



# Persons Who Inject Drugs

**Persons** who inject drugs (PWIDs) are at risk for HIV infection by using and sharing syringes and other injection equipment that were used by a person with HIV. They are also at risk if they engage in high-risk sexual behavior. Sharing syringes is a direct route of HIV transmission.<sup>1</sup> The Centers for Disease Control and Prevention (CDC) estimates that 7% of the 47,352 new HIV infections in 2013 in the United States (US) were due to injection drug use (IDU). An additional 3% were among PWIDs who also report male-to-male sexual contact (MSM). While national data indicate HIV infections due to IDU have decreased, IDU remains a serious risk for HIV.<sup>1</sup>

In 2013 in the US, 1,435 or 46% of new HIV diagnoses attributed to IDU were among Black persons. White persons represented 28% of new HIV diagnoses due to IDU. Hispanic/Latino persons represented 21%. The majority of 2013 HIV cases due to IDU in the US were among males (63%). Hepatitis C (HCV) co-infection is common among this population.

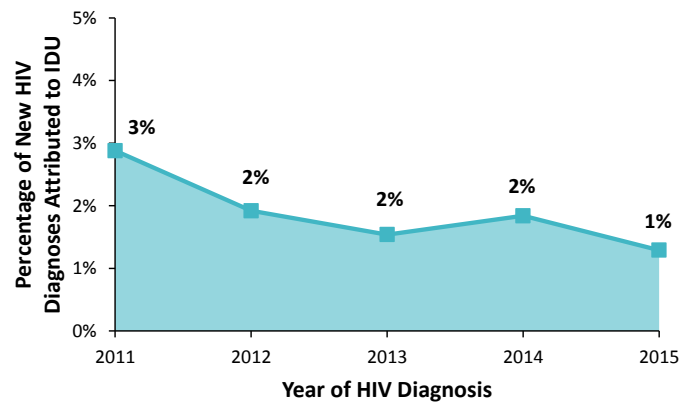
The National HIV Behavioral Surveillance (NHBS) collects information on HIV risk behavior and the utilization of, and need for, HIV prevention services among individuals at increased risk of HIV infection. NHBS collects data on PWIDs every three years, and found that 64% of PWIDs who knew they were HIV - positive also had an HCV diagnosis in 2012.<sup>2</sup>

The risk behavior of sharing injection equipment is common among PWIDs. Some states have syringe service programs that offer new equipment to PWIDs in an effort to reduce disease transmission.<sup>1</sup> Recent HIV outbreaks due to IDU have highlighted the importance of addressing IDU. IDU is harmful to individual health and has the capacity to contribute to HIV and HCV transmission.

## HIV DISEASE DIAGNOSES

The percentage of new HIV diagnoses due to IDU has decreased over time in Virginia. In 2011, out of 937 new HIV diagnoses, 3% of the new HIV diagnoses were due to IDU alone. In 2015, 1% of the new HIV diagnoses were due to IDU alone. Figure 1 presents the percentage of new HIV diagnoses due to IDU from 2011 to 2015. Between 2011 and 2015, there were a total of 89 new HIV diagnoses due to IDU alone.

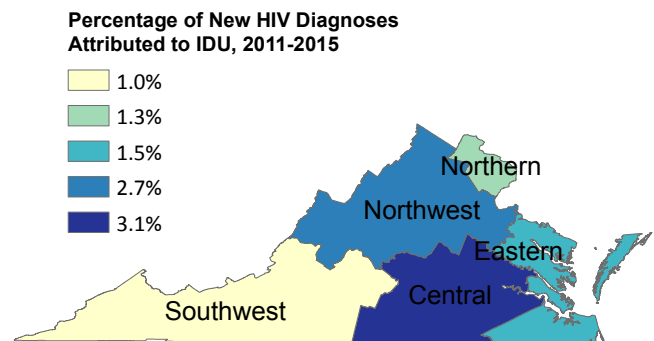
**Figure 1: New HIV Diagnoses due to Injection Drug Use in Virginia, 2011-2015**



## By Health Region

From 2011 to 2015, the percentage of new HIV diagnoses due to IDU varied by region. The percentage of all HIV diagnoses due to IDU was highest in the Central region (3%) and lowest in the Southwest region (1%).

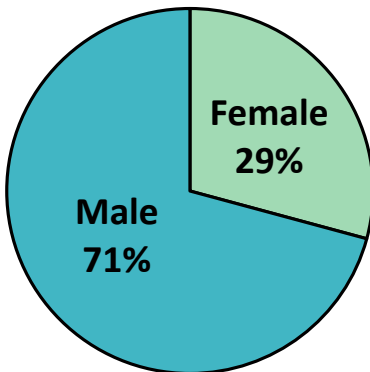
**Figure 2: New HIV Diagnoses due to Injection Drug Use by Region, 2011-2015**



## By Gender

Among the 89 new HIV diagnoses due to IDU between 2011 and 2015, 71% were male and 29% were female (Figure 3). Of the 938 females diagnosed with HIV between 2011 and 2015, 26 (3%) were cases due to IDU. Of the 3,762 males diagnosed with HIV between 2011 and 2015, 63 (2%) were cases due to IDU.

**Figure 3: New HIV Diagnoses due to Injection Drug Use by Gender, 2011-2015**



## By Race and Age

Among the 89 new HIV diagnoses due to IDU between 2011 and 2015, 60% of cases were Black, non-Hispanic (NH), 33% were White, NH, 4% were Hispanic/Latino, and 3% were Asian. The median age at diagnosis for persons diagnosed with HIV due to IDU between 2011 and 2015 was 44 years and ranged from 22 to 75 years.

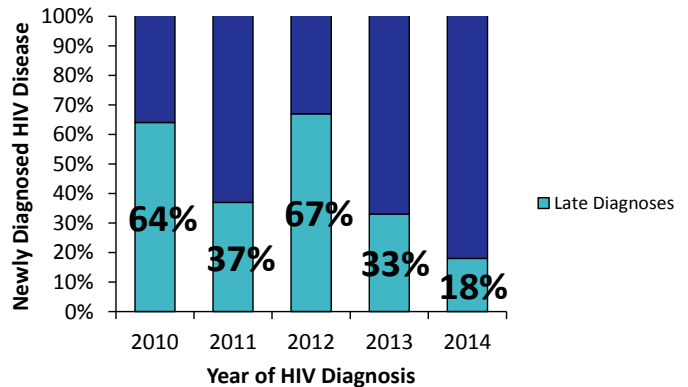
## HIV and HCV Co-Infections

In Virginia between 2012 and 2015, there were 544 cases of HIV-HCV co-infection. There were 544 persons living with HIV (PLWH) as of December 31, 2015 who received an HCV diagnosis between 2012 and 2015. Of these, 176 (32%) reported IDU.

## Late Diagnosis

Late diagnosis is defined as a person who is diagnosed with AIDS less than a year from initial HIV diagnosis, or a person who is diagnosed with AIDS at initial HIV diagnosis. Persons who are diagnosed late in the disease process have an increased risk of morbidity, increased health costs, and diminished responses to antiretroviral therapy, demonstrating the importance of access to HIV testing to increase timely diagnosis and early engagement in comprehensive HIV medical care. Among PWIDs in Virginia, late diagnosis rates changed between 2010 and 2014. For the most recent data available on late diagnosis, the highest rates of late diagnoses were observed in 2010 at 64% and 2012 at 67%. In more recent years the percentage of late diagnosis has declined to 18% in 2014 (Figure 4).

**Figure 4: Late Diagnosis for HIV Among Persons Who Inject Drugs in Virginia, 2010-2014**

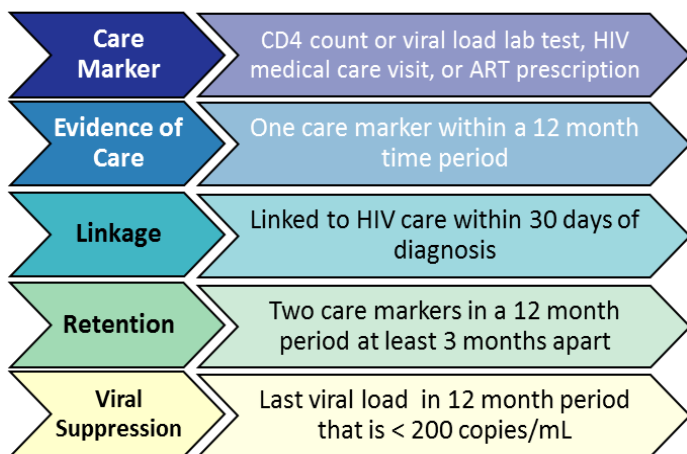


## HIV/AIDS PREVALENCE

In Virginia as of December 31, 2015, there were 2,181 PLWH due to IDU alone. This represents 9% of all PLWH in Virginia. An additional 914 PLWH (4%) reported MSM and IDU.

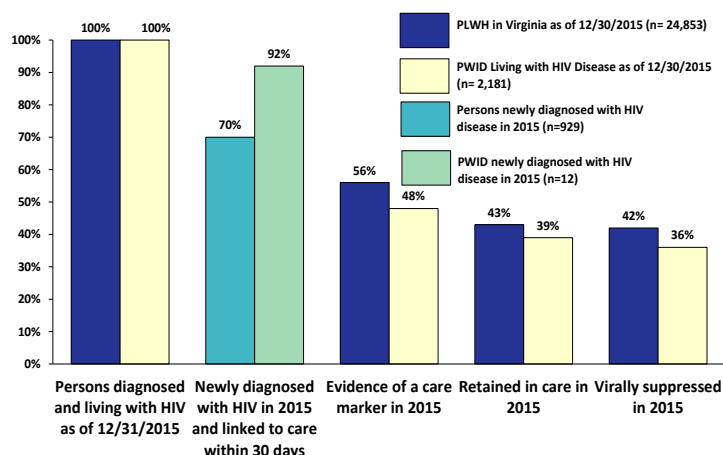
Among PLWH due to IDU in Virginia, 74% were male and 26% were female. Sixty-six percent were Black, NH, 26% White, NH and 6% were Hispanic. The median current age of PLWH due to IDU was 55. Eighty-seven percent of cases were over the age of 45.

**Figure 5: HIV Care Continuum Definitions**



The HIV Care Continuum (HCC) is a framework for assessing health outcomes among persons living in Virginia with diagnosed HIV infection. Figure 5 shows the HCC definitions of linkage, retention, and viral suppression. Figure 6 displays the HCC for PLWH due to IDU in Virginia compared to the overall population in Virginia. As of December 31, 2015, 2,181 persons were diagnosed and living with HIV due to IDU. Forty-eight percent (1,044 persons) had evidence of care via a CD4 count, viral load, HIV medical care visit and/or antiretroviral (ART) prescription in 2015. Thirty-nine percent of the diagnosed population were retained in care ( $\geq 2$  care markers at least 3 months apart), and 36% were virally suppressed (last viral load < 200 copies/mL) during calendar year 2015. Of those newly diagnosed in 2015, 92% were linked to medical care within 30 days of their HIV diagnosis. The PWID population had lower rates of retention in care and viral suppression compared to the overall population of Virginia in 2015, but did demonstrate higher linkage rates for PWID newly diagnosed with HIV as compared to the overall PLWH population in Virginia.

**Figure 6. HIV Care Continuum Among Persons Living With HIV due to IDU, 2015**



## REFERENCES

- 1) CDC (2015). "HIV and Injection Drug Use in the United States." Accessed May 2016: <http://www.cdc.gov/hiv/risk/idu.html>
- 2) CDC (2015). "HIV Infection, Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs." Accessed May 2016: [http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-HSSR\\_NHBS\\_PWID\\_2012.pdf](http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-HSSR_NHBS_PWID_2012.pdf)