NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD, AND TB PREVENTION

Missed Opportunities: Prevention & Care for PWID in a West Virginia HIV Outbreak

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BACKGROUND

- In 2019, the West Virginia (WV) Bureau for Public Health detected an increase in HIV diagnoses among persons who inject drugs (PWID) in Kanawha County, from <5 annually to 11 during January–October 2019
- Kanawha County has been disproportionately affected by the opioid crisis
- Most HIV diagnoses during the outbreak occurred in health care settings among PWID aged 20–39 years who were experiencing homelessness
- **Objective: explore health care use and service delivery among PWID during the outbreak to identify opportunities for HIV- and opioid-related interventions**

METHODS

- Reviewed medical records of PWID residing in Kanawha County with HIV diagnosed during January 1, 2019–June 18, 2021
- Obtained records from the county's largest medical system and a community clinic serving PWID
- Obtained HIV diagnosis date and disease status from WV surveillance records
- Conducted descriptive analyses of health care encounter and HIV- and opioid-related services data from 1 year before HIV diagnosis through June 18, 2021
- Injection drug use (IDU)-associated bacterial infections included skin or soft tissue infection, bacteremia, sepsis, endocarditis, and osteomyelitis
- Opioid-related encounters included encounters in which a clinician documented illicit opioid use or prescription misuse, a toxicology screen was positive for opioids, or syringe services were provided
- Acute care encounters included those that occurred in the emergency department (ED) or inpatient settings

ACKNOWLEDGEMENTS

We thank the WV Bureau for Public Health, the Kanawha-Charleston Health Department, and community partners for their contributions to this work.

Health care organizations should consider incorporating HIV prevention and opioid-related services into each care encounter for PWID.

Table. Characteristics of healthcare encounters among PWID in an HIV outbreak — Kanawha County, WV, 2019–2021

	Overall	ED	Inpatient	Outpatient
Encounters during review period (N, row %)	496 (100%)	207 (42%)	100 (20%)	189 (38%)
Encounters per patient (median, range)	5 (1–33)	-	-	-
Encounters per person-year before HIV diagnosis	3.2	1.9	0.9	0.4
Encounters per person-year after HIV diagnosis	4.6	1.3	0.7	2.6
Encounters with an IDU-associated bacterial infection (n, col %)	181 (36%)	75 (36%)	77 (77%)	29 (15%)
Encounters with a drug overdose diagnosis (n, col %)	17 (3%)	11 (5%)	6 (6%)	0 (0%)
Encounters in which syringe services provided (n, col %)	4 (1%)	0 (0%)	0 (0%)	4 (2%)
Opioid-related encounters (n, col %)	291 (59%)	129 (62%)	82 (82%)	80 (42%)
Encounters with naloxone prescription documented (n, col %)	28 (10%)	4 (3%)	12 (15%)	12 (15%)
Encounters with MOUD prescription documented (n, col %)	58 (20%)	12 (9%)	26 (32%)	20 (25%)

Abbreviations: col, column; ED, emergency department; IDU, injection drug use; MOUD, medication for opioid use disorder; n, number

RESULTS

- 65 HIV-positive PWID were included in the analysis
  - 55 (85%) with Medicaid insurance
  - 23 (35%) with history of a mental health condition
  - 12 (18%) were ever diagnosed with AIDS
  - 22 (34%) were ever virally suppressed
- There were 496 encounters during 127 person-years of follow-up, including:
  - 181 (36%) encounters for IDU-associated bacterial infections
  - 17 (3%) encounters for drug overdose
- 57 (88%) had polysubstance use, primarily opioids and methamphetamine
- 20 (31%) were prescribed naloxone, 29 (45%) were prescribed medication for opioid use disorder (MOUD), and 4 (6%) received syringe services
- 62 HIV screening tests were performed, and no one was prescribed PrEP
- Acute care encounters declined following HIV diagnosis, whereas outpatient encounters increased
- For 80 (26%) acute care encounters, the patient left care against medical advice

CONCLUSIONS

- We found high health care use among PWID during the outbreak
- We identified missed opportunities to:
  - prevent HIV transmission with testing and PrEP
  - address opioid use through naloxone, MOUD, and sterile syringe distribution
- High utilization of acute care services highlight that these care settings provide opportunities to engage PWID in essential prevention services
- The high frequency of PWID leaving care against medical advice demonstrates a need to improve acute care service delivery

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