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HIV and HCV in Persons Who Inject Drugs

Key Points and Recommendations:

- New Hampshire is at high risk of uncontrolled HIV and Hepatitis C virus (HCV) transmission due to the opioid epidemic and injection drug use.
- Providers should screen all patients who present to clinical care (regardless of the primary purpose of the visit) for substance use disorder, especially injection drug use.
- Individuals who have a history of substance misuse (especially injection drug use) should be tested for HIV and HCV.
- There have been multiple state outbreaks of hepatitis A virus infection associated with individuals who are homeless and individuals who use injection and non-injection drugs (<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>). We recommend all health care providers assess for hepatitis A virus (HAV) and hepatitis B virus (HBV) immunity in these higher risk patients and provide vaccination if not immune.
- All new diagnoses of HIV and HCV should be reported to the New Hampshire Division of Public Health Services (NH DPHS), including preliminary positive or rapid-reactive HIV and HCV results, by utilizing the appropriate form below:
 - HIV: <https://www.dhhs.nh.gov/dphs/cdcs/documents/adulthivreport.pdf>
 - HCV: <https://www.dhhs.nh.gov/dphs/cdcs/documents/hcv-reporting.pdf>
- If a provider (primary or referral provider) is unsure if a new HIV or HCV case has been reported to NH DPHS, please err on the side of re-reporting. NH DPHS does not receive laboratory reports for positive HCV tests, and we rely on provider reporting of new HCV diagnosis for accurate counts.

Situation:

New Hampshire's annual number of new HIV cases has been stable (approximately 30-40 cases per year); however, Hillsborough County is experiencing a significant increase in the number of individuals who are newly diagnosed with HIV and report injection drug use as a risk factor:

- From January 1, 2017, through April 30, 2018, there were 46 NH residents newly diagnosed with HIV.
- Of the 46 individuals, 11 (24%) reported injection drug use, a majority of whom lived in Hillsborough County at the time of their diagnosis.

Of recent concern, NH DPHS has been investigating a report of a homeless individual in Manchester who shares injection drug equipment, and has been diagnosed with acute HIV

infection with a very high HIV viral load, which increases risk of transmission. DPHS is continuing to investigate and identify contacts who may be at risk.

HCV infection is also a major risk for individuals who inject or use intranasal drugs. New diagnoses of HCV infection were made provider reportable to the NH DPHS in 2016. Of all the new diagnoses of HCV infection in New Hampshire residents from November 1, 2016 to present, 85% reported ever injecting drugs (current or former), and almost 65% report current injection drug use as a risk factor.

Because new diagnoses of HCV infection are only reported to the NH DPHS by providers (no laboratory reporting of positive test results is performed), there has been significant under-reporting of new HCV infections. We are asking providers, both primary and referral providers, to report new cases of HCV infection to the NH DPHS using the appropriate case report form: <https://www.dhhs.nh.gov/dphs/cdcs/documents/hcv-reporting.pdf>.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Adnela Alic at 603-271-7499 or email Adnela.Alic@dhhs.nh.gov.

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Attachments: None