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

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 oxymorphine (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 oxymorphine 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:
**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.


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**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.


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**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.


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**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%.