

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF ARIZONA

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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HIV outbreak in rural southern Indiana linked to injection drug use of oxymorphone

Historically, few cases of HIV infection are reported in the rural, southern part of Indiana. On January 23, 2015, the Indiana State Department of Health (ISDH) began an ongoing investigation of an outbreak of human immunodeficiency virus (HIV) infection, after disease intervention specialists reported 11 confirmed HIV cases traced to a rural county in southeastern Indiana. As of April 21, ISDH reported diagnosing HIV in 135 persons.

Most cases were residents of the same community and were linked to syringe-sharing partners injecting the prescription opioid oxymorphone (a powerful oral semi-synthetic opioid analgesic).

Like many other rural counties in the United States, this county has substantial unemployment (8.9%), a high proportion of adults who have not completed high school (21.3%), a substantial proportion living in poverty (19%), and limited access to health care. This county consistently ranks among the lowest in the state for health indicators and life expectancy.

Methodology

ISDH worked with the only health care provider in the immediate

community, local health officials, law enforcement, community partners, regional health care providers and Centers for Disease Control and Prevention to launch a comprehensive response to the outbreak

Outcomes

Ages of the 135 HIV+ patients was 18-57 years (mean=35 years).

Major findings include:

- 108 (80%) reported injection drug use, 4 (3%) reported no IDU, and 23 had not interviewed for IDU.
- Among the 108 reporting IDU, all reported dissolving and injecting tablets of oxymorphone as drug of choice. Some reported injecting other drugs, such as heroin and methamphetamine.
- Ten (7.4%) were identified as commercial sex workers.
- An average of nine syringe-sharing partners, sex partners, or other social contacts who might be at risk for HIV were reported.
- Of the 373 contacts named, 247 (66.2%) were located, and 230 (61.7%) were tested
- Of the 230 tested, 109 (47.4%) tested HIV+.
- Of the 128 contacts not yet located, 74 (57.8%) have been identified as syringe-sharing or sex partners, and 54 (42.2%) are

social contacts regarded as high risk for HIV infection.

- The reported daily numbers of injections ranged from 4 to 15, with the reported number of injection partners ranging from 1 to 6 per injection event.
- Injection drug use in this community is a multi-generational activity, with as many as three generations of a family and multiple community members injecting together.

Implications for Prevention

This outbreak highlights the vulnerability of many rural, resource-poor populations to drug use, misuse, and addiction, in the context of a high prevalence of unaddressed comorbid conditions.

The outbreak demonstrates the value of timely HIV Hepatitis C surveillance and rapid response to an outbreak. Further, it shows a need for expanded mental health and substance use treatment in medically unserved rural areas.

SOURCE:

Conradi, C., et al. (2015). Community outbreak of HIV infection linked to injection drug use of oxymorphone--Indiana, 2015 *MMWR*, 64, 443-444.

Sexual health talk between HIV+ women and clinicians poor

This study sought to determine the frequency and predictors of discussions regarding sexual activity and contraceptive use between patient and clinician.

Participants were 128 women treated for HIV in two Australian metropolitan hospitals.

Sexual activity status was documented for 54% of women and discussion regarding contraception was recorded for than one-third of study participants. When a discussion regarding sexual activity was documented, contraception was 3.7 times more likely to also be discussed.

Previous pregnancy, gender of doctor and age of patient were not associated with discussions regarding sexual activity or contraception.

The study concluded that discussions regarding sexual activity and contraception between HIV+ women of reproductive age and their clinicians were inconsistent and suboptimal.

SOURCE: Stewart, Z., A. et al. (2015). Factors associated with discussion of sexual activity and contraception in women with HIV. *Journal of Family Planning & Reproductive Health Care*. doi: 10.1136/jfprhc-2004-100937.

Pharmacist rapid HIV testing accepted and feasible

Routine HIV testing has been recommended since 2006 but uptake has been low. This study implemented a pharmacist-provided rapid HIV testing model in two pharmacies in Michigan, October 2011 to March 2013.

Each pharmacy implemented marketing strategies to notify customers and community residents of the opportunity for HIV testing. The CLIA-waived Uni-Gold Recombigen HIV-1/2 test on whole blood by fingerstick was used.

Sixty-nine persons were tested; one had a reactive HIV test and was referred to a health care provider. Testing services required mean time of 30 minutes. Participants had median age of 23, 59% were women, and 46% and 39% were black and white, respectively. This was the first HIV test for 42% of the participants, many whom reported high-risk behavior in prior 6 months. Both participants and pharmacists reported favorable perceptions of the HIV testing.

The study showed acceptability and feasibility of pharmacist-provided rapid HIV testing.

SOURCE: Darin, K. M., et al. (2015). Pharmacist-provided rapid HIV testing in two community pharmacies. *Journal of the American Pharmacists Association*, 55, 81-85.

Cervical cancer screening beneficial in STI clinics

Women (n=123) were offered cervical screening in an Indiana STD clinic. Findings revealed that if an STD clinic offered cervical cancer screening to their patients, it would be likely that patients would need it. Also, the exploration and implementation of screening in this clinic suggested that an STD clinic could implement cervical cancer screening.

SOURCE: Meyerson, B., et al. (2015, February 15). Cervical cancer screening in a sexually transmitted disease clinic: Screening adoption experiences from a midwestern clinic. *American Journal of Public Health*. doi: 102105/AJPH.2014.302272.

cART reduced cervical HPV infection

Of 300 HIV+ women, cART reduced the risk for detection of HPV by 77%. Each month cART reduced risk of any HPV type by 9%.

SOURCE: CDC. Zeler, M. D., et al. (2015). Combination antiretroviral therapy reduces the detection risk of cervical cancer human papilloma virus infection in women living with HIV. *AIDS*, 29, 59-66.

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Arizona, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

Senior Director
William L. Yarber, HSD
Indiana University, Bloomington

Co-Directors
Janet N. Arno, MD
IU School of Medicine, Indianapolis

Anne M. Bowen, PhD
University of Arizona

Richard A. Crosby, PhD
University of Kentucky

Beth Meyerson, MDi, PhD
Indiana University, Bloomington

Mohammad R. Torabi, PhD
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-7974
(800) 566-8644
FAX line: (812) 855-3936
aids@indiana.edu
<http://www.indiana.edu/~aids>