NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

2019 Advisory # 3

Risk factors that contributed to HIV outbreaks in Massachusetts are present in New York City

Increase in newly diagnosed HIV infections among persons who inject drugs in Boston, Lawrence, and Lowell, Massachusetts

March 1, 2019

The New York City Department of Health and Mental Hygiene (DOHMH) is alerting health care and harm reduction personnel to an increase in newly diagnosed HIV infections among persons who inject drugs (PWID) in several Massachusetts cities (Boston, Lawrence, and Lowell). From January 2015 to October 2018, 144 individuals were diagnosed with injection-associated HIV in Lawrence and Lowell, MA. An additional six individuals in Boston, MA have been diagnosed with HIV since November 2018.

The prevalence of HIV among people who inject drugs declined from approximately 50% to 10% in New York City between the 1990s and 2014, attributed largely to the implementation of syringe exchange in 1992.[1] New injectors are at especially high risk for acquiring bloodborne infections. Despite New York State authorization permitting the distribution of syringes through syringe service programs and select pharmacies in New York City, DOHMH is concerned about the possibility of a resurgence of HIV among people who inject drugs.

Several of the risk factors associated with increased HIV diagnoses in Massachusetts are present in New York City, including:

1. Insufficient syringe access for PWID to meet the number of injection events[2]
2. Number of homeless individuals and persons without stable housing in New York City,[3] as people who are homeless and inject drugs are at increased risk of unsterile syringe use and public injection[4]
3. Presence of fentanyl in the drug supply, which is associated with an increased frequency of injection[5]
4. Limited knowledge, particularly among young PWID, about the risks of HIV and HCV transmission associated with sharing syringes and injection paraphernalia[6]

Recommendations for clinical providers:

1. Offer HIV and HCV testing to patients who report current or past injection drug use. **Current CDC guidelines** recommend that PWID should be tested for HIV and HCV at least annually.
2. Start antiretroviral treatment as soon as possible following HIV diagnosis. Immediate treatment improves HIV outcomes and prevents transmission. Information on HIV treatment is **available here**.
3. Offer pre-exposure prophylaxis (PrEP) to patients who report current injection drug use. PrEP is a single pill taken daily and, when taken consistently, reduces the risk of HIV infection by up to 92%.[7] A PrEP FAQ for providers is **available here**. Any provider can prescribe PrEP. A list of locations with experience providing PrEP is **available here**.
4. Start direct acting antiviral therapy for HCV to all people who are diagnosed with chronic HCV, regardless of fibrosis level. Information on where to refer patients for HCV treatment is **available here**.
5. Recommend hepatitis A (HAV) and hepatitis B (HBV) vaccine for patients who report

current injection drug use. **Current CDC guidelines** suggest that providers target HAV and HBV vaccines to individuals with diagnosed HCV infections, as HAV and HBV infections can be severe for these patients.

6. Refer patients who inject drugs to syringe service programs or expanded syringe access pharmacies. A list of syringe service programs and operating hours is **available here**. A list of pharmacies where adults can access up to 10 sterile syringes per visit without a prescription is **available here**.
7. Treat patients with opioid use disorder with the medications methadone or buprenorphine, which have been shown to reduce the risk of HIV and HCV infection.[8] Information about where patients can access methadone or buprenorphine is **available here**.
8. Syringe service providers should encourage participants to use sterile equipment for each injection and educate participants about safe injection practices and safe disposal of syringes. Information about safe injection and syringe disposal is **available here**.

Adequate access to sterile injection equipment is essential for the prevention of HIV and HCV transmission associated with injection drug use. No HIV infections from community-acquired needle stick injuries have been documented.[9]

Other Information:

- People who inject drugs are at high risk of overdose. Opioid overdose death is preventable with naloxone. More information about naloxone, including where patients can access it, is **available here**.
- Individuals seeking support or treatment for substance use issues for themselves or their loved ones can contact NYC Well by calling 1-888-NYC-WELL, texting "WELL" to 65173 or visiting **nyc.gov/nycwell**.

Please share this Health Advisory with any providers you know working with people who inject drugs.

Sincerely,

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[4] Topp L, Iversen J, Baldry E, Maher L, Collaboration of Australian NSPs. Housing instability among people who inject drugs: results from the Australian needle and syringe program survey. J Urban Health. 2012;90(4):699-716.
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