



# epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND  
EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

## Three Steps Clinicians Can Take to Access HIV/AIDS

Each year on December 1 we commemorate World AIDS Day as an opportunity to unite in stopping the epidemic. The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. in 2014, 44,073 people were newly diagnosed with HIV. This represents a 19% decline from 2005 to 2014, most likely due to successful targeted interventions. Gay and bisexual men continue to be the population most affected by HIV, representing 83% of new diagnoses among males and 67% of all diagnoses. The second most impacted risk group is heterosexuals with most new diagnoses among heterosexuals occurring among women (87%).

In Boulder County in 2015, 18 residents were newly diagnosed with HIV. Of the 15 new diagnoses for which a risk category was reported, 14 were among men who have sex with men (MSM). One of the 14 new diagnoses among MSM also reported injection drug use. One new diagnosis was identified among heterosexuals. Risk was not identified or reported for 3 of the 18 new diagnoses.

Clinicians can address the HIV epidemic by implementing routine opt-out HIV testing, prescribing pre-exposure prophylaxis (PrEP) for individuals at high risk, and referring men who have sex with men and people who inject drugs to targeted prevention programs.

**HIV Testing Recommendations:** The CDC recommends routine opt-out screening for all individuals aged 13-64 regardless of risk. With routine opt-out screening, providers notify patients that the testing will be performed, but patients are given the option to decline or defer testing (CDC, 2010). The CDC recommends that all individuals aged 13-64 be tested at least once in their lifetime and that people with risk factors be tested at least annually (CDC, 2006). Risk factors include having sex with an HIV-infected partner, exchanging sex for drugs or money, injecting drugs, having sex with someone who injects drugs, and having unprotected vaginal or anal intercourse (US Preventive Service Taskforce 2014). At-risk groups, such as men who have sex with men, may benefit from testing more frequently, such as every 3-6 months (CDC, 2013). HIV screening is recommended for all persons who seek testing or treatment for sexually transmitted diseases (CDC, 2010).

**Pre-Exposure Prophylaxis (PrEP) for Prevention of HIV among Individuals at High Risk:** Daily oral PrEP with the fixed-dose combination of tenofovir disoproxil fumarate (TDF) 300 mg and emtricitabine (FTC) 200 mg (also known as Truvada) has been shown in multiple clinical trials to be safe and effective in reducing the risk of sexual HIV acquisition in adults, particularly for those at highest risk.

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## epiEye

A Look Outside Our Community  
and Around the World

### Multidisciplinary Coalition Created to Address Local Opioid Epidemic

Since 2010, there has been a seven-fold increase in the number of unique clients seeking supplies for injection drug use at the Boulder County needle exchange program, the Works Program. In response, Boulder County Public Health conducted a qualitative landscape assessment to determine Boulder County's strengths and opportunities for addressing opioid misuse, and to gather stakeholder recommendations. Key informant interviews were conducted with 36 stakeholders, including recovery organizations, behavioral health groups, treatment providers, primary care physicians, law enforcement, school districts, and community service organizations.

The assessment identified the need to address opioid initiation and treatment by collaborating across the spectrum of prevention - from initiation, to harm reduction, to treatment. To that end, the Boulder County Opioid Advisory Group, a local multidisciplinary coalition, has been created to address gaps and recommendations. The group includes over 84 law enforcement officials, health care/treatment providers and public health/prevention practitioners who have expressed an interest in preventing opioid abuse and misuse.

The advisory group will be working on activities in the clinical, law enforcement, school, prevention, and treatment sectors. The overarching goals are to: 1) reduce initiation with opioids; 2) promote harm reduction practices among users and community advocates; and 3) to develop a system for getting access to treatment. Specific activities associated with these goals will be developed by the advisory group.

Please contact Jamie Feld at [jfeld@bouldercounty.org](mailto:jfeld@bouldercounty.org) or (303) 413-7530 if you are interested in getting involved.

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Communicable Disease Control Program  
HIV Prevention Program  
Emergency Management Program  
Immunization Program  
TB Control Program



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### PrEP Consultation and PrEP Resources for Providers:

The Beacon Center for Infectious Diseases, a part of Boulder Community Health, accepts referrals for PrEP screening and treatment. Beacon can manage and follow patients through the duration of PrEP treatment and will provide resources for patient assistance programs if needed. Dr. Heather Pujet and Alicia Maltzman, N.P. can provide PrEP consultation over the phone and presentations for providers by request. Call the Beacon Center at 303-415-8850.

### Interventions to Reduce HIV and STIs in Boulder County for gay, bisexual, and other men who have sex with men (MSM)

Boulder County AIDS Project’s (BCAP) Atlas Prevention Program works to raise HIV awareness and reduce HIV transmission among gay, bisexual, and other MSM through educational, social, and service activities. BCAP and Atlas provide free, rapid HIV testing and risk reduction counseling, including PrEP screening, year-round. Risk reduction counseling is tailored to each individual’s experiences and behaviors. Anonymous testing is available, so an individual does not need to provide their name or contact information. Couples testing is available upon request. Appointments can be made at [atlas.bcap.org](http://atlas.bcap.org) or by calling 303-444-6121. For more information, contact Frank O’Caña, BCAP Prevention Director, at 303-444-6121 ext. 119 or [frank@bcap.org](mailto:frank@bcap.org).

**Individuals who inject drugs:** The Works Program is a free, legal syringe exchange program in Boulder County serving people who inject drugs. The Works program provides harm reduction supplies to prevent the spread of blood-pathogens such as HIV and hepatitis C. Works Program staff provides HIV and hepatitis C testing, vaccinations, referral

to addiction recovery services, overdose reversal training, and wound care education. The Works Program offers services at four locations in Boulder County. Call 303-413-7500 or visit [www.BoulderCountyWorks.org](http://www.BoulderCountyWorks.org) for additional information or materials.

### Resources

#### Centers for Disease Control and Prevention

- US Public Health Service Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 a Clinical Practice Guideline <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
- Updated 2015 STD treatment guidelines: <http://www.cdc.gov/std/tg2015/default.htm>.
- Expedited partner therapy for Chlamydia and Gonorrhea <http://www.cdc.gov/std/ept/>.

### References

- US Public Health Service Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 a Clinical Practice Guideline
- New York State Guidance for the Use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission
- CDC. HIV Testing and Risk Behaviors Among Gay, Bisexual and Other Men Who Have Sex with Men. MMWR 2013/62(47); 958-962.
- CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health care settings. MMWR 2006;55(No. RR-14).
- US Preventive Services Task Force (USPSTF) Screening for HIV Recommendation Statement
- *Am Fam Physician*. 2014 Apr 15; 89(8): online.

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Centers for Disease Control and Prevention (CDC) Summary of Guidance for PrEP Use

	Men Who Have Sex with Men (MSM)	Heterosexual Women and Men	People who Inject Drugs
<b>Criteria for detecting substantial risk of acquiring HIV infection</b>	<ul style="list-style-type: none"> <li>• HIV-positive sexual partner</li> <li>• Recent bacterial STI</li> <li>• High number of sex partners</li> <li>• History of inconsistent or no condom use</li> <li>• Commercial sex work</li> </ul>	<ul style="list-style-type: none"> <li>• HIV-positive sexual partner</li> <li>• Recent bacterial STI</li> <li>• High number of sex partners</li> <li>• History of inconsistent or no condom use</li> <li>• Commercial sex work in high-prevalence area or network</li> </ul>	<ul style="list-style-type: none"> <li>• HIV-positive injecting partner</li> <li>• Sharing injection equipment</li> <li>• Recent drug treatment (but currently injecting)</li> </ul>
<b>Criteria for establishing clinical eligibility</b>	<ul style="list-style-type: none"> <li>• Documented negative HIV test result before prescribing PrEP</li> <li>• No signs/symptoms of acute HIV infection</li> <li>• Normal renal function; no contraindicated medications</li> <li>• Documented hepatitis B virus infection and vaccination status</li> </ul>		
<b>Prescription</b>	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
<b>Recommended follow-up or other services</b>	<p><b>ALL:</b></p> <ul style="list-style-type: none"> <li>• Follow-up visits at least every 3 months to provide: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment</li> <li>• Assess renal function at 3 months and every 6 months thereafter</li> <li>• Test for bacterial STIs every 6 months,</li> </ul> <p><b>MSM:</b> Conduct oral/rectal STI testing</p> <p><b>Heterosexual Women and Men:</b> Assess pregnancy intent and conduct pregnancy test every 3 months</p> <p><b>Individuals Who Inject Drugs:</b> Provide Access to clean needles/syringes and drug treatment services</p>		
STI = sexually transmitted infection			