



KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

To: Community Based Organizations, Community Health Centers, County Jails, Emergency Rooms, Substance Use Disorder Treatment Facilities, Urgent Care Centers, Hospitals, Infectious Disease Providers, Internal Medicine Providers, Family Medicine Providers, Local Health Departments, Planned Parenthood, Primary Care Providers, Sexual Health Clinics, and College Health Centers

From: New York State (NYS) Department of Health (DOH), AIDS Institute

Date: January 23, 2023

HEALTH ADVISORY: PRELIMINARY DATA INDICATE A RECENT INCREASE IN NEW HUMAN IMMUNODEFICIENCY VIRUS (HIV) DIAGNOSES AMONG PEOPLE WHO USE DRUGS IN BROOME COUNTY

The preliminary number of new HIV cases among people with a history of Injection Drug Use (IDU) diagnosed in the second half of 2022 in Broome County accounted for **over half of all diagnoses among this population in the last five years combined**. Most cases have been diagnosed in persons reported as White, Female, and between the ages of 30-39. While the total number of new diagnoses in the recent time period is small (under 10), the risk factors involved—unsuppressed viral load, lack of recent HIV treatment, multiple sexual and injection partners, and transactional sex—create a situation where ongoing undetected transmission is a concern. Preliminary data also indicate that HCV and/or syphilis co-infections are present in the cluster.

SPECIFIC ACTIONS TO PREVENT TRANSMISSION:

- **Keep a low threshold for offering HIV and HCV testing.** Keep in mind that acute HIV infection has symptoms similar to multiple respiratory viruses that are also currently circulating, such as COVID-19.
- **Promote prompt linkage to medical care.** This includes assessment of referral for social determinant of health needs.
- **Provide persons engaging in high-risk behaviors with harm reduction and safer sex supplies.**
- **Ensure access to syringe exchange programs.**
- **Review your practice's policies and procedures to ensure they create environments where people who use drugs are welcomed.** People who use drugs report experiencing more discrimination and stigma in health care settings than people who do not use drugs. They are less likely to seek care and/or disclose important information about their risk behaviors to health care providers. This can lead to undiagnosed infections and ongoing transmission.
- **Conduct HIV/STI testing activities to key priority populations:** provide mobile HIV/STI testing; offer HIV testing to persons who are tested for STIs; provide HIV Self-

Test kits. Clients residing outside of NYC can text the word “Test” to 40457 or visit <https://www.health.ny.gov/diseases/aids/consumers/testing/index.htm> to see if they are eligible to receive a free HIV Self-Test Kit.

- Hospitals, Emergency Departments, and Urgent Care Centers:
 - For anyone with a substance use-related and/or sepsis-related episode, **check available medical records for HIV testing history** to determine if there are results that the patient may not be aware of and inquire about linkage to HIV medical care status. If patient is not linked to care, provide a referral to an HIV medical provider.
 - **Offer rapid/point of care HIV testing** per [NYS Public Health Law](#).
- **Evaluate persons newly diagnosed with HIV for any other treated or untreated STIs (specifically syphilis) and determine pregnancy status.** Increases in syphilis have been linked to substance use and transactional sex, especially among persons of childbearing capacity ([Evaluation of Drug-Related Risk Behaviors Among Females Diagnosed With Early Syphilis in New York State \(Excluding New York City\), 2013 to 2018 - PubMed \(nih.gov\)](#))
- **County Jails or their subcontracted providers of medical care must offer HIV testing** no later than the time of the mandated medical evaluation, within 14 days of incarceration, and persons who test positive must be provided an appointment for HIV medical care.
- **Substance Use Disorder Treatment facilities should offer HIV testing** as soon as possible after admission and provide referrals for PrEP and medical care.

###

ACTIONS FOR RESPONSE EFFORTS AND ADDITIONAL RESOURCES

What Health Care Providers/Facilities Can Do to Prevent HIV, Hepatitis C (HCV), STIs and Support Sexual Health

- **Offer and perform HIV testing** for every patient age 13 years and older to ensure every patient knows their status.
- Despite the challenges posed by the COVID-19 pandemic, **expeditious initiation of ART in people newly diagnosed with HIV** remains a high priority and can be accomplished with modest adjustments to the established protocol¹. See the NYSDOH AIDS Institute's Guidance: Rapid Antiretroviral Therapy (ART) Initiation During COVID-19² document which aims to assist primary care providers and other clinicians in adjusting the protocol for implementing rapid ART initiation during the COVID-19 pandemic.
- **Offer and perform HCV testing** for all persons who inject drugs and persons newly diagnosed with HIV. Injection drug use (IDU) is the most common risk factor for HCV transmission. People who inject drugs, even once in their lifetime, should be tested for HCV. Annual HCV testing is recommended for those with on-going risk, including IDU, HIV-positive MSM and MSM on pre-exposure prophylaxis (PrEP). A one-time offer of an HCV screening test is recommended for all adults aged 18 years and older regardless of risk behaviors. Provide or make a referral for HCV treatment for persons diagnosed with HCV.
- **Conduct a complete sexual health history, risk and drug use assessment** for every patient. Ask about specific behaviors that may increase one's risk of HIV, HCV, or other STIs, such as the number of sex partners, type of sex (i.e., vaginal, anal, oral), sex of sex partners, and drugs used and route of drug ingestion, to help guide laboratory testing. Visit <http://www.ncshguide.org/providers> for guidance and additional resources.
- **Screen** for HIV and/or STIs:
 - ✓ Persons presenting with evidence of active injection drug or other drug use
 - ✓ Sexually active MSM, at least annually; every 3 to 6 months if at increased risk
 - ✓ Sexually active persons regardless of HIV status, at least annually
 - ✓ All persons with newly diagnosed HIV
 - ✓ Persons previously and/or currently diagnosed with STIs
 - ✓ Persons presenting with signs and symptoms that might indicate the presence of an acute HIV infection and/or an STI
 - ✓ Sex or needle sharing partners of people with HIV/STIs
 - ✓ Pregnant people at their first prenatal visit and during the third trimester. For complete information on screening, diagnosing, and treating syphilis in pregnancy, see the Centers for Disease Control and Prevention's (CDC) 2015 STD Treatment Guidelines³.
- **Test** at the anatomic site(s) of sexual exposure and offer three-site testing for gonorrhea and chlamydia.
- **Treat promptly or link patients immediately to care and treatment** to interrupt the spread of HIV, syphilis, and other STIs.
- **Refer** all patients diagnosed with HCV for treatment if HCV treatment is not offered onsite.
- **Offer** PrEP and Post-Exposure Prophylaxis (PEP).
- **Facilitate partner management** by offering and providing [Expedited Partner Therapy \(EPT\)](#) as appropriate, and encouraging your patients to refer their sex or needle sharing partners to medical care for testing, STI treatment, and HIV prophylaxis.

¹ https://www.hivguidelines.org/antiretroviral-therapy/when-to-start-plus-rapid-start/#tab_4

² <https://www.hivguidelines.org/antiretroviral-therapy/rapid-art-covid-19/>

³ <https://www.cdc.gov/std/treatment-guidelines/toc.htm>

- **Collaborate** with State and County public health personnel on partner notification efforts. Expect the Health Department to contact you and/or your patient for additional information.
- **Refer** consenting individuals living with HIV and people engaging in behaviors that put them at risk of acquiring HIV to community-based organizations (CBOs) for support services.
- **Register** the clinical services (e.g., HIV, HCV, PrEP, PEP, Buprenorphine, STI services) provided at your facility/practice on the AIDS Institute Provider Directory at <https://providerdirectory.aidsinstituteny.org/Register/RegisterCreate>.
- **Update** the clinical services (e.g., HIV, HCV, PrEP, PEP, Buprenorphine, STI services) provided at your facility/practice on the AIDS Institute Provider Directory at <https://providerdirectory.aidsinstituteny.org/Register/RegisterEditList>.
- **Report** newly diagnosed cases of HIV and/or AIDS using the Provider Portal on the NYSDOH Health Commerce System at <https://commerce.health.ny.gov> or the paper DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF within 14 days of diagnosis is required by Public Health Law.
- **Report** all suspected and confirmed STI diagnoses promptly to your local county health department. Information is available at <http://www.health.ny.gov/forms/doh-389.pdf> and http://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.
- **Ensure** your employees and colleagues have access to current information and tools to promote health equity. Please visit <https://www.hivtrainingny.org/Home/healthequity> and <https://www.cdc.gov/std/health-disparities/default.htm> for more information.
- **Sign up** for the AI Provider Directory: <https://providerdirectory.aidsinstituteny.org/>.

What Community Based Organizations Can Do to Support Sexual Health, Drug User Health, and Prevent HIV, HCV and other STIs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion to help guide lab testing.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for people who inject drugs. Syringes should be provided to ensure a sterile syringe for every projected injection and without limiting access. There are three mechanisms to provide sterile syringes in NYS – syringe exchange, second tier syringe exchange, and the expanded syringe access program. In addition, provide syringe disposal options for people with used syringes. People who use drugs are at high risk of experiencing an overdose due to the volatility of the drug supply. *Fentanyl*, which is 50 to 100 times stronger than heroin, is available throughout NYS and is sold as heroin. It is also mixed into other drugs including cocaine, methamphetamine, ecstasy and pills. A person who has no tolerance to opioids is at high risk of experiencing an overdose. Individuals should be trained in how to recognize an overdose, trained in how to respond to an overdose, and provided with naloxone. Naloxone is available from multiple sources including syringe exchange programs and drug treatment programs, as well as pharmacies where it can be obtained for very low or no cost through insurance. To become a registered Opioid Overdose Program or to facilitate access to and disposal of syringes please see https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/index.htm. People who use drugs should test all drugs for the presence of fentanyl. Fentanyl test strips are available from syringe exchange programs, drug treatment agencies and other health care facilities. *Xylazine* is an animal tranquilizer which is mixed into the drug supply. It is added to extend and enhance the effects of opioids. In the event of an overdose, the revived person may remain sedated indicating the presence of xylazine in the drugs. They should be monitored but if they are breathing, they do not need additional naloxone. Xylazine, no matter how it is ingested, can cause severe, life threatening soft tissue infections.

- **Provide easy access buprenorphine:** as part of comprehensive harm reduction services. Individuals with opioid use disorder should be offered access to buprenorphine in a non-punitive way via a variety of settings.
- **Implement targeted client recruitment:** prioritize agency services to identify individuals who do not access health care services or who may not otherwise have access to HIV and STI testing in clinical settings. These persons may benefit most from HIV and STI testing services in nonclinical settings.
- **Offer and perform HCV testing** for all persons who inject drugs and persons newly diagnosed with HIV. Injection drug use (IDU) is the most common risk factor for HCV transmission. People who inject drugs, even once in their lifetime, should be tested for HCV. Provide referrals for HCV treatment for persons diagnosed with HCV.
- **Offer navigation services:** assist persons living with HIV, or persons placed at risk of acquiring HIV, to obtain timely, essential, and appropriate medical, prevention, and support services (including PrEP/PEP) to optimize health and prevent HIV/STI/HCV transmission and acquisition.
- **Provide effective behavioral interventions:** implement prevention activities that are culturally relevant and have been shown to be successful by evaluation or research.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the NYS Condom Program is available at <https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>.
- **Work with existing coordinating and community planning bodies** such as NYS Ending the Epidemic regional steering committees, the NYS HIV Advisory Body, and NY Links to plan, promote and conduct community education events/activities, foster dialogue, and share resources.
- **Use technology and social media platforms** to promote partner services, increase general awareness, provide accurate and science-based education, and address misinformation. Social media efforts should be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination, and health care disparities. A partner services public service announcement is available at <https://www.youtube.com/watch?v=63hsXYucSrs>.
- **Collaborate** with public health colleagues including county departments of health, regional partner services staff, other AIDS Institute funded providers, CBOs (including non-AIDS service organizations), medical providers, behavioral health providers, etc. to discuss the health advisory, communicate current services, and develop a local response plan and/or collaboration agreements (as needed) to best serve the needs of the priority populations.
- **Share** this information with the communities you serve through announcements, press releases, medical and community communications and digital and social media avenues.
- **Ensure** your employees and colleagues have access to current information and tools to promote health equity. Please visit <https://www.hivtrainingny.org/Home/healthequity> and <https://www.cdc.gov/std/health-disparities/default.htm> for more information.
- **Sign up** for the AI Provider Directory: <https://providerdirectory.aidsinstituteny.org/>

Additional Resources

- **Free and confidential HIV and STI testing** is available at local health department sexual health clinics. <https://providerdirectory.aidsinstituteny.org/>
- **HIV Testing Toolkit: Resources to Support Routine HIV Testing for Adults and Teens** http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf Clients residing outside of NYC can text the word "Test" to 40457 to see if they are eligible to receive a free HIV Self-Test Kit.
- **New York State Department of Health AIDS Institute Provider Directory** <https://providerdirectory.aidsinstituteny.org/>

- **NYS Department of Health HIV/AIDS Hotline: 1-800-541-AIDS**
<https://www.health.ny.gov/diseases/aids/index.htm>
- **Clinical Education Initiative Sexual Health Center of Excellence** Clinicians can call the Clinical Education Initiative (CEI Line) at 1-866-637-2342 to access expert medical consultation on diagnosis, treatment and management of HIV, HCV, and STI infections and sexual and drug user health. Training calendar and archived webinar are available at <https://ceitraining.org/>.
- **NYS DOH AIDS Institute Clinical Guidelines for HIV/HCV/PrEP/PEP** <https://hivguidelines.org>
- **Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP)**
https://www.health.ny.gov/diseases/aids/general/about/strategic_planning.htm#prep
- **Consumer PEP Hotline** – 844-PEP4NOW (844-737-4699) Available 24/7
- **HIV Clinician Reporting and NYSDOH Partner Services**
https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/
- **Bureau of HIV/AIDS Epidemiology** at 518-474-4284 for information and assistance with HIV reporting.
- **Office of Sexual Health and Epidemiology** at 518-474-3598 or stdc@health.ny.gov for information and assistance with STI reporting.
- **Bureau of Hepatitis Health Care** at hepatabc@health.ny.gov for information and assistance with Hepatitis reporting.
- **Partner Services Public Service Announcement for Providers** Educate yourself and your team on the services offered by partner services and how partner services can extend the continuum of care to your patients, their partners, and others who may have been exposed
<https://www.youtube.com/watch?v=cumGb4ASugk>
- **NYSDOH Partner Services**
https://www.health.ny.gov/diseases/communicable/std/partner_services/index.htm
 - **NYSDOH Central New York Regional Office** 315-477-8114
- **Free and confidential HCV testing** is available at locations across NYS.
https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/testing_locations.htm