304 Hancock St. - Bangor</td>
<td>(207) 990-3626</td>
</tr>
<tr>
<td>Health Equity Alliance</td>
<td>7 VIP Rd. - Machias</td>
<td>(207) 255-5849</td>
</tr>
<tr>
<td>Health Equity Alliance</td>
<td>147 Waldo Ave. - Belfast</td>
<td>(207) 249-8916</td>
</tr>
<tr>
<td>Maine General</td>
<td>149 North St. - Waterville</td>
<td>(207) 872-4102</td>
</tr>
<tr>
<td>Maine General</td>
<td>9 Green St. - Augusta</td>
<td>(207) 621-3770</td>
</tr>
</tbody>
</table>
HIV, HCV, & STD Testing
Maine CDC Funded Testing locations

• The Maine CDC funds testing for people at increased risk for:
  o Chlamydia
  o Gonorrhea
  o Syphilis
  o HIV
  o HCV

• The testing is provided by:
  o Frannie Peabody Center
  o Portland Public Health
  o Maine Family Planning
HIV, HCV, & STD Testing
Maine CDC Funded Testing locations

• Individuals at increased risk are:
  o Men who have sex with men- can qualify for an HIV, chlamydia, gonorrhea, and syphilis test
  o People who use in injection drugs- can qualify for an HIV and Hepatitis C Virus Test
  o Sexually active women under the age of 25- can qualify for a gonorrhea and chlamydia test
  o Transgender individuals- can qualify for an HIV test
  o Members of a racial and ethnic minority- can qualify for an HIV test
  o Others may qualify for tests based on additional factors
Safe Sex Supplies

• Safe sex supplies can be ordered directly from the Maine CDC website for free!
• We have male (external) condoms, female (insertive) condoms, and lubricant
• We also have educational materials available
• https://www.maine.gov//dhhs/sexual-health-materials

Questions?

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