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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Puthiery Va, Maine CDC Director
Subject: **Recommendations for HIV Testing and Prevention Among People Who Inject Drugs**
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Recommendations for HIV Testing and Prevention Among People Who Inject Drugs

Summary

The purpose of this HAN is to remind medical providers across Maine of recommendations for testing protocols for HIV and HCV, including testing for HIV during pregnancy and among people who inject drugs (PWID). It also serves as a reminder to providers about prevention, care, and treatment considerations for those who test negative and for those who test positive. This HAN elaborates on the use of a syndemic approach, encouraged by the Maine CDC, to address HIV, viral hepatitis, sexually transmitted infections (STIs) and harm reduction services. The HAN also includes reminders about reporting for HIV and HCV as well as other resources medical providers can use with patients who inject drugs.

Background

Routine HIV surveillance by the Department of Health and Human Services' (DHHS) Maine Center for Disease Control and Prevention has identified an increase in new HIV diagnoses among people who inject drugs in Cumberland County. From 2020 to 2024, Cumberland County averaged one new HIV diagnosis per year among PWID. In 2025, five PWID have been diagnosed with HIV as of November 17 (preliminary data). The Maine CDC recommends HIV testing at least every three months for people with ongoing risk factors. People who test positive for HIV should be immediately linked to HIV care and treatment. Those who test negative should be referred for or prescribed HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) as needed.

The Maine CDC encourages a [syndemic approach](#) that addresses the intersectionality of HIV, viral hepatitis, STIs, and harm reduction services. The Maine CDC is working with on-the-ground community partners and health care providers to increase access to HIV and HCV testing in Cumberland County, help link people diagnosed with HIV and HCV to care, and offer preventive services such as HIV PrEP, HIV PEP, risk reduction counseling, and harm reduction services. Community partners and health care providers statewide should work to ensure these services are available in communities throughout Maine.

Health care providers and community organizations are encouraged to use a syndemic, [status-neutral approach](#) to engage and retain clients in care and provide people with the tools they need to stay healthy, regardless of their HIV status. This approach helps people living with HIV to maintain an undetectable viral load; people at risk for HIV to take PrEP as prescribed; and people who inject drugs to access harm reduction services.

Recommendations for Clinicians Statewide

HIV & HCV Testing

- U.S. CDC recommends HIV testing at least once for everyone between the ages of 13 and 64 years old.
- U.S. CDC recommends HCV testing at least once for all adults aged 18 years and older, and for all pregnant people during each pregnancy.
- [U.S. CDC recommends](#) HIV testing at least once per year for people with certain risk factors:
 - Men who have sex with men
 - People who have had anal or vaginal sex with someone living with HIV
 - People who have had more than one sex partner since their last HIV test
 - People who have shared syringes, needles, or other injection drug equipment
 - People who have exchanged sex for drugs or money
 - People who have been diagnosed with or treated for another STI
 - People who have been diagnosed with or treated for hepatitis or tuberculosis (TB)
 - People who have had sex with anyone with the above risk factors or anyone whose sexual history they don't know
- **The Maine CDC recommends HIV testing at least every three months for people with the above risk factors. This recommendation applies statewide.** The Maine CDC will continue to update this recommendation as needed over time.
- When testing for HIV, include testing for other STIs (including chlamydia, gonorrhea, and syphilis) and viral hepatitis (hepatitis B and hepatitis C).

HIV Testing in Pregnancy

- [Maine law](#) (2011) requires an HIV test as part of prenatal care. Patient consent is required.
- U.S. CDC recommends HIV testing in the routine panel of prenatal screening tests for all pregnant people, on an opt-out basis.
- HIV testing should be conducted as early as possible during each pregnancy.
 - People who decline the test early in prenatal care should be encouraged to get tested at a future visit.
 - A second HIV test during the third trimester, ideally before 36 weeks gestation, may be considered for all pregnant people. This is cost-effective, even in areas of low HIV prevalence.
 - A second HIV test during the third trimester is recommended for pregnant people who meet any of the following criteria:
 - People who are known to be at high risk for acquiring HIV (e.g., people who inject drugs and their sex partners, people who exchange sex for money or drugs, people who are sex partners of a person living with HIV, and people who have had a new or more than one sex partner during this pregnancy).
 - People who have signs or symptoms consistent with acute HIV infection. When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an antigen/antibody test to diagnose acute infection.
 - People who receive health care in jurisdictions with elevated incidence of HIV or AIDS: >17 per 100,000 among people between the ages of 15 and 45 years. (This does not apply in Maine at this time.)
 - People who receive health care in facilities in which prenatal screening identifies at least one HIV-infected pregnant person per 1,000 people screened. (The Maine CDC is not aware of any such facilities in Maine at this time.)
- If HIV testing is negative and the pregnant person has ongoing risk of exposure to HIV, initiation of HIV preexposure prophylaxis (PrEP) is recommended.
- Any pregnant person whose HIV status is undocumented at the time of labor should be screened with a rapid HIV test. If the birthing person's HIV status is still unknown at the time of delivery, they should be screened immediately postpartum with a rapid HIV test.

For patients who test **positive** for HIV or HCV

- Report all cases of newly diagnosed HIV or HCV to the Maine CDC.
 - Remain alert to, and notify the Maine CDC of, increases in HIV or HCV diagnoses.
 - All positive laboratory reports should be reported to the Maine CDC by electronic lab report, by fax to 1-800-293-7534 or by phone to 1-800-821-5821.
- Rapidly link to care and treatment for HIV, HCV, or both infections to reduce viral load and improve patient outcomes.
 - [HIV treatment is prevention](#). People living with HIV who maintain an undetectable viral load cannot transmit HIV through sex.
 - Primary care providers and infectious disease providers can treat HIV and HCV.
 - The Maine CDC has linkage to care coordinators to assist patients with accessing care.
- Provide resources for assistance with paying for medical care and other needs, including:
 - [MaineCare special benefit waiver](#) for people living with HIV
 - [AIDS Drug Assistance Program \(ADAP\) and Ryan White Part B programs](#)

For patients who test **negative** for HIV or HCV

- Assess the patient's need for [HIV post-exposure prophylaxis \(PEP\)](#) if they have had possible exposure to HIV in the past 72 hours:
 - Through sexual contact
 - Through sharing injection drug equipment
 - Through sexual assault
- Prescribe or refer for [HIV pre-exposure prophylaxis \(PrEP\)](#)
 - People who have a sexual partner or an injection partner living with HIV or with unknown HIV status
 - People who have not consistently used condoms when having sex
 - People who have been diagnosed with an STI in the past 6 months
 - People who inject drugs or share needles, syringes, or other injection drug equipment
 - People who feel that they are at risk or who are asking for PrEP
- Provide counseling on other strategies to reduce risk of STI transmission or acquisition, including limiting the number of sex partners and using condoms the correct way every time they have sex.

Additional Recommendations for People Who Inject Drugs

- Connect patients with community resources, including harm reduction or syringe services programs, to ensure access to sterile syringes and to address other social and behavioral health needs.
- If syringe services programs are not available, provide prescriptions for syringes or information about nonprescription pharmacy sales.
- Partner with other organizations to provide comprehensive medical care and services, including:
 - Medications for opioid use disorder (MOUD), also known as medication-assisted treatment, such as buprenorphine, methadone, and naltrexone, or other services for substance use disorder or other mental or behavioral health needs (as appropriate)
 - Education about safer injection practices and never reusing or sharing needles, syringes, or drug preparation equipment (e.g., cookers, water, filters) for people not yet motivated or able to stop injecting drugs
 - Vaccination against Hepatitis A and Hepatitis B
 - Sterile syringes (e.g., prescribe or refer to a [syringe services program](#) or to nonprescription sales through retail pharmacies)
 - [Naloxone](#) (for overdose reversal)

Resources

- Maine CDC HIV Resources: <https://www.maine.gov/dhhs/mecdc/diseases-conditions/sexually-transmitted-diseases/hiv-aids>
- Maine Hepatitis C and HIV Clinical Guidance Package: <https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/epi/HIV-HCV-Clinical-Guidance-Package.pdf>
- HIV Clinical Practice Guidelines: <https://clinicalinfo.hiv.gov/en/guidelines>