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HIV Update — Alaska, 2019

Background

Approximately 1.2 million persons in the United States are living with human immunodeficiency virus (HIV) infection, and approximately one in seven of them are not aware that they are infected. According to CDC, those at highest risk are gay, bisexual, and other men who have sex with men (MSM), particularly non-white MSM.¹ In addition, CDC recently announced several HIV clusters and outbreaks occurring predominantly among people who inject drugs (PWID).² Those at greatest risk of acquiring HIV in Alaska continue to be 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 1982–2019 and the epidemiology of HIV in 2019. Alaska’s 1982–2019 HIV surveillance report 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.

Summary of HIV Cases

From January 1, 1982 through December 31, 2019, 1,959 cases of HIV were reported to SOE. Of these reported cases:

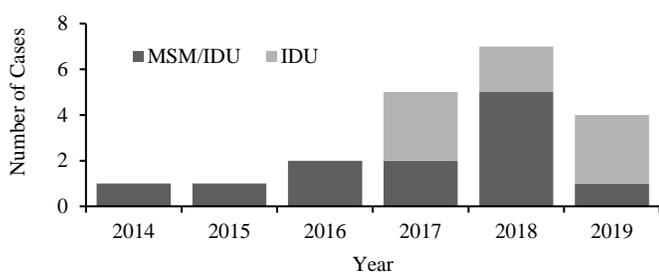
- 1,262 (64%) were initially diagnosed in Alaska;
- 1,276 (65%) are not known to have died, 703 (55%) of whom are currently living in Alaska; and
- 1,254 (64%) ever had a diagnosis of AIDS.

During 2019, 69 cases of HIV infection were reported to SOE, of which, 27 (39%) were newly diagnosed in Alaska, yielding a statewide incidence of 4 cases per 100,000 persons. The remaining 42 (61%) reported cases were in persons with a prior out-of-state diagnosis. Of the 27 newly diagnosed HIV cases in Alaska, the median age at diagnosis was 30 years (range: 21–60), 20 (74%) were male, 15 (56%) were non-whites, 15 (56%) were MSM (including one MSM/IDU), 4 (15%) were diagnosed with AIDS at the time of their initial diagnosis, and 1 (1.4%) is known to have died.

Risk Factors in Newly Diagnosed Persons

The following risk factors were identified among the 25 newly diagnosed persons who were interviewed in 2019: drug and alcohol misuse (13, 52%), including injection drug use (IDU); 4, 16%, one of whom was MSM); residence in a rural or remote community (8, 32%); history of sexually transmitted infection (STI); 8, 32%); co-infection with a bacterial STI (4, 16%); history of incarceration (3, 12%); and homelessness (2, 8%).

Figure. Number of HIV Cases with IDU Risk Factor by Year of Diagnosis — Alaska, 2014–2019



Among the 15 MSM with a new HIV diagnosis in 2019, the most commonly reported way to meet sexual partners was through mobile apps (12; 80%). In addition, 6 (24%) of the 25 newly diagnosed cases interviewed were new to Alaska, having resided in the state for ≤ 6 months, and may have acquired HIV in another state.

HIV Cluster in Fairbanks

In 2019, 7 newly identified cases of HIV infection were reported in Fairbanks, including 6 (86%) that were newly diagnosed, and 1 (14%) that was previously diagnosed out-of-state and was not engaged in HIV medical care. All (100%) were male, 3 (43%) were white non-Hispanic, 3 (43%) were Hispanic, and 1 (14%) was black; the median age was 27 years (range: 21–36). Of the 7 cases, 6 (86%) were interviewed; 5 (83%) were MSM, 4 (67%) used mobile apps to meet sexual partners, 3 (50%) were active duty military service members, and 1 (17%) denied risk factors.

COVID-19 and HIV

People living with HIV (PLWH) may be at increased risk of COVID-19 complications if they are not on an effective ART regimen or have a low CD4 cell count.⁴ CDC recommends that PLWH take precautions to avoid exposure to COVID-19 and contact their healthcare provider if they develop symptoms.⁴

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.⁵
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.⁵
3. Include HIV testing as part of routine STD screening.⁵
4. Offer pre-exposure prophylaxis (PrEP) to high-risk persons and partners of persons living with HIV.³
5. Refer PWID to syringe service programs where available, and counsel them about the health risks of sharing drug and 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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6. CDC. Vital Signs. HIV and Injection Drug Use. Available at: <https://www.cdc.gov/vitalsigns/hiv-drug-use/index.html>