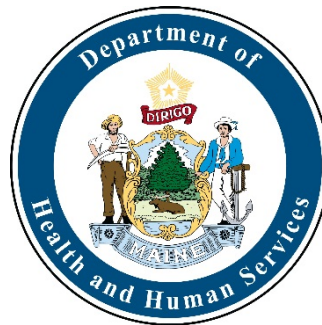


HIV and STD Prevention in Maine

Maine Center for Disease Control and Prevention

Max Reinhold, MS- HIV, STD, and VH Testing Coordinator
Julie Coco, MPH- HIV and STD Epidemiologist

April 5th, 2019



Overview

- HIV & STD Epidemiology
 - HIV
 - Gonorrhea
 - Syphilis
 - Chlamydia
 - Additional Resources
- HIV and STD Prevention Programs
 - Taking a Sexual History
 - Harm Reduction Tools
 - Testing Resources
 - Condom Distribution Program

HIV: Maine

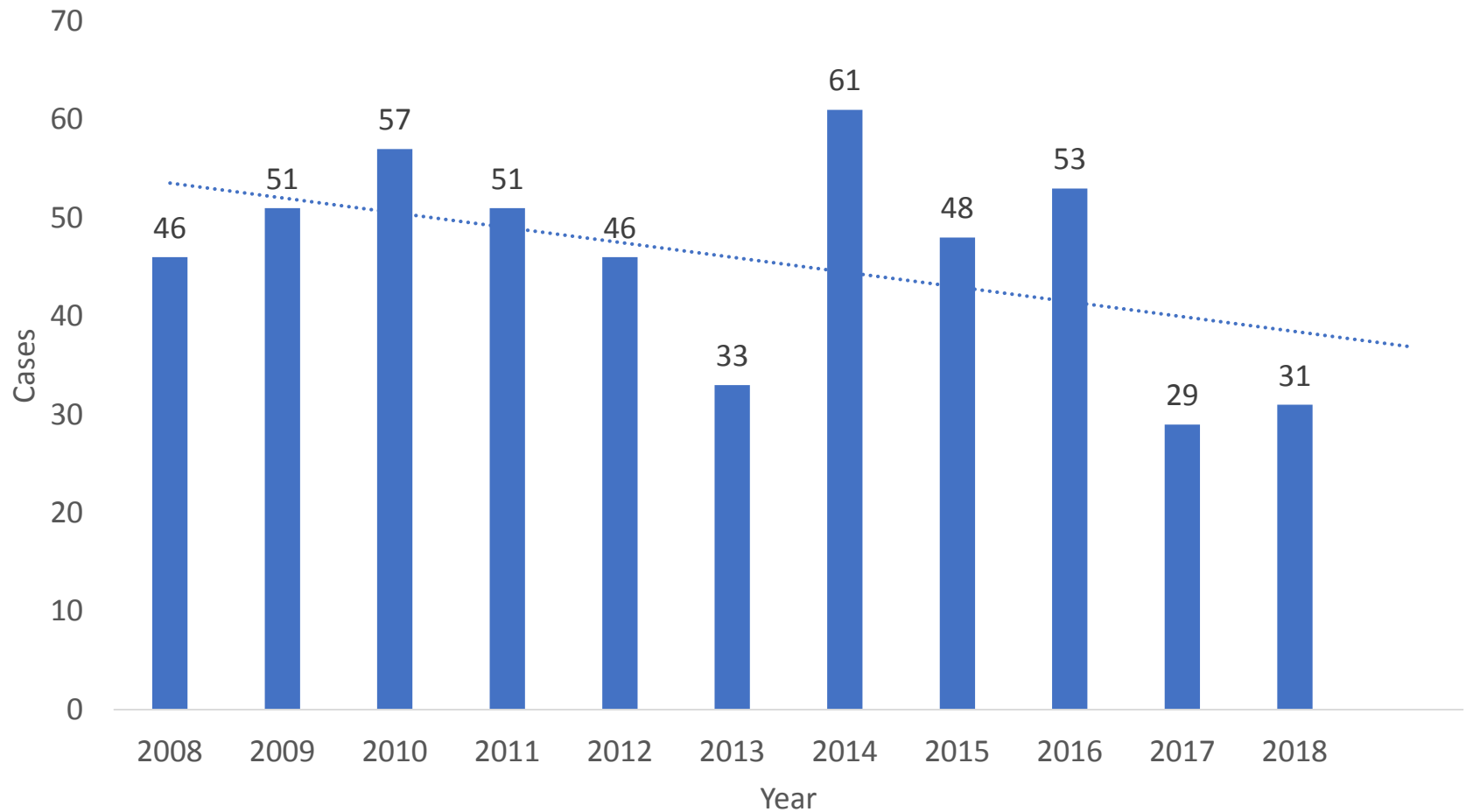


Maine Center for Disease Control and Prevention

HIV: Maine

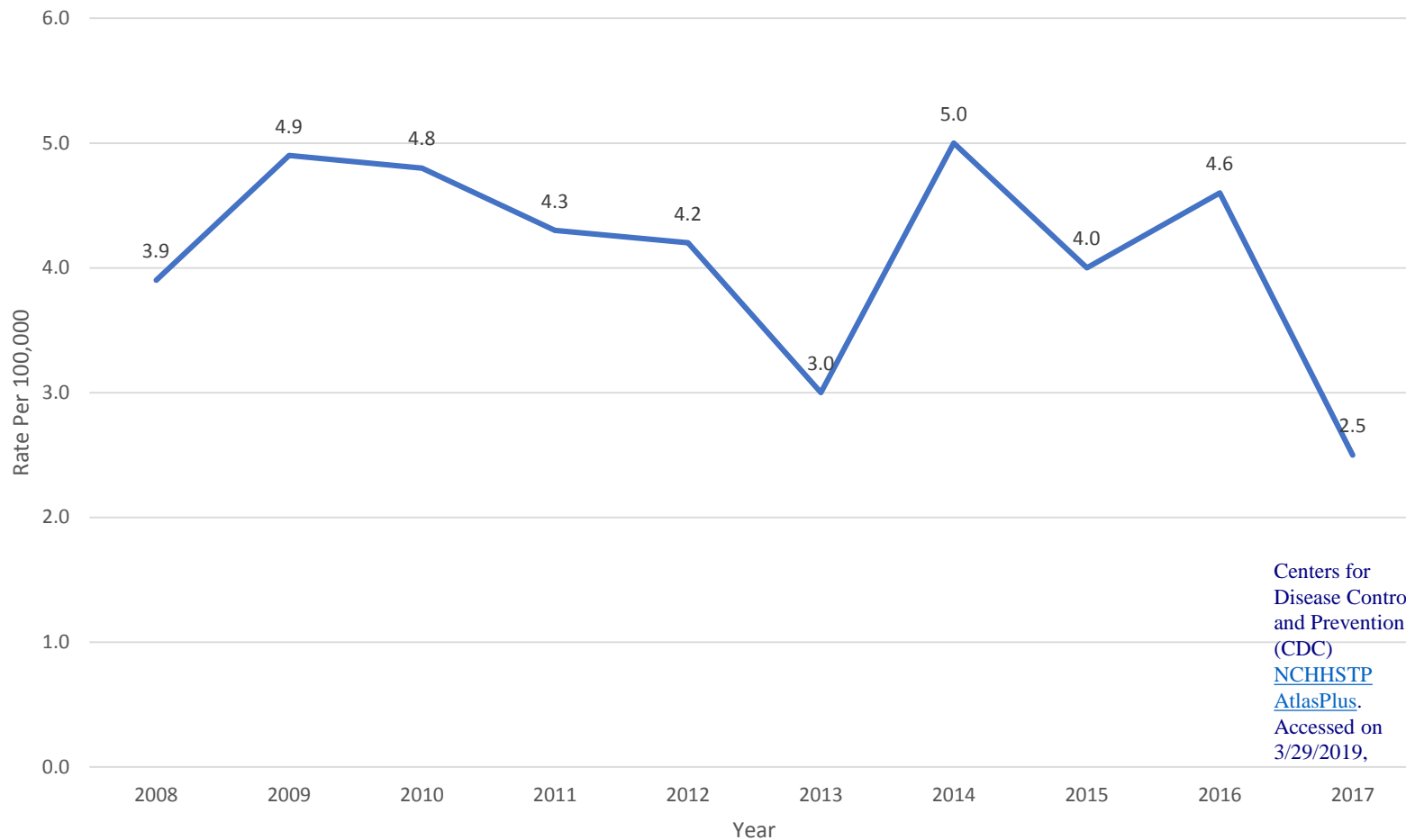
- 1) *all* data are subject to change due to delayed reporting and
- 2) federally reported data and state data may differ due to missing data at a state level

HIV Incidence in Maine: (2008-2018)



*HIV data for 2018 is preliminary and based on 6 months reporting delay. *

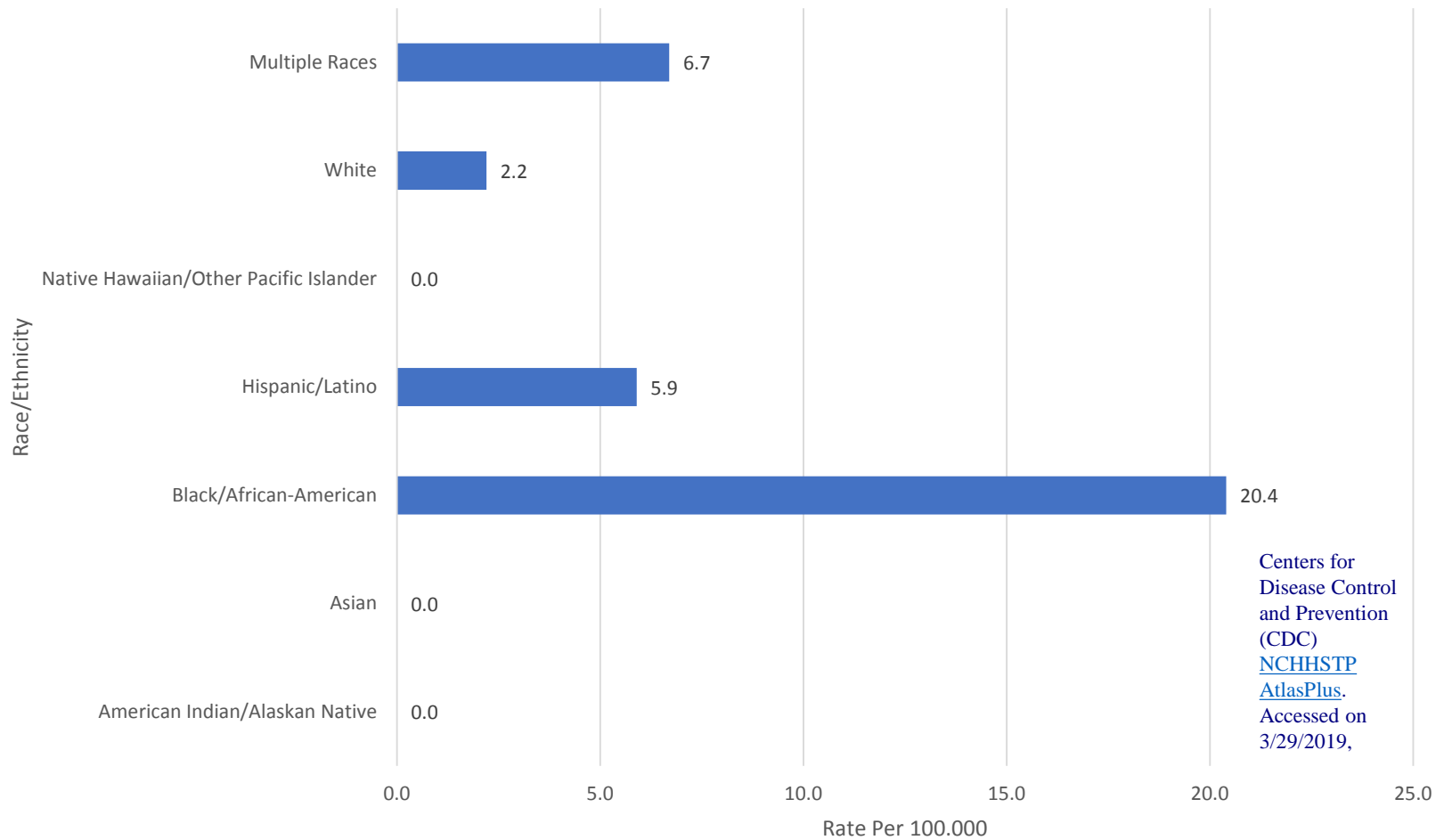
HIV Rate of Diagnoses in Maine: (2008-2017)



HIV Incidence in Maine: (2017)

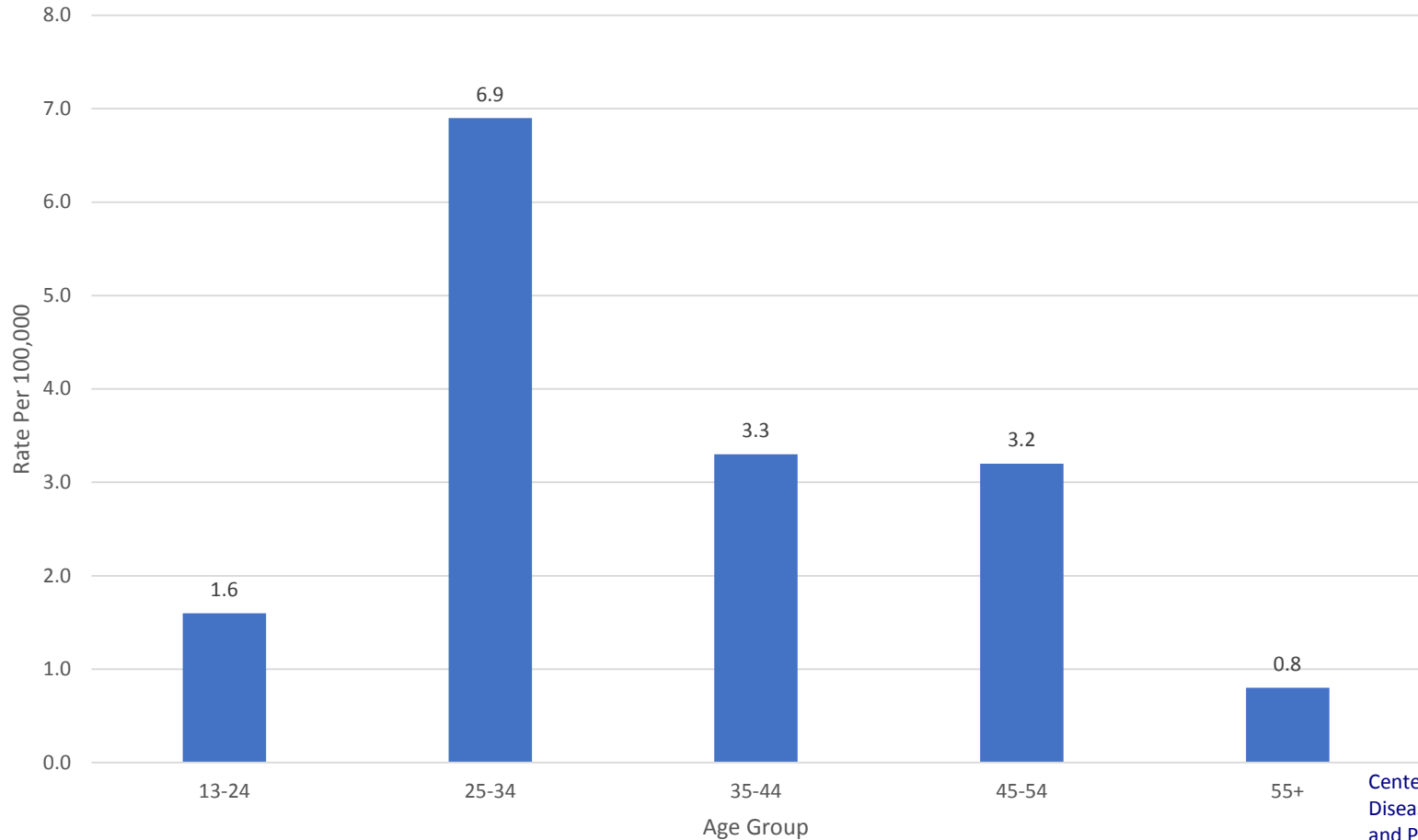
- Incidence data from 2017 indicates that individuals who identify as **African American/Black** had an incidence rate of **20.4 per 100,000 individuals**, whereas their White counterparts had an incidence rate of 2.2 per 100,000 individuals (over 9 times the incidence rate)
- Individuals who identified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

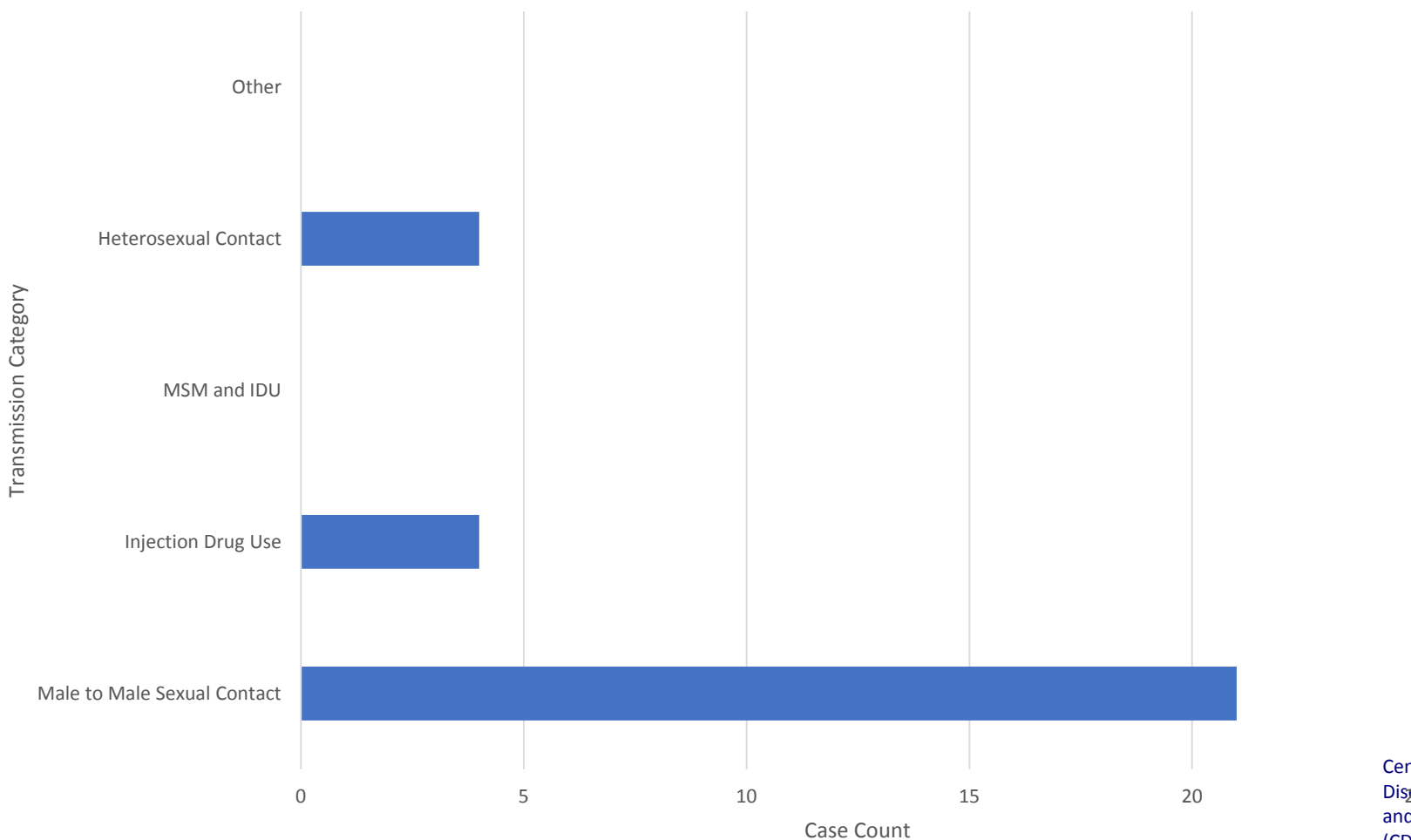


Centers for
Disease Control
and Prevention
(CDC)
[NCHHSTP](#)
[AtlasPlus](#).
Accessed on
3/29/2019,

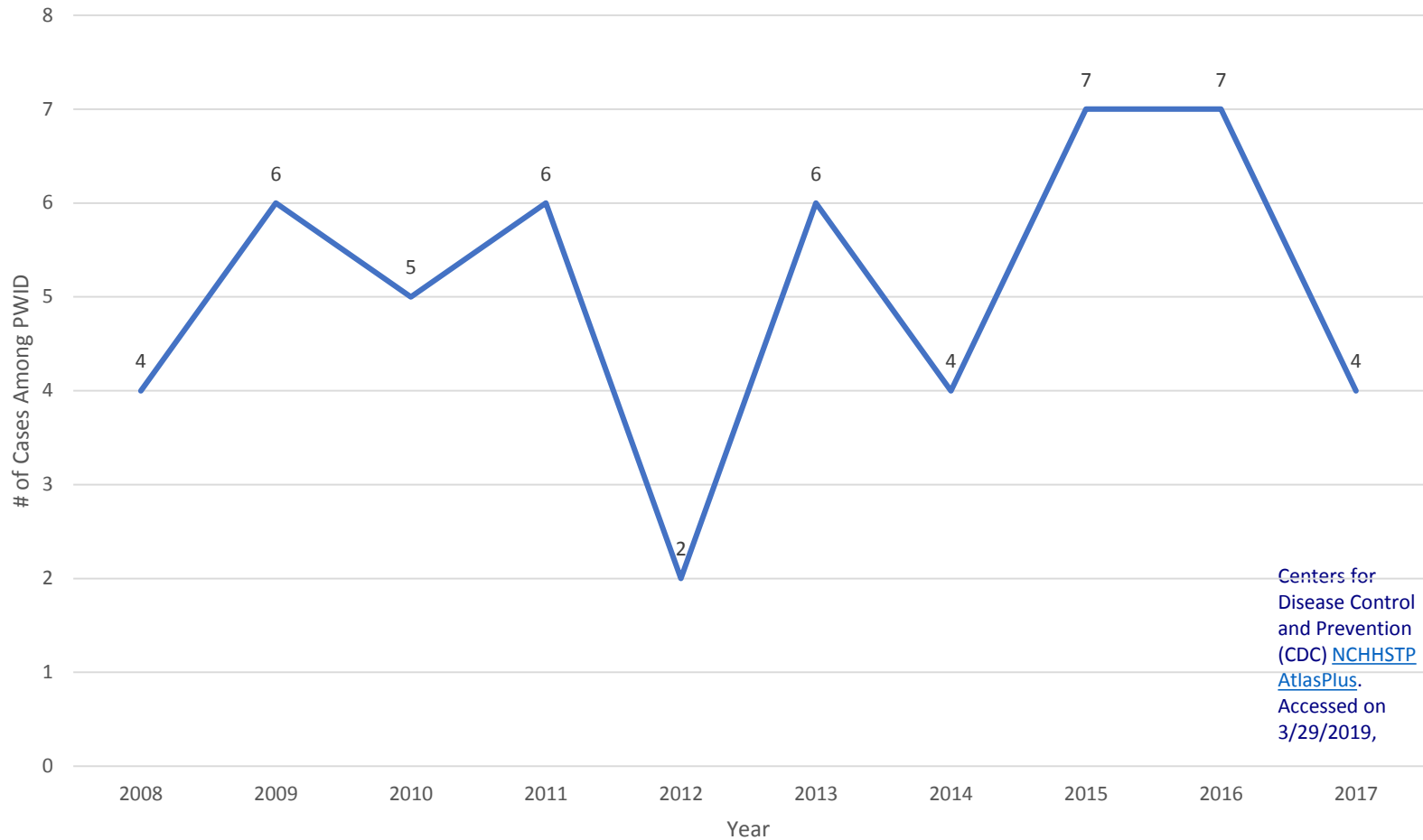
HIV Diagnoses in Maine: (2017) –Rate by Age Group



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



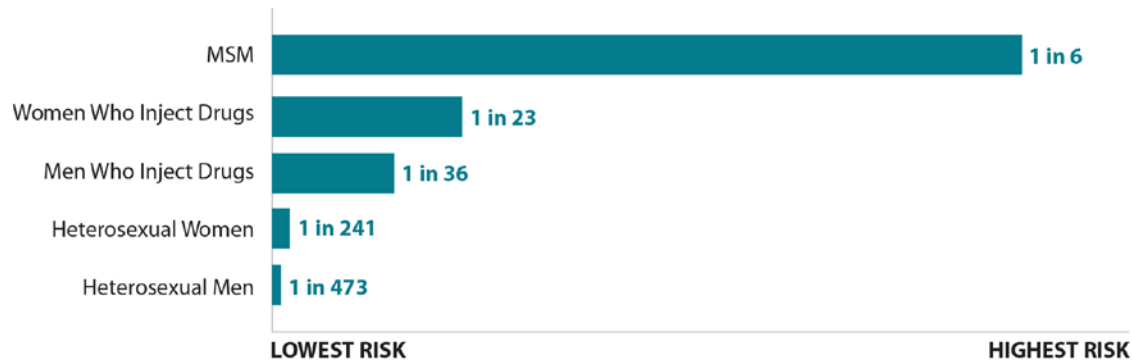
HIV Diagnoses in Maine: (2008-2017)- Case Count of People Who Inject Drugs



Centers for
Disease Control
and Prevention
(CDC) [NCHHSTP
AtlasPlus](#).
Accessed on
3/29/2019,

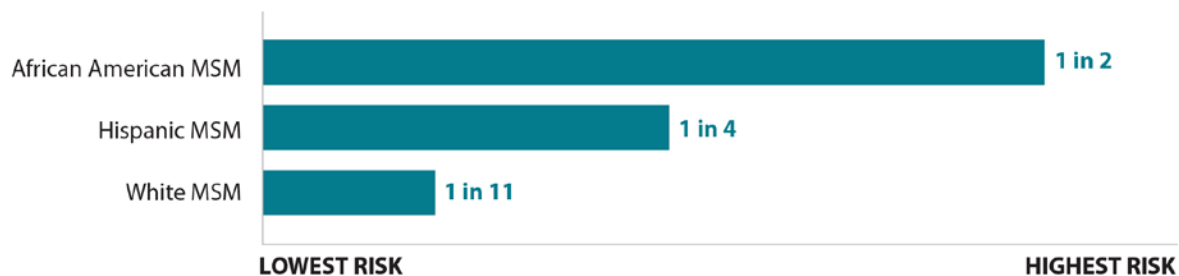
Lifetime Risk of HIV Diagnosis: (2016)- National Data

Lifetime Risk of HIV Diagnosis by Transmission Group



Source: Centers for Disease Control and Prevention

Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity



Source: Centers for Disease Control and Prevention

Source: CDC: 2016 Conference on Retroviruses and Opportunistic Infections
(<https://www.cdc.gov/nchhstp/newsroom/2016/croi-2016.html#Graphics>)

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.

Sexually Transmitted Diseases in Maine

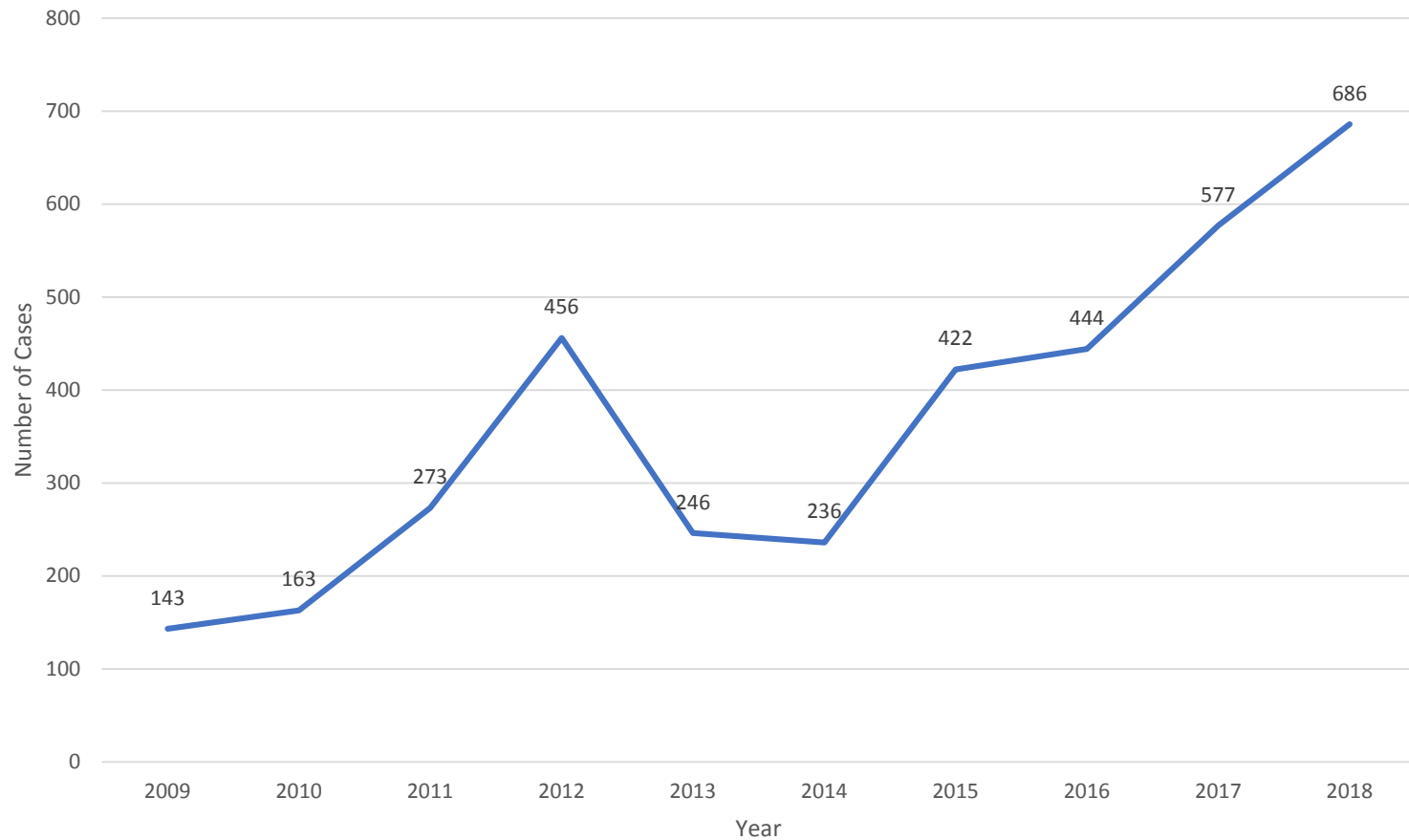


Maine Center for Disease Control and Prevention

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.

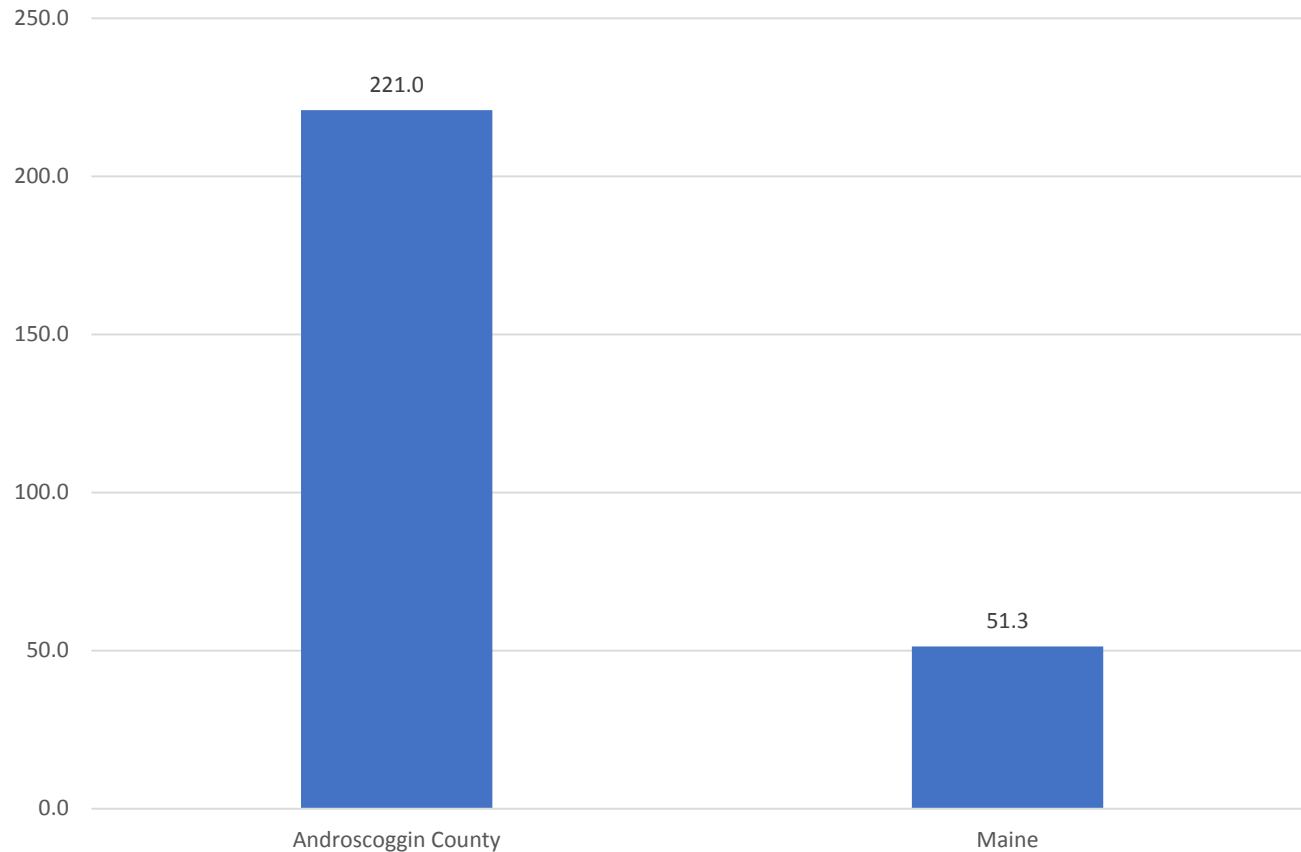
Gonorrhea Cases in Maine: (2009-2018)



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

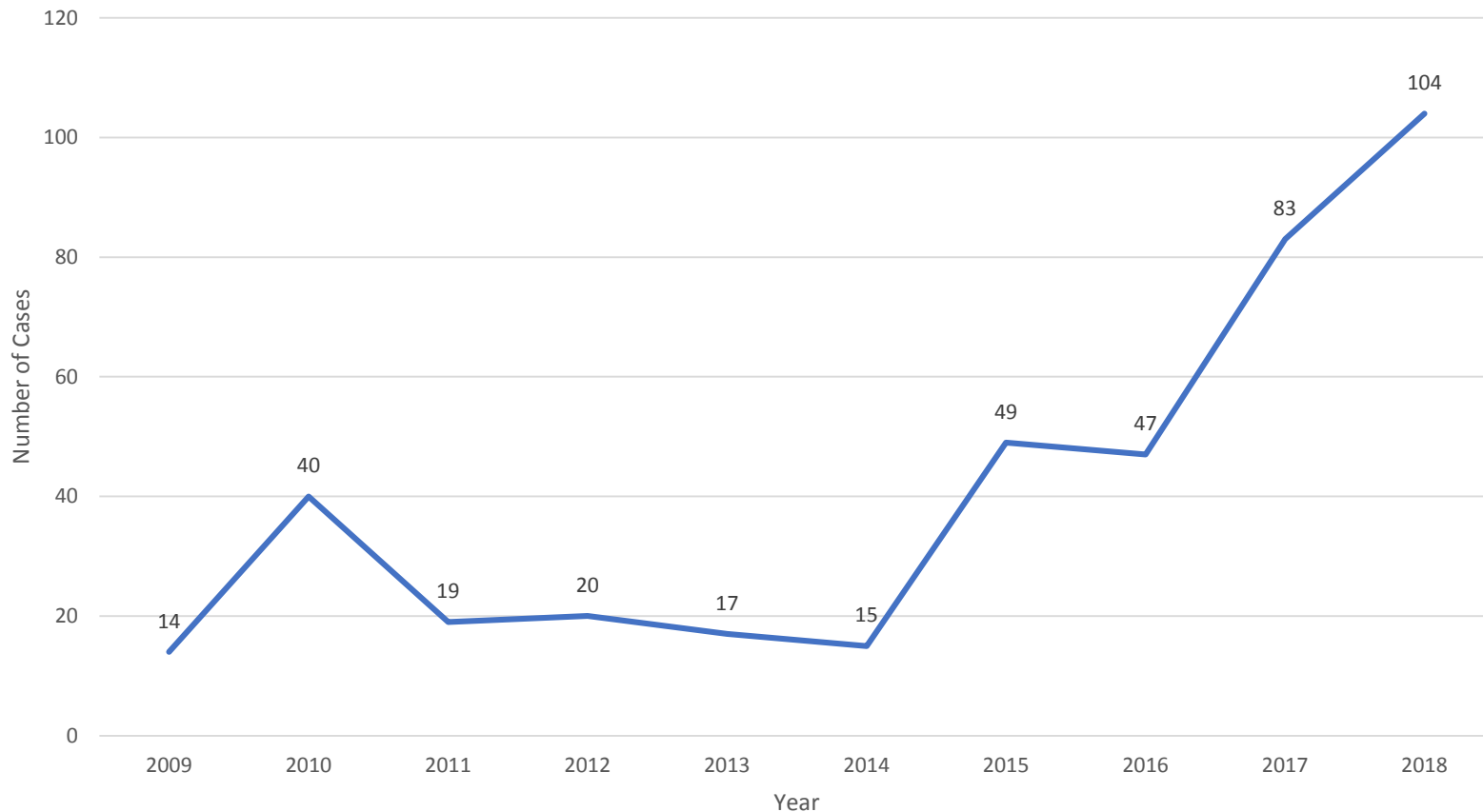
Maine Center for Disease Control and Prevention

Gonorrhea Cases in Maine Per 100,000: (2018)- Androscoggin County



Source: Maine CDC Internal Surveillance Data prepared by HIV/STD Epidemiologist on 3/28/2019.

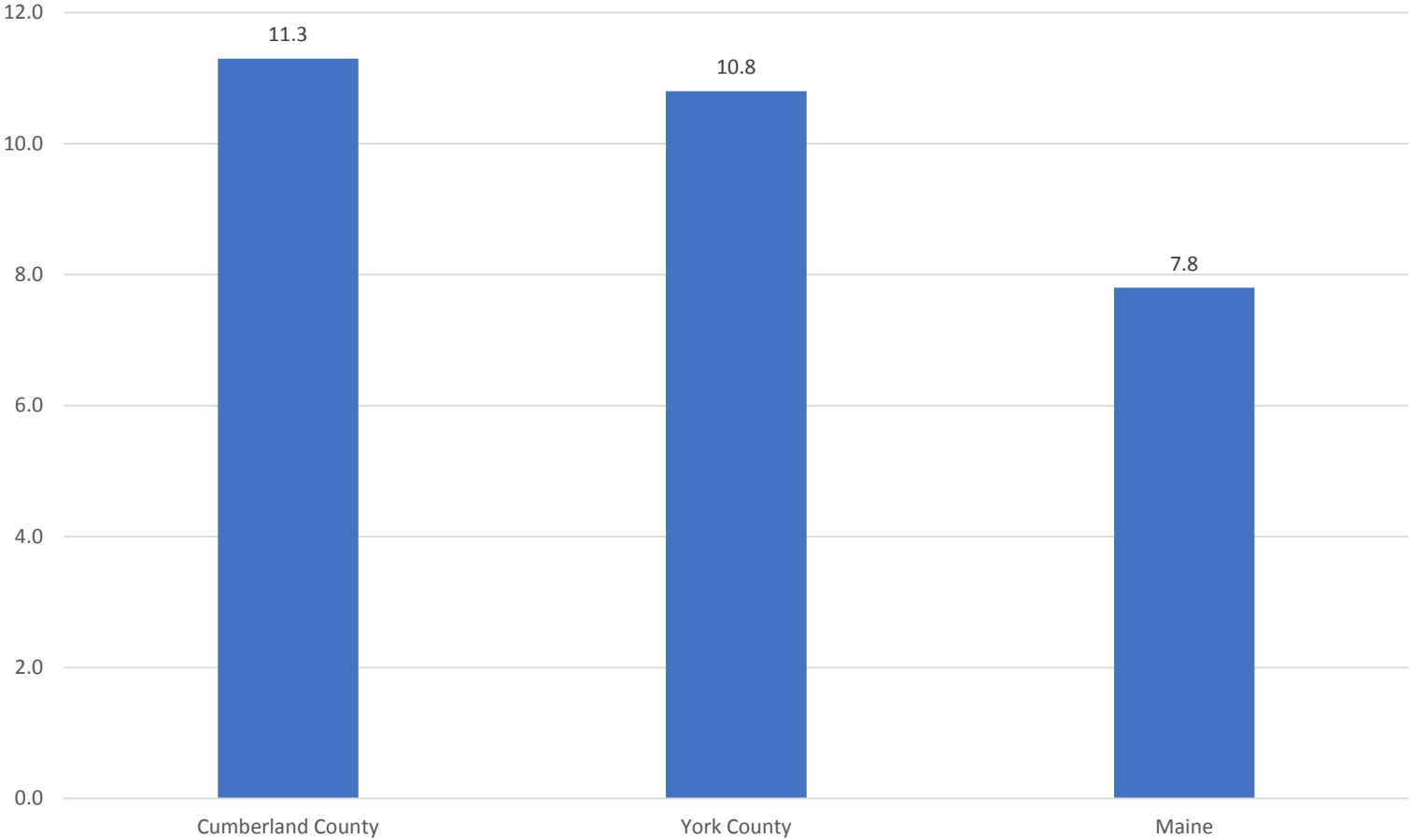
Infectious Syphilis Cases in Maine: (2009-2018)



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

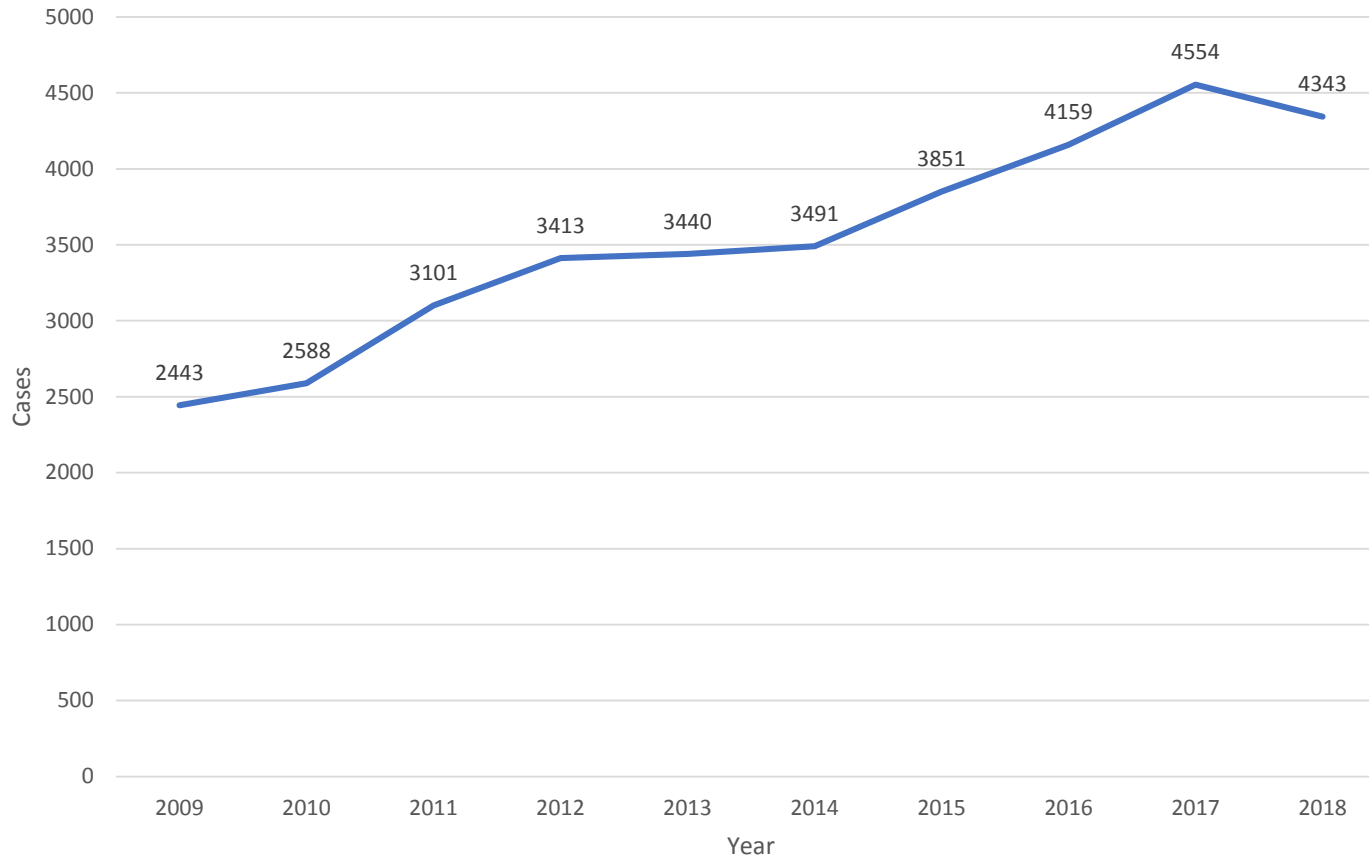
Maine Center for Disease Control and Prevention

Syphilis Cases in Maine Per 100,000: (2018)- Cumberland County and York County



Source: Maine CDC Internal Surveillance Data prepared by HIV/STD Epidemiologist on 3/28/2019.

Chlamydia Cases in Maine: (2009-2018)



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

Maine Center for Disease Control and Prevention

Questions About CDC Guidelines?

Sexually Transmitted Diseases

Summary of
2015

CDC Treatment Guidelines



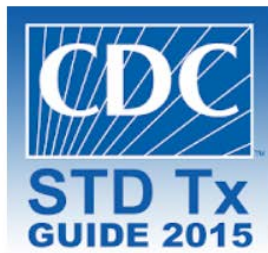
**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

CDC Treatment Guidelines for: Chlamydia, Gonorrhea, and Syphilis

- **Chlamydia**
 - For adolescents and adults:
 - Azithromycin 1 g orally in a single dose
 - OR
 - Doxycycline 100 mg orally twice a day for 7 days
- **Gonorrhea**
 - For adolescents and adults with uncomplicated infections of the cervix, urethra, and rectum
 - Ceftriaxone 250 mg IM in a single dose
 - PLUS
 - Azithromycin 1g orally in a single dose
- **Syphilis**
 - For primary, secondary, or early latent infections in adults who are not pregnant or HIV infected:
 - Benzathine penicillin G 2.4 million units IM in a single dose

Sexually Transmitted Diseases: Summary of 2015 CDC Treatment Guidelines. Centers for Disease Control and Prevention: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention., 2015.

Questions on Treatment Guidelines? Download the App from the CDC



STD Tx Guide

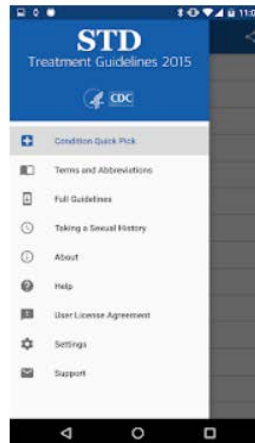
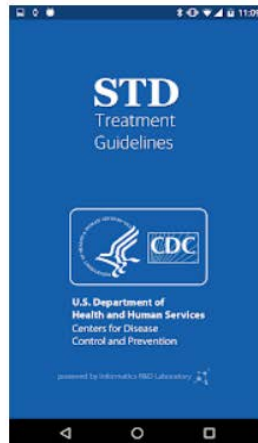
Centers for Disease Control and Prevention Medical ★★★★★ 96

Everyone

This app is compatible with your device.

Add to Wishlist

Install



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:
 - <http://www.ncsddc.org/resource/extragenital/>
 - <https://www.denverptc.org/Consultation.html>



1- Patton, et al. Extragenital gonorrhea and chlamydia testing and infections among men who have sex with men- STD Surveillance Network, United States, 2010-2012. *Clinical Infectious Diseases*, 2014; 58(11): 1564-1570.

2- Kent, et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. *Clinical Infectious Diseases*, 2005; 41(1): 67-74.

India Street Public Health Center (2017)- Extragenital Testing Data

Chlamydia				
Total Positive Individuals	Urine +	Oral +	Anal +	Missed w/o anal/oral
107	67	12	41	40 (37.4%)

Gonorrhea				
Total Positive Individuals	Urine +	Oral +	Anal +	Missed w/o anal/oral
59	18	27	32	41 (70.7%)

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

HIV TESTING



CONDOMS



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

We can stop HIV

I talk to my daughter about HIV to protect her.

My mom talks to me about HIV because she cares.

My dad told me HIV affects more Latinos than we think.

It's not easy to talk about HIV, but we should.

one conversation at a time

Get the facts and tips on how to start your conversation at www.cdc.gov/oneconversation

Taking a Sexual History-

The 5 P's:

- Partners
 - What are the genders of the people you have sex with?
 - In the past year, roughly how many people have you had sex with?
- Practices
 - What types of sex do you typically have? Vaginal? Anal? Oral?
- Protection from STDs
 - How do you protect yourself from STDs and HIV?
 - How often do you use condoms?
- Past History of STDs
 - Have you ever been diagnosed with an STD?
 - Have your partners recently had an STD?
- Prevention from Pregnancy
 - Are you or your partner currently trying to get pregnant?
 - How do you protect yourself from pregnancy?

Source: Centers for Disease Control and Prevention. A Guide to Taking a Sexual History.
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>. Accessed on 2/13/2019.

LGBTQ+ Sexual Health

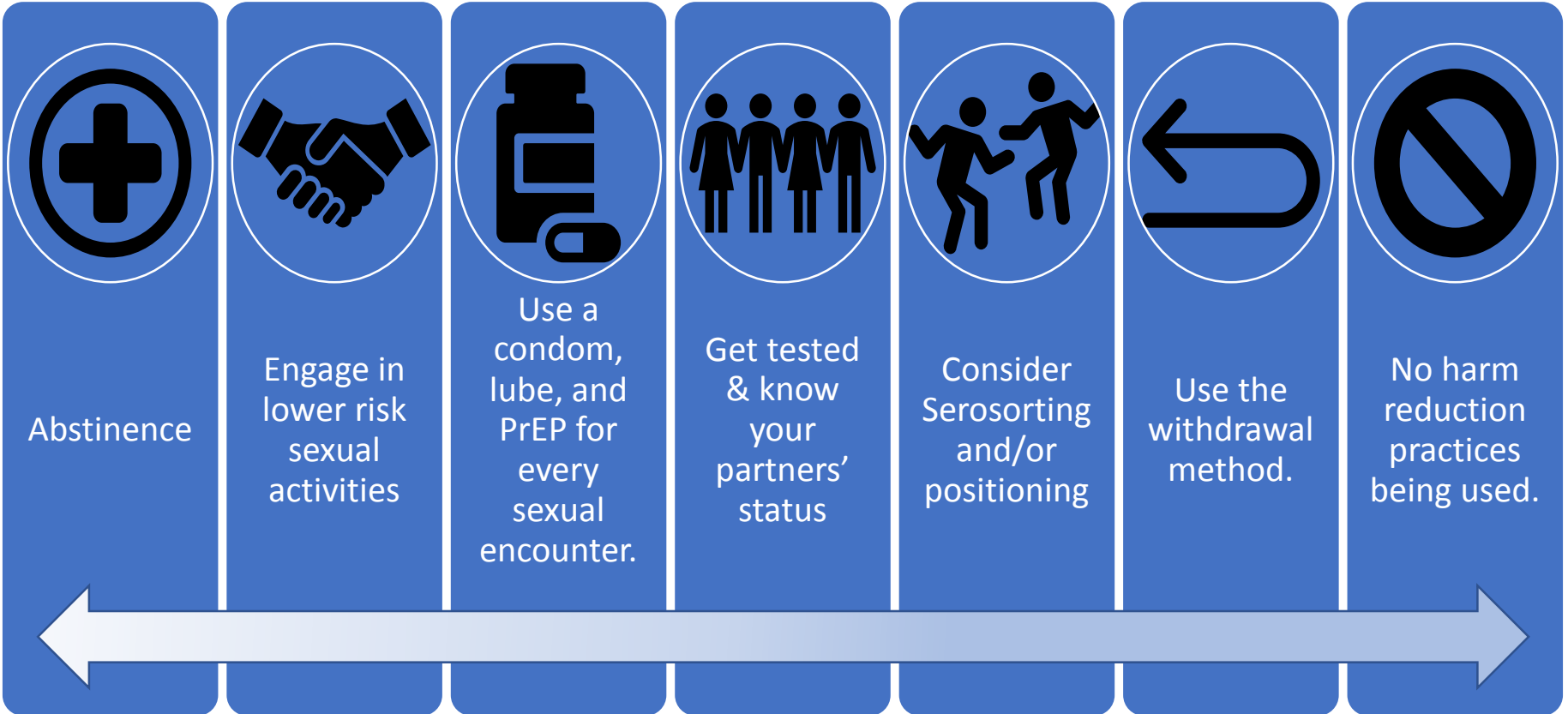
- 68% of new HIV cases in Maine identified as MSM in 2017
- 61% of new male syphilis cases in Maine identified as MSM in 2018
- Collecting an LGBTQ competent sexual history
 - Collect Sexual Orientation & Gender Identity (SOGI) information for both patient and partners
 - Differentiating between sexual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

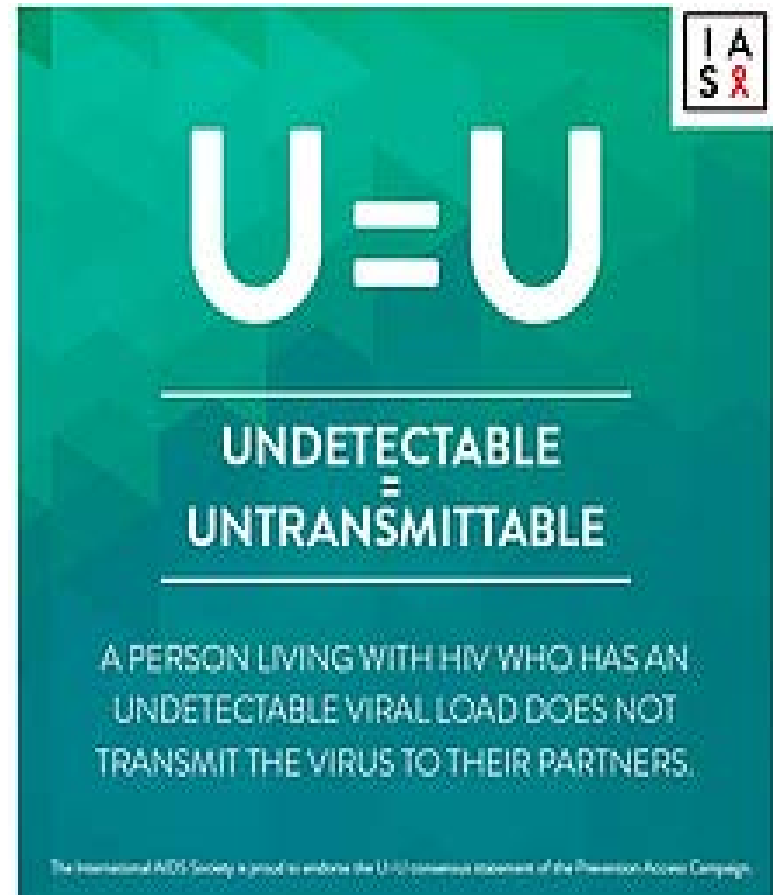
Harm Reduction for HIV/STD Prevention

Safer Sex Practices



Treatment as Prevention

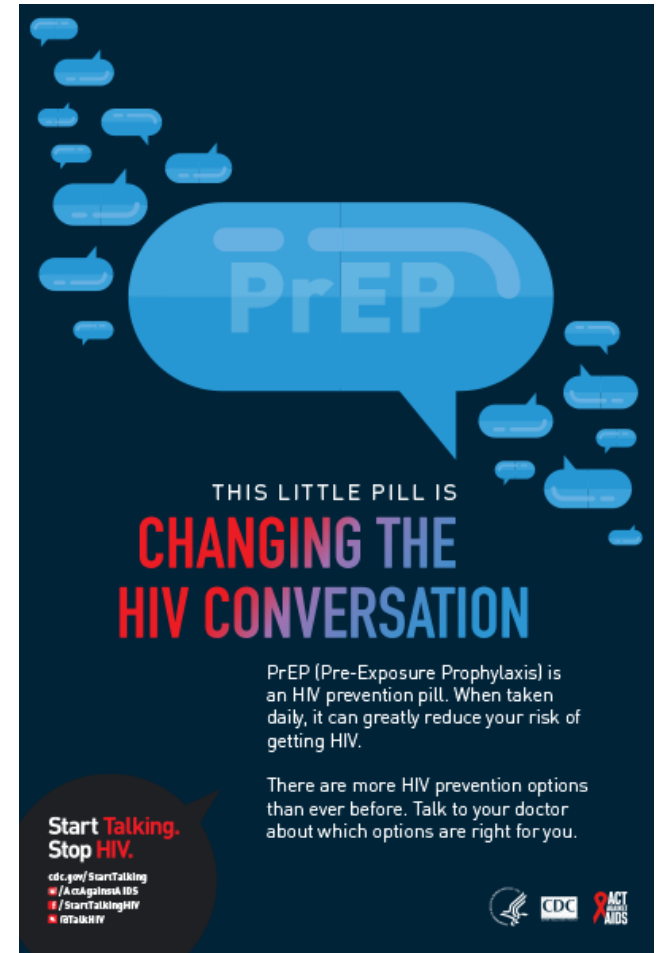
- Antiretroviral Therapy → viral suppression → undetectable viral load
- Individuals on effective antiretroviral treatment (ART) with an undetectable viral load cannot transmit HIV to others
- The PARTNER Study (2016) -
 - 1,000 mixed status couples
 - All HIV+ partners virally suppressed
 - 58,000 sex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



Source: JAMA 2016: Sexual Activity Without Condoms and Risk of HIV Transmission in Serodifferent Couples When the HIV-Positive Partner Is Using Suppressive Antiretroviral Therapy; Rodger, et al.

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

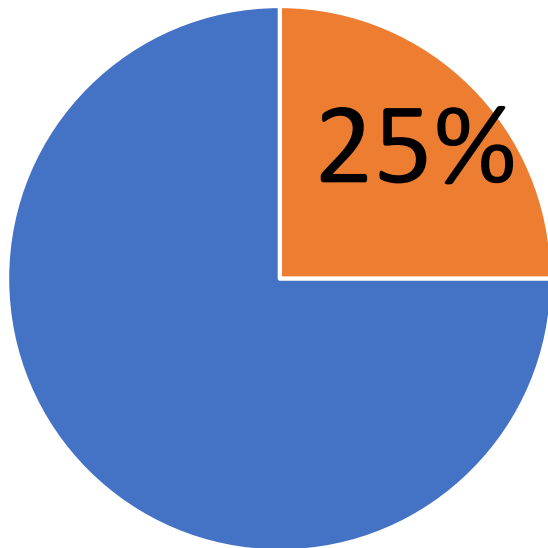


Pre-exposure Prophylaxis

Who should consider it?

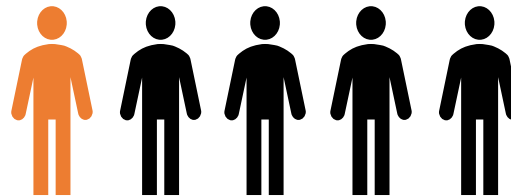
MSM

(Men Who Have Sex With Men)



1 in 5 PWID

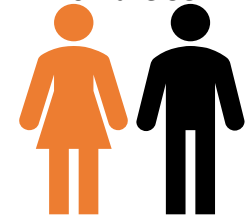
(People Who Inject Drugs)



High Risk

MSW & WSM

(Men Who Have Sex With Women)
(Women Who Have Sex With Men)

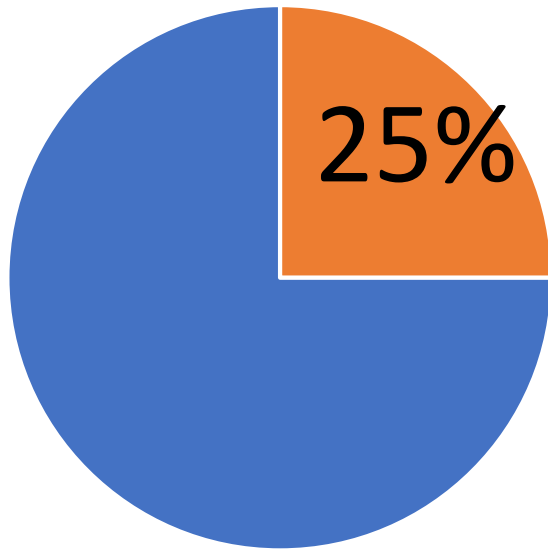


Source: Smith, D.K., Handel M.V., Wolitski R. J. et al., Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015

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

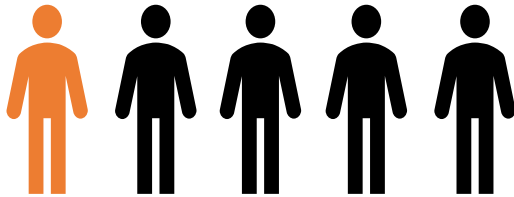
Source: Smith, D.K., Handel M.V., Wolitski R. J. et al., Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015

Pre-exposure Prophylaxis

Who should consider it?

1 in 5 PWID

(People Who Inject Drugs)



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

Source: Smith, D.K., Handel M.V., Wolitski R. J. et al., Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015

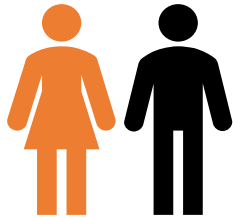
Pre-exposure Prophylaxis

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

Source: Smith, D.K., Handel M.V., Wolitski R. J. et al., Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015

Pre-exposure Prophylaxis Transgender and GNC Individuals

- No current CDC Guidelines for PrEP for transgender and gender non-confirming (GNC) populations
 - Lack of clinical trials
 - 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
 - Stigma/Discrimination
 - Sex practices
 - Poverty
- Transgender and GNC individuals interested in PrEP should inquire with their provider



According to current estimates, around a quarter (22-28%) of transgender women are living with HIV.

An estimated 56% of black transgender women were living with HIV—the highest percentage among all transgender women.

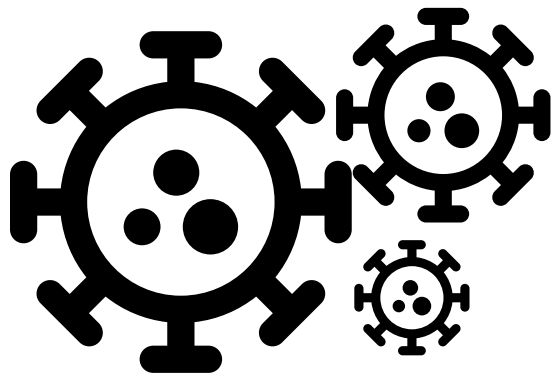
Source: CDC. Get information for Transgender Women.
<https://www.cdc.gov/actagainstaids/campaigns/transforminghealth/transgenderwomen/information.html>. Accessed: 2/14/2019.

Source: HIV and Transgender People, Factsheet.
<https://www.cdc.gov/hiv/pdf/group/gender/transgender/dc-hiv-transgender-factsheet.pdf>. Accessed: 2/14/2019.

Post-Exposure Prophylaxis (PEP)

Who should consider it?

Exposure to HIV



High risk exposure

Consult with Provider



72 Hours

2 Pill regimen



28 Days

Source: CDC. Postexposure Prophylaxis for the Prevention of HIV Infection in the United States, 2016.

Maine Center for Disease Control and Prevention

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

Source: Djelaj, V., Patterson, D., & Romero, C. M. (2017). A Qualitative Exploration of Sexual Assault Patients' Barriers to Accessing and Completing HIV Prophylaxis. *Journal of Forensic Nursing*, 13(2), 45-51.

Questions About Post-Exposure Prophylaxis

Clinical Consultation Center- PEP Hotline

1-888-448-4911

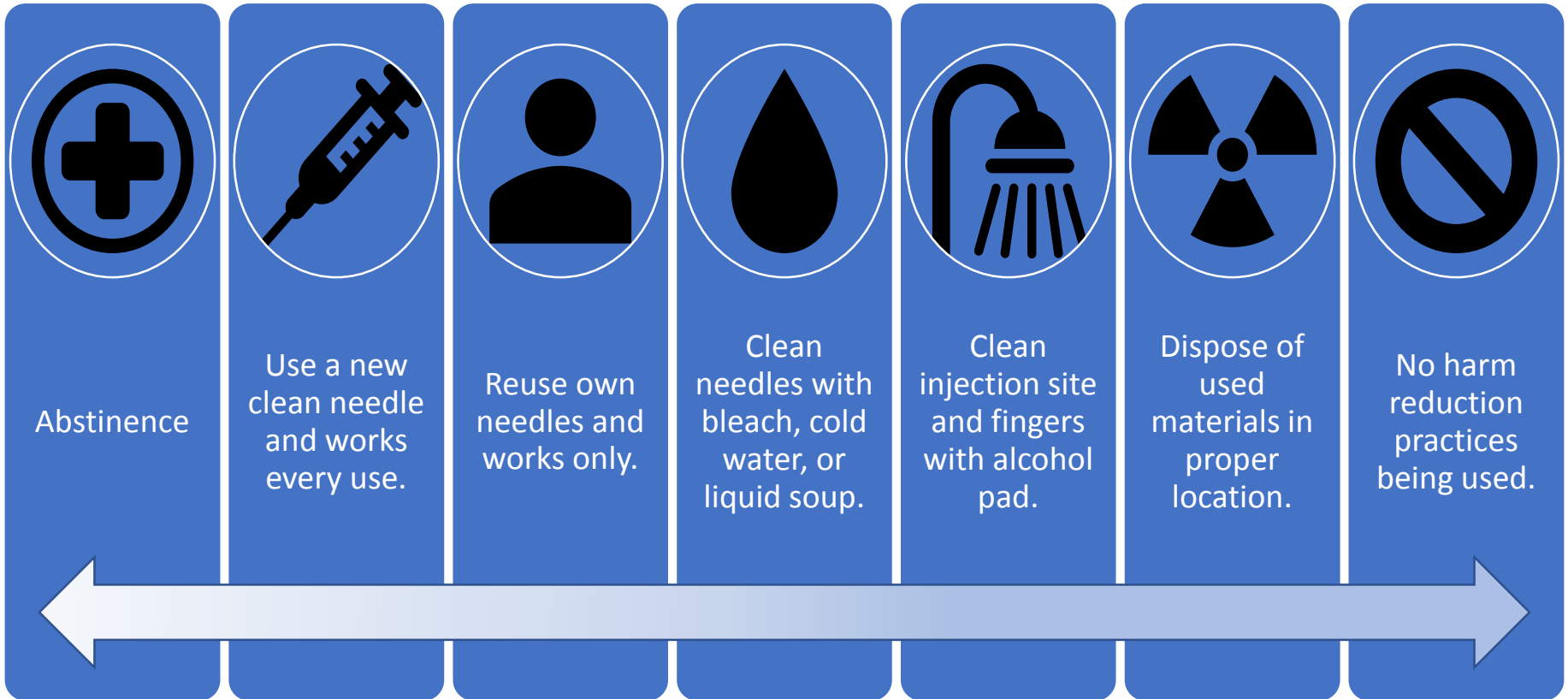
9 a.m. – 2 a.m. ET

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

<https://www.cdc.gov/hiv/risk/pep/index.html>

Harm Reduction for HIV/STD Prevention

Safer Injection Practices



Needle Exchange Programs

Needle exchange	Location	Number
Portland Needle Exchange	103 India St. – Portland	(207) 756-8024
Health Equity Alliance	25A Pine St. - Ellsworth	(207) 667-3506
Health Equity Alliance	304 Hancock St. - Bangor	(207) 990-3626
Health Equity Alliance	7 VIP Rd. - Machias	(207) 255-5849
Health Equity Alliance	147 Waldo Ave. - Belfast	(207) 249-8916
Maine General	149 North St. - Waterville	(207) 872-4102
Maine General	9 Green St. - Augusta	(207) 621-3770

HIV, HCV, & STD Testing

Maine CDC Funded Testing locations

- The Maine CDC funds testing for people at increased risk for:
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - HIV
 - HCV
- The testing is provided by:
 - Frannie Peabody Center
 - Portland Public Health
 - Maine Family Planning



HIV, HCV, & STD Testing

Maine CDC Funded Testing locations

- Individuals at increased risk are:
 - Men who have sex with men- can qualify for an HIV, chlamydia, gonorrhea, and syphilis test
 - People who use in injection drugs- can qualify for an HIV and Hepatitis C Virus Test
 - Sexually active women under the age of 25- can qualify for a gonorrhea and chlamydia test
 - Transgender individuals- can qualify for an HIV test
 - Members of a racial and ethnic minority- can qualify for an HIV test
 - 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//dhh/s/sexual-health-materials>

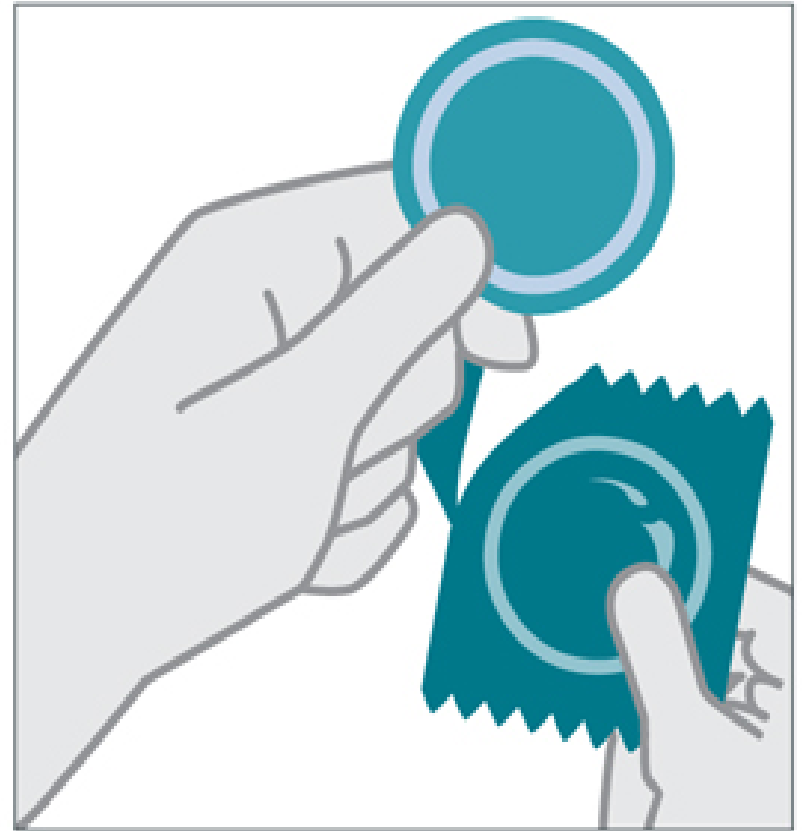


Image Source: Centers for Disease Control and Prevention
<https://www.cdc.gov/condomeffectiveness/male-condom-use.html>. Accessed on 2/4/2019.

Questions?

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Julie.Coco@maine.gov; (207) 287-7395

