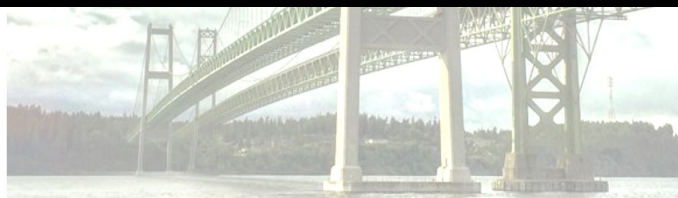


HIV/AIDS Fact Sheet

People Who Inject Drugs (PWID)



KEY POINTS

Through 2017, new HIV diagnoses among people who inject drugs (PWID) and did not report other risk factors were relatively rare, with only 7 new diagnoses among non-men-who-have-sex-with-men (non-MSM) PWID in 2017.

As of November 2018, there have been 27 new HIV diagnoses among non-MSM PWID in 2018, including a cluster of related cases in North Seattle.

HIV prevalence is high (40-45%) among PWID who are men who have sex with men (MSM) and inject methamphetamine.

The majority ($\geq 75\%$) of HIV-infected PWID are virally suppressed.

In 2017, the Public Health – Seattle & King County Needle Exchange exchanged over 7 million syringes and launched an on-site buprenorphine treatment program.

A 2017 survey of Needle Exchange clients found increasing rates of homelessness and methamphetamine use among PWID.

Overview of HIV Epidemiology among PWID, 2017

Prior to 2018, HIV diagnoses among people who inject drugs (PWID) and who do not report other risk factors have been relatively rare in King County. In 2017, there were 19 new HIV diagnoses among all PWID, with only 7 reported among PWID who did not also report being a man who had sex with men (MSM) and 12 among PWID-MSM. (PWID-MSM are typically classified as a separate category due to dual possible HIV transmission routes.)

In 2017, non-MSM PWID accounted for 4% of all new HIV diagnoses in King County, while PWID-MSM accounted for an additional 9%. Using the local estimate of the PWID population size (see above), the 2017 HIV diagnosis rate among non-MSM PWID was 33 per 100,000, which has not changed significantly over the past 10 years. This is in contrast to a much higher HIV diagnosis rate among PWID-MSM (267 per 100,000), which has declined by approximately 50% in the past decade.

We estimate that the HIV prevalence among non-MSM PWID is approximately 1%, and 14% among PWID-MSM. Data from the 2015 National HIV Behavioral Surveillance IDU survey found a slightly higher HIV prevalence of 3% among non-MSM PWID and 22% among PWID-MSM. The subset of PWID-MSM who inject methamphetamine have the highest HIV prevalence (40-45%). The prevalence of hepatitis C among all PWID is high at approximately 60-70%.

The 2017 survey of Public Health – Seattle & King County (PHSKC) needle exchange clients found that the average age of PWID was 37 years, 33% were female, and 23% reported a non-White race. The majority were homeless (43%) or unstably housed (26%), a 19% increase from the 2015 survey. Nearly two-thirds (64%) reported that their primary drug was heroin or another opioid. However, polydrug use was very common and methamphetamine use in particular has increased substantially since 2011 (see **Figure 19-1**). One in five (22%) PWID reported sharing a syringe in the past 3 months, and 46% reported sharing any injection equipment.

Increase in HIV Diagnoses among PWID in 2018

As of November, 2018, there have been 27 new HIV diagnosis among non-MSM PWID, including 14 within a single connected cluster. This cluster was identified by PHSKC through partner services investigations and molecular similarities between individual HIV strains. Over the past decade, approximately 10 new HIV cases among non-MSM PWID were identified each year. All new HIV cases within the cluster are among people living homeless in North Seattle. In response to this increase in cases, the PHSKC HIV/STD Program and community partners have expanded HIV testing, treatment, and prevention services.

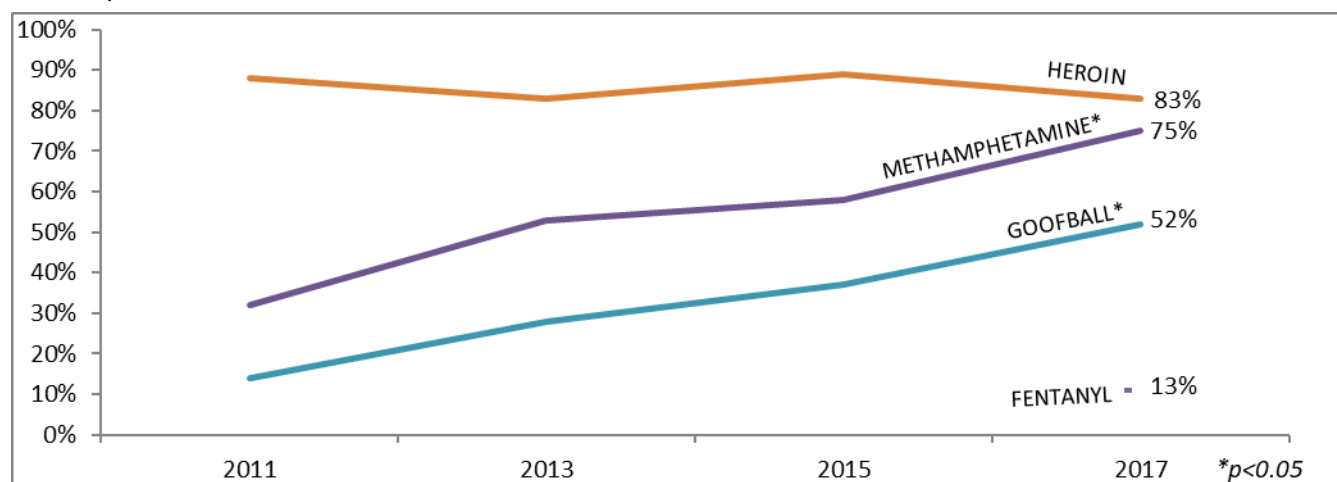
TABLE 19-1: KEY HIV METRICS FOR PEOPLE WHO INJECT DRUGS (PWID), KING COUNTY, WA

KEY METRICS	PWID (NON-MSM)	PWID-MSM
ESTIMATED NUMBER OF PWID IN KING COUNTY (2017)	~21,500	~4,500
HIV PREVALENCE IN 2017		
Number of PWID Living with HIV	277	609
Prevalence (%)	1-3%	14-22%
Percent of all HIV Cases who are PWID	4%	9%
HIV INCIDENCE (NEW DIAGNOSES)		
2017 Incident Cases (# New Diagnoses)	7	12
2017 Diagnosis Incidence Rate	33 per 100,000	267 per 100,000
10-year Trend (2008-2017)	No significant change	~50% decrease
VIRAL SUPPRESSION AMONG HIV+ PWID ^A	75%	77%

Abbreviations: PWID, people who inject drugs; MSM, men who have sex with men.

^A Among all PWID with diagnosed HIV-infection. Viral suppression defined as plasma HIV RNA < 200 copies/mL. Among those with ≥1 viral load reported in 2017, 87% of PWID (non-MSM) and 86% of PWID-MSM were virally suppressed.

FIGURE 19-1. TRENDS IN REPORTED DRUG USE AMONG PUBLIC HEALTH – SEATTLE & KING COUNTY SYRINGE SERVICES PROGRAM (SSP) CLIENTS, 2011-2017



Note: Goofballs refer to injecting heroin and methamphetamine at the same time.

Population Size

In 2014, the PHSKC HIV/STD Program estimated that there were approximately 23,000 people in King County who had injected drugs in the past year based on the 2012 King County population. This increased to 25,000 in a 2016 update. When applied to 2017 population estimates, including a higher number of MSM, the number of PWID increased to approximately 26,000. We estimate that 4,500 of these PWID are MSM (an increase from 4,000 estimated in 2016). Note that the estimates used to derive the overall PWID number come from 1993-2008 population-based survey data. Given that other local indicators suggest that injection drug use has likely increased since the mid-

2000s, our King County figures probably underestimate the true population size.

HIV Prevention and Care Interventions

Syringe Services Program (SSP): SSPs are effective interventions for decreasing the risk of HIV transmission among PWID. The PHSKC SSP is the second-longest running exchange program in the United States, and exchanged over 7 million syringes in 2017. Local research has shown that the rate of syringe sharing among PWID in King County has declined over time¹, which aligns with pre-2018 declines in new HIV diagnoses in this population.

HIV Testing and Viral Suppression: HIV testing among PWID in the Seattle area declined over the past decade: in 2004, 64% of PWID reported an HIV test in the past year, compared with 47% in 2015.² This decline reflects decreasing levels of HIV testing among non-MSM PWID. In part due to infrequent testing, a relatively high proportion (32%) of non-MSM PWID who were diagnosed in the last 10 years were “late diagnoses” – meaning that they were diagnosed with AIDS within a year of their HIV diagnosis. By contrast, 26% of MSM-PWID were late diagnoses. Fortunately, most HIV-infected PWID are able to link to care and achieve viral suppression. In 2017, 75% of non-MSM PWID and 77% of PWID-MSM were virally suppressed.

PrEP Guidelines: In 2015, PHSKC and WA DOH issued implementation guidelines for HIV pre-exposure prophylaxis (PrEP).³ With respect to PWID, these guidelines state that health care providers should *recommend* PrEP initiation to patients who are MSM or transgender persons who have sex with men and who have used methamphetamine in the past year (including injection), and persons who have condomless sex with HIV serodiscordant partners who are not virally suppressed. In response to the increase in HIV cases among PWID in 2018, the guidelines will also *recommend* PrEP to PWID who report exchange sex. Other PWID are encouraged to *discuss* initiating PrEP with their health care provider.

MAX Clinic: The MAX Clinic is a walk-in HIV care clinic located within the PHSKC STD clinic at Harborview Medical Center. To be eligible for the MAX Clinic, patients must have had evidence of an inability to remain in traditional HIV care and have a detectable viral load at enrollment. The majority of patients are homeless or unstably housed and have a substance use disorder, with most reporting methamphetamine use. As of November 2018, there are 136 patients, with 106 enrolled at the end of 2017; approximately half are PWID. Each month, the clinic consistently finds that >60% of MAX patients have a suppressed viral load, highlighting the effectiveness of this model for this population.

Response to 2018 HIV Outbreak among PWID: In response to the uptick in new HIV diagnoses among PWID in 2018, the PHSKC HIV/STD program has expanded HIV testing, treatment, and prevention services in King County. The PHSKC SSP has especially expanded its exchange services to areas of North Seattle. Staff have been mobilized to provide additional HIV

testing in affected areas, the downtown SSP site, and at the King County jail. Area hospitals have been alerted and encouraged to offer HIV testing to all PWID. PWID with newly diagnosed HIV are being offered immediate access to comprehensive HIV care and treatment.

Contributed by Sara Glick

References

1. Burt RD and Thiede H. Reduction in needle sharing among Seattle area injection drug users across 4 surveys, 1994-2013. *Am J Public Health* 2016;106:301-7.
2. Burt, RD and Glick, SN. A decline in HIV testing among persons who inject drugs in the Seattle area, 2004-2015. *JAIDS* 2017;75 Suppl 3:S346-S351.
3. Public Health – Seattle & King County and Washington State Department of Health. Pre-exposure prophylaxis (PrEP) Implementation Guidelines 2015. www.kingcounty.gov/hiv/prep-guide.