HIV Diagnoses Among People Who Inject Drugs — United States, 2010–2016

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BACKGROUND

- The annual number of HIV diagnoses among people who inject drugs (PWID) in the United States declined for many years
- Diagnoses then increased slightly in 2015, the year of a large HIV outbreak among PWID in Scott County, Indiana:
  - Linked to injection of the opioid, oxymorphone
  - Demonstrated the rapidity with which HIV can spread when introduced into a community of PWID
- Reinforced concern about increased spread of HIV amidst:
  - National opioid epidemic
  - Increases in viral hepatitis seen in conjunction with opioid epidemic

OBJECTIVE

- To describe trends in HIV diagnoses among PWID in the United States

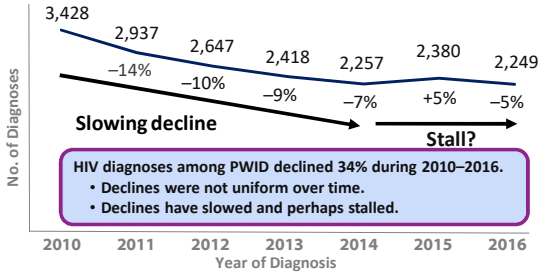
METHODS

- National HIV Surveillance System
  - HIV diagnoses occurring during 2010–2016 in the United States
  - Reported to CDC through December 2017
- Data on transmission category statistically adjusted with standard methods to account for missing values.
- Analyses restricted to:
  - Persons aged ≥13 years
  - Diagnoses attributed to injection drug use (IDU) only

  (Those attributed to male-to-male sexual contact and IDU were not included.)
- County of residence classified according to the National Center for Health Statistics 2013 Urban-Rural Classification Scheme.

RESULTS

HIV Diagnoses Among PWID—United States, 2010–2016



HIV diagnoses among PWID declined 34% during 2010–2016.
- Declines were not uniform over time.
- Declines have slowed and perhaps stalled.

HIV Diagnoses Among PWID, by Demographic Characteristics — United States, 2010–2016

2010	2011	2012	2013	2014	2015	2016		Differential changes† 2010 vs. 2016	Differential changes† 2014 vs. 2016
							Sex at birth:		
1,973	1,649	1,475	1,402	1,289	1,356	1,281	Male	-35%	-0.6%
1,455	1,289	1,172	1,017	968	1,024	967	Female	-34%	-0.1%
							Race/ethnicity:		
1,717	1,357	1,235	1,028	921	841	794	Black	-54%	-14%
703	635	557	502	467	453	454	Hispanic/Latino	-36%	-3%
817	781	700	737	744	966	887	White	9%	19%
191	164	155	151	125	120	113	Other	-41%	-10%
							Age, in years:		
894	815	799	734	732	901	823	13–34	-8%	12%
1,431	1,191	987	888	823	796	760	35–49	-47%	-8%
1,103	931	861	796	703	683	666	≥ 50	-40%	-5%
							Region of residence at diagnosis:		
1,021	853	781	653	590	555	535	Northeast	-48%	-9%
348	318	278	285	222	405	294	Midwest	-16%	33%
1,514	1,279	1,160	1,060	992	975	945	South	-38%	-5%
545	487	428	419	453	446	474	West	-13%	5%
							Large central metro area*:		
1,759	1,410	1,325	1,161	1,068	1,054	998	Within	-43%	-7%
1,649	1,507	1,302	1,243	1,170	1,306	1,236	Outside	-25%	6%

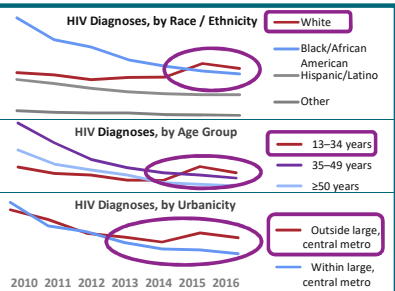
*Large metropolitan areas (population ≥1 million) are divided into central metro (counties which contain the urban core of a city) and fringe metro (counties outside the urban core). Counties outside the large central metro include large fringe metro, medium metro, small metro, micropolitan, & noncore.

† Patterns of decreases and increases are consistent even if all Indiana diagnoses are excluded.

Patterns of HIV diagnoses among PWID have changed.

In recent years, more HIV diagnoses have occurred among:

- White than black PWID
- PWID aged 13–34 years than those aged 35–49 or ≥ 50 years
- PWID residing outside of rather than within large, central metropolitan areas



SUMMARY & CONCLUSIONS

The longstanding decline in HIV diagnoses among PWID has slowed— and perhaps even stalled.

Although the total number of HIV diagnoses among PWID nationally were about equal in 2014 and 2016, diagnoses were greater in 2016 than 2014 among:
- Whites
- Those aged 13–34 years
- Those in the Midwest and West
- Those living outside of large, central metropolitan areas

These groups had the smallest declines during 2010–2016.

Differential changes across demographic groups have led to changes in patterns of HIV diagnoses among PWID.
- Reasons are likely multi-factorial.
- Patterns suggest that the opioid epidemic is a contributing factor.

LIMITATIONS

- Data are for year of diagnosis, not year of infection.
- Data are statistically adjusted for missing transmission category.

RECOMMENDATIONS

- Changes in patterns require changes in response:
  - Careful monitoring
    - Including for increases in HIV diagnoses among PWID in small geographic areas
  - Outbreak planning
  - Rapid, multi-modal interventions

Acknowledgments

Staff at state and local health departments

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