



## Massachusetts Department of Public Health

### Boston Public Health Commission



**TO:** Boston Area Healthcare Providers  
**FROM:** Larry Madoff, MD, Medical Director, DPH Bureau of Infectious Disease and Laboratory Sciences; Catherine M. Brown, DVM, MSc, MPH, DPH State Epidemiologist, Jennifer José Lo, MD, Medical Director, BPHC  
**DATE:** September 14, 2020  
**RE:** Continued increases in newly diagnosed HIV infections among persons who inject drugs in Boston

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The Massachusetts Department of Public Health (DPH) and the Boston Public Health Commission (BPHC) remain concerned about ongoing transmission of HIV in the City of Boston among people who inject drugs (PWID) who are experiencing or have experienced recent homelessness. In the past 6 months, the disruption caused by the COVID-19 pandemic has impacted programs for people with HIV infection, substance use disorder, health care and homelessness. This updates the joint clinical advisory released on January 8, 2020 and is a call to action to address the ongoing outbreak. COVID-19 has made it significantly more difficult for the at-risk population to access prevention, diagnosis, and treatment services, critical to preventing HIV infection. Restoration of these and other clinical services is critical to controlling this outbreak.

Between 2000 and 2014, the number of reported HIV infections in Massachusetts declined by 47% overall and by 91% among PWID. Starting in 2015 this trend reversed as a result of the opioid epidemic and the widespread introduction of fentanyl into the illicit drug supply. Between 2016 and 2018, a large outbreak of HIV infection occurred in Lawrence and Lowell; the majority of these cases were among PWID who were also experiencing homelessness. Active drug use, homelessness, and for some, periods of incarceration create significant challenges to screening for HIV infection and continuous treatment of HIV infection; challenges only made worse by the superimposition of COVID-19.

Identification of HIV infection has been impaired by reduced access to testing. We presume the relatively low number of HIV diagnoses during March through June of this year was, in part, due to reduced testing rather than reduced risk exposure among PWID. Thus far, 83 cases of HIV infection have been linked to the Boston cluster, with 11 in January, few between February and June, and now, 7 new cases in July, all with evidence of recent acquisition. We expect that, as services open up, more diagnoses will be made. It is important that diagnosis of HIV infection is made early and treatment initiated early, both for the health of the individual and to prevent onward transmission of HIV infection.

**As we emerge from the worst consequences of COVID-19 on services, MDPH and BPHC ask healthcare providers to re-invigorate vigilance for HIV risk, increase testing for HIV infection (both routine and risk-based), and to rapidly report any new HIV infections to MDPH, particularly in PWID and/or individuals experiencing homelessness. Prompt identification of HIV infection and linkage to treatment improves clinical outcomes and is critical to reducing HIV transmission and containing outbreaks. Report any diagnoses of HIV infection in a person who injects drugs immediately to MDPH, by calling the HIV/STD Reporting and Partner Services Line at 617-983-6999.**

### **Recommendations:**

1. Remain alert to the potential for HIV infection in PWID:
  - i. Elicit behavioral risk history including IDU, transactional sex, methamphetamine use, unstable housing/homelessness.
  - ii. Encourage HIV, HCV, and syphilis testing for at-risk individuals, especially those seeking care in emergency departments, and follow current national recommendations for screening even among persons recently tested (see <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm> and <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>).
2. Link all HIV+ persons to care for full evaluation, follow-up, and prompt initiation of antiretroviral therapy as soon as possible. Focused efforts should be made to optimize treatment adherence and retain patients in care. Early treatment of acute HIV infection is essential to rapidly reduce viral load to reduce forward transmission and improve patient outcomes.
3. Be prepared to refer patients who use injectable substances to syringe service programs (see below), providers that offer PrEP and PEP, and other harm reduction services in your community).

Field epidemiologists from MDPH are routinely deployed to assist in HIV cluster investigations, provide anonymous and confidential partner notification for newly diagnosed individuals, and make referrals to support services. **To speak with a Field Epidemiologist or Field Operations Manager, call the Division of STD and HIV/AIDS Surveillance reporting and Partner Services Line at 617-983-6999.**

For a current listing of syringe service programs in MA:

<https://www.mass.gov/info-details/syringe-service-program-locator>

For substance use disorder treatment programs and services across the Commonwealth: <https://helplinema.org/>

For substance use disorder treatment programs and services in the City of Boston: <https://www.boston.gov/departments/recovery-services>

For more information on HIV testing sites and recovery services in Boston:

<https://www.helpsteps.com/hs/home/#/>

For more information on Ryan White HIV/AIDS Part A Services in the Boston EMA: <https://www.bphc.org/whatwedo/infectious-diseases/Ryan-White-Services-Division/Pages/Client-Information.aspx>

For City-funded agencies that provide education on HIV prevention and testing:

[https://mcusercontent.com/3f4d6ff021797c374c3d4a998/files/073e6f7a-3461-439d-b145-c4cc35c109f7/Summary\\_of\\_Programs\\_21.pdf](https://mcusercontent.com/3f4d6ff021797c374c3d4a998/files/073e6f7a-3461-439d-b145-c4cc35c109f7/Summary_of_Programs_21.pdf)