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Massachusetts Department of Public Health raises level of concern about increased HIV transmission through injection drug use, in light of the current epidemic of opiate/opioid misuse and recent observations.

The Massachusetts Department of Public Health (MDPH) has noted an increase in newly diagnosed and acute HIV infections among persons who inject drugs (PWID). To date in calendar year 2017 (through November 21), there have been 64 HIV infections reported among individuals who inject drugs in Massachusetts, representing 14% of all HIV infections reported this year. Over the past 5-10 years, newly diagnosed HIV infection in PWID amounted to 32-62 cases annually, representing a stable proportion of 4-8% of all reported HIV infections. Investigation of cases is ongoing.

The potential for HIV transmission among PWID has always been a concern. Success in stemming the tide of the epidemic in the 1990s reduced that concern somewhat. There is now cause for renewed concern due to the current drug use epidemic, especially in regard to unrecognized drug use in some individuals, the rate of ongoing hepatitis C virus (HCV) transmission, the introduction of fentanyl (both pharmaceutical and illicit synthetic forms) into the drug supply leading to more frequent injection, and the lack of experience with HIV among younger persons who inject drugs. With the epidemic of HCV in PWID, especially among younger drug injectors, we have evidence of ongoing unsafe needle sharing practices which could also lead to a resurgence of HIV transmission.

In 2015, an outbreak of HIV was documented in a population of PWID in rural Scott County, Indiana and reinforced the potential for HIV transmission through IDU. Epidemiologic investigation revealed that the introduction of just one HIV-infected individual into a needle-sharing network resulted in over 180 HIV new infections within a four-month period. Prior reductions in HIV infection attributed to IDU in Massachusetts were likely due to several protective factors, including reasonable access to sterile syringes (both through state-funded syringe service programs [SSPs] and over-the-counter syringe purchase in pharmacies), access to substance use disorder treatment, and behavioral changes among experienced users. However, as Scott County demonstrates, rapid reintroduction of HIV into a low incidence population is possible and can lead to an outbreak at any time.

The MDPH therefore asks clinical care providers to increase vigilance for the potential for HIV infection in patients that report current or recent injection drug use. With respect to these patients, we remind you to:

1. Remain alert to the potential for HIV infection in people who inject drugs, and offer HIV testing to individuals who report current or past injection drug use;
2. Elicit behavioral risk history in your patients, encourage HIV and HCV testing for at-risk individuals, and follow current national recommendations for routine screening (see <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>) ,
3. Follow current national recommendations for HIV testing <https://www.cdc.gov/hiv/guidelines/testing.html>,
4. Be prepared to refer patients who use injectable substances to harm reduction services in your community,
5. Report all new cases of HIV infection to the MDPH promptly with as much risk history, clinical, and demographic data as you can obtain, and,
6. Utilize field epidemiologist services offered by MDPH to assist in HIV partner notification and linkage to support services and insurance.

For current listings of substance use disorder treatment programs:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/substance-abuse-services.html>,

For a current listing of syringe service programs:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/hiv-aids/>

To report a new case of HIV infection to the MDPH, call the HIV Surveillance Program at 617-983-6560.

To request field epidemiologist services for HIV partner notification and linkage to support services and insurance, call the Division of STD Prevention and HIV/AIDS Surveillance at 617-983-6940.