



July 19, 2021

Healthcare Provider Memo: Increase in HIV in Jefferson County

What is happening?

There has been a significant increase in the number of HIV cases diagnosed in Jefferson County in 2021 – 94 new cases (year to date), including 24 in May alone. The average number of new cases per calendar year is 144 from 2017-2020. 2021 is on track to greatly exceed this average.

What is behind this increase?

Although investigations are ongoing, no specific cluster has been identified. Most likely, the increase is multifactorial. During the COVID-19 pandemic, our community has seen an increase in some behaviors associated with risk of HIV, including IV drug use and sex work. At the same time, access to preventive care and testing were reduced during the pandemic.

Who is impacted?

Anyone can be at risk of HIV infection. Cases in 2021 to date include the following demographics:

- Race: 54% White, 32% Black
- Ethnicity: 14% Hispanic
- Age: 39% <30 years, 40% 30-39 years, 16% 40-49 years, 5% ≥50 years
- Risk factors: 34% IV drug use, 48% penetrative sex, 18% none of the above

How can you help?

1. Encourage testing:

- At least once for:
 - All adults [even those with no known risk factors] should be tested for HIV at least once in their lifetime ([USPSTF](#))
 - All adolescents should receive routine HIV screening at a well-child visit between age 16 and 18 ([AAP](#))
- At specific times for:
 - Anyone currently pregnant or planning to conceive ([ACOG](#))
 - Anyone with a known exposure to HIV, including occupational exposure ([CDC](#))
 - Anyone donating blood, tissue, or solid organs ([CDC](#))
- At least annually for:
 - Men who have sex with men ([CDC](#))
 - People who are sexually active with multiple partners
 - People who are engaged in sex work
 - People who inject drugs
 - Any patient in the healthcare setting, for any reason, unless the patient opts out ([CDC](#))

*Remember that HIV infection has a window period of up to 90 days; a negative result during this period should be repeated when coupled with clinical suspicion. Specific, additional consent is generally **not** required for HIV testing – check with your local lab to confirm.



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2. Remind **all** your patients: HIV is not a death sentence. Early diagnosis and initiation of treatment can reduce morbidity significantly. It can be treated effectively, and patients can live long and full lives. Programs exist for financial assistance for those in need. Confidentiality is maintained throughout the testing and treatment process. HIV is a reportable illness, but many safeguards exist to protect the identities of those infected.
3. Counsel high risk patients to test regularly and to consider pre-exposure prophylaxis (PREP) or post-exposure prophylaxis (PEP) when indicated.

Where can I find additional information?

- Local referrals can be made to:
 - UofL Infectious Disease 550 Clinic – 502-561-8844
 - Norton Infectious Diseases Institute – 502-629-6498
- [CDC Widget](#) can help locate sites for HIV testing, PrEP, PEP, and condoms
- Websites:
 - LMPHW: <https://louisvilleky.gov/government/health-wellness/hiv-prevention>
 - KDPH: <https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/default.aspx>
 - CDC: <https://www.cdc.gov/nchstp/highqualitycare/provider-resources.html>

A handwritten signature in black ink, appearing to read "SarahBeth Hartlage".

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