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HIV Update — Alaska, 2018

Background

More than 1.1 million persons in the United States are estimated to be living with human immunodeficiency virus (HIV) infection, and approximately one in seven of them are not aware that they are infected.¹ According to CDC, those at highest risk are gay, bisexual, and other men who have sex with men (MSM), particularly non-white MSM. However, recent outbreaks of HIV among persons who inject drugs (PWID) have been observed, especially in rural areas.² Those at greatest risk of acquiring HIV in Alaska are MSM, PWID, and heterosexuals who have sex with someone at risk for or who has HIV. We describe here a summary of HIV cases reported during 1982–2018, a summary of the epidemiology of HIV in 2018, and a discussion of strategies that can be implemented to prevent HIV transmission and improve health outcomes for persons living with HIV. The HIV surveillance report for Alaska is available at: <http://dhss.alaska.gov/dph/Epi/hivstd/Pages/hivdata.aspx>

Methods

HIV and acquired immune deficiency syndrome (AIDS) are reportable conditions in Alaska. The Section of Epidemiology (SOE) receives reports from health care providers and laboratories for newly diagnosed cases of HIV and for persons living in Alaska who were previously diagnosed out-of-state. All persons newly diagnosed with HIV infection are offered an interview to determine risk factors and identify sexual and needle-sharing partners for testing. Case and interview data are recorded in two secure SOE databases. Hepatitis C data recorded in a secure SOE database were also reviewed.

Summary of HIV Cases

From January 1, 1982 through December 31, 2018, 1,890 cases of HIV were reported to SOE. Of these reported cases:

- 1,239 (66%) were initially diagnosed in Alaska;
- 1,232 (65%) are not known to have died, 699 (57%) of whom are currently living in Alaska; and
- 1,228 (65%) ever had a diagnosis of AIDS.

During 2018, 58 cases of HIV infection were reported to SOE; of which, 22 (38%) were newly diagnosed in Alaska, yielding a statewide incidence of 3 cases per 100,000 persons. The remaining 36 (62%) reported cases were in persons with a prior out-of-state diagnosis. Of the 22 newly diagnosed HIV cases in Alaska, the median age at diagnosis was 28 years (range: 17–63), 19 (86%) were male, 15 (68%) were non-whites, 16 (73%) were MSM, 3 (14%) were diagnosed with AIDS at the time of their initial diagnosis, and none are known to have died.

Risk Factors

Many factors contribute to transmission of HIV. The following risk factors were identified among the 22 persons who were newly diagnosed with HIV in 2018: a history of incarceration (13, 59%); co-infection with a bacterial sexually transmitted disease (8, 36%), including four cases of syphilis; homelessness (5, 23%); and drug and alcohol misuse (17, 77%), including injection drug use (IDU; 7, 32%). Among the 16 MSM with a new HIV diagnosis in 2018, the most commonly reported way to meet sexual partners was through mobile apps (10; 63%).

Testing

Of the 22 persons who were newly diagnosed with HIV in 2018, their reasons for being tested include the following: 6 (27%) received routine testing for HIV, 5 (23%) had symptoms of HIV or AIDS, 4 (18%) were tested due to self-identified risk factors, 4 (18%) were named during a partner services investigation, and 3 (14%) were tested as part of a sexually transmitted disease (STD) visit. Eight (36%) persons had a sexual partner who was known to be HIV-infected, and of those, two reported previous pre-exposure prophylaxis (PrEP) use. A prior negative HIV test

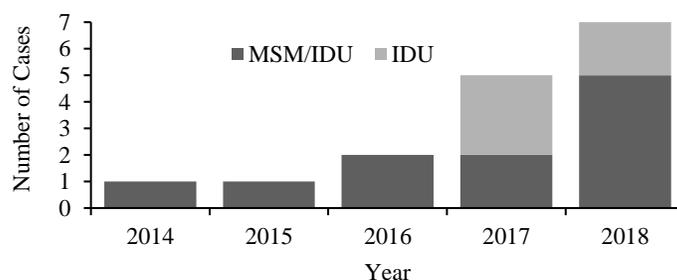
was documented for 13 (59%) persons, five of whom had tested negative in the previous 12 months.

HIV in Persons Who Inject Drugs

In 2018, 7 newly identified cases of HIV infection were in PWID; of these, 5 (71%) were male (all MSM), 5 (71%) were non-white, 6 (86%) resided in Anchorage, and 2 (29%) were co-infected with hepatitis C virus. All seven reported engaging in high-risk sexual behavior as well as methamphetamine use (sometimes in combination with heroin or cocaine) making it difficult to determine exactly how the infection was actually acquired in all seven cases. The number of HIV cases identified in PWID has been increasing in recent years (Figure).

PWID may experience barriers to accessing medical care, including lack of transportation, housing, and medical insurance. Additionally, methamphetamine use increases risky behaviors such as condomless sex and needle-sharing, and worsens health outcomes due to poor medication adherence.³ Prevention strategies such as HIV/STD testing, risk reduction counseling, PrEP, access to syringe service programs, and treatment with antiretroviral medications for injection drug users who test positive for HIV can all reduce transmission in this population.

Figure. Number of HIV Cases with IDU Risk Factor by Year of Diagnosis — Alaska, 2014–2018



Recommendations

1. Routinely screen all patients aged 13–64 years for HIV at least once. Screen patients with HIV risk factors, including PWID, *at least annually* and those at highest risk every 3–6 months in all health care settings, including emergency departments and correctional centers.⁴
2. Screen all pregnant women early in every pregnancy. A second test in the 3rd trimester is also warranted for women who are known to be at increased risk for infection.⁴
3. Include HIV testing as part of routine STD screening.⁴
4. Offer pre-exposure prophylaxis (PrEP) to high-risk persons and partners of persons living with HIV.⁵
5. Refer PWID to syringe service programs where available, and counsel them about the health risks of sharing drug injection equipment.⁶
6. Report confirmed and suspected cases of HIV and AIDS to SOE within 2 working days via fax (907) 561-4239 or telephone (907) 269-8000.

References

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