Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone — Indiana, 2015

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Percent Change in Leading Causes of Injury Death* — Indiana, 1999–2009

- Unintentional Poisoning: 501.5%
- Unintentional MV Traffic: -30.8%
- Suicide Firearm: 13.9%
- Unintentional Fall: 22.5%
- Homicide Firearm: -11.1%

Source: WISQARS

*Age-adjusted rates
Unintentional Drug Overdose Deaths
United States, 1970-2007

In 2007, there were 9.18 deaths per 100,000 population due to unintentional drug overdose, based on 27,658 deaths.

Source: Centers for Disease Control and Prevention. Unintentional Drug Poisoning in the United States (July 2010).
Rates* of opioid pain reliever (OPR) overdose death, OPR treatment admissions, and kilograms of OPR sold --- United States, 1999--2010

* Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.

CDC MMWR: November 4, 2011 / 60(43);1487-1492
Who in the world is using all those Opioids?

2013 Population
- US: 4.4%
- Rest of World: 95.6%

Prescription Opioids Consumed
- US: 80%
- Rest of World: 20%
Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.
Health care providers in different states prescribe at different levels.

Number of painkiller prescriptions per 100 people

Lowest

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Average

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Highest

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State Abbreviation — GA 91 — Number of painkiller prescriptions per 100 people

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Drug Poisoning Rates/Year, Indiana vs. US

CDC/WISQARS
Drug Poisoning Death Rates, All Intents
Indiana, 2013

Source: CDC/WISQARS
Youth and Controlled Substances

2011 Indiana Alcohol and Other Drug Use Facts about High School Students

21% have ever taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription.
Narcotic Sources

Free from Friend or Relative

From One Doctor

Bought or Took from Friend or Relative

Bought from Drug Dealer or Other Stranger

Some Other Way

From More Than One Doctor

Bought on the Internet

National Survey on Drug Use and Health 2011.
She gets her hair from her mom.

Her eyes from her dad.

And her drugs from her home medicine cabinet.

**BE AWARE. DON’T SHARE.**

Pledge to Lock Your Meds and Enter to Win a Publix Gift Card or a Vaultz® Locking Medicine Case.

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Painkillers And The Heroin Market

A growing number of people are using heroin in recent years, in part because it can be cheaper and easier to find than opioid painkillers purchased on the black market. Most heroin users were first hooked on prescription opioids, which generated $11 billion in 2010 for the pharmaceutical industry.

Substance abuse treatment facilities admissions by primary drug

Heroin
Other Opiates and Synthetics

4 out of 5 new heroin users have abused painkillers.

A Cheaper High

$30 can buy one oxycodone pill on the street in New York...
or six hits of heroin.

*2012 data for Mississippi, Pennsylvania, and West Virginia are not available.

Sources: SAMHDA, Los Angeles Times, Frost & Sullivan

THE HUFFINGTON POST
Indiana Drug Deaths with Heroin
2003-2013

**Drug Deaths with Heroin**, Indiana

**Underlying cause of X40-X44, X60-X64, X85 or Y10-Y14 with contributing cause of T40.1**

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Number of Heroin Deaths by Age, Indiana, 2008-2013

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Gaps in treatment capacity persist in most states

Particularly acute in some states with the greatest need

A capacity gap of nearly 1M people existed nationally in 2012

Even in states with adequate statewide capacity, there are many areas of need


Rates by state for all treatment modes, 2012, per 1,000 persons aged 12 years and older.
Indiana HIV outbreak: geographic distribution
Scott County pop. 24,000; Austin, IN pop. 4,200

Scott County: Among the state’s 92 counties, ranked 92nd in a variety of health and social indicators, including life expectancy
Prescription Painkiller OPANA- 9 Overdose Deaths so far in 2012 in Scott County, Indiana

Opana: Newest Prescription Painkiller Being Abused in Rural Areas
By Join Together Staff | March 27, 2012

Opana, a powerful opioid, is increasingly being abused in rural America, Reuters reports. At least nine people have died so far in 2012 from prescription drug overdoses in Scott County, Indiana, and most of the deaths involved Opana.
In many cases, robbers are asking specifically for Opana when they enter pharmacy stores. This attempted robbery occurred on Feb. 27 at a Kroger Pharmacy in Fort Wayne, Ind.

Fort Wayne Police Department
2011 - 19 people in the tiny county died of overdoses, the majority on Opana in combination with alcohol and other drugs (Scott County Coroner Kevin Collins)

By July 2012 - 13 people had died from drug overdoses.
The coroner must investigate all unattended or suspicious deaths.
Overdoses were mostly of people ages 18 to 30
Kevin Collins, Scott county coroner or deputy coroner for 27 years, reported The overdoses weigh heavily on him.

"It's depressing. It's still somebody's son or brother or dad," he said. "They got hooked on this crap, and it takes their lives."
Candlelight Vigil to Bring Hope For Scott County Families and the Community: Monday, November 25, 2013, from 7 to 8 p.m. at The Rock on 750 S. Gardner Street, in Scottsburg, Indiana.

We hope many Scott County citizens come out to this Candlelight Vigil to honor those who have lost their lives to substance abuse and overdose death and bring attention to those suffering from drug abuse and addiction.
Indiana HIV Outbreak Overview

- In late 2014, 3 new HIV diagnoses in Austin IN
  - Only 5 HIV infections had been reported 2004-2013
  - Of new infections, DIS learned 2 had a common-needle sharing partner
  - Contact tracing → 8 more new infections in jurisdiction by January 23

- Source of infection: injection of the prescription opioid oxymorphone (Opana)

- As of 31-July 2015: 175 new HIV infections diagnosed
  - All linked to Austin IN
  - Infections were recent and from a single strain of HIV
  - Over 90% co-infected with Hepatitis C
Contact Tracing - Methods

- **Elicited information about partners in the past 12 months**
  - Needle-sharing
  - Sexual
  - Social contacts (who could benefit from an HIV test)

- **HIV testing was offered to all contacts who could be located**
  - HIV-positive persons were referred to case coordination and antiretroviral treatment
  - HIV-negative person who injected drugs
    - Informed about syringe service program and PrEP
    - Offered assistance with substance use disorder services
    - Recommended to undergo repeat HIV testing

- **All person tested for HIV were also tested for HCV**
Demographics of HIV-infected cases (N=135)

- Median age 32 years, range 18-57
- 55% male
- 100% non-Hispanic white
- Of 112 interviewed:
  - 108 (96%) injected drugs
    - All oxymorphone, some methamphetamine and heroin as well
- High poverty (19.0%) and unemployment (8.9%)
- Low educational attainment (21.3% no high school)
- High proportion without health insurance
Drug Use among HIV-infected cases (N=108)

- Multigenerational
- Sharing of injection equipment common
- Daily injections: 4-15
- Number of partners: 1-6 per injection event

<table>
<thead>
<tr>
<th>Dosage Strength</th>
<th>OPANA® ER with INTAC® Tablet Images*</th>
<th>GENERIC oxymorphone ER Global Pharma (Impax) Tablet Images*</th>
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<tbody>
<tr>
<td>40 mg</td>
<td><img src="image" alt="40E" /></td>
<td><img src="image" alt="G74" /></td>
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<td>30 mg</td>
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Cumulative HIV infections diagnosed, Scott County, Indiana through June 14, 2015 (n=170)

Adult prevalence as of Jun-14-2015
Scott County (14,559): 1.1%
Austin (2,841): 5.9%

- Initial diagnosis
- Cluster identified
- Local incident command established
- HIV testing staff & DIS deployed
- Federal support requested
- Public health emergency declared
- MMWR and HAN issued
- Syringe exchange started
- Local HIV clinic opened
- Over 28,000 cumulative syringes dispensed

Cumulative case count

Contact Tracing – Results as of June 14, 2015

- Named contacts elicited by DIS from HIV-infected persons: 493
  - 411 (83%) located, assessed for HIV risk, and tested for HIV/HCV
  - 43% needle-sharing and sexual contacts HIV positive

- Number of contacts named in past 14 days: 7
  - Number of contacts named who were new: 0
Challenges Responding to Outbreak

1. Very few affected persons were insured
2. Little HIV awareness in the general population
3. No outpatient HIV/HCV care available in the community
4. Syringe service program not permitted by state law
5. Limited addiction services, including medication-assisted therapy
Community Outreach Center with One-Stop Shop

- Insurance enrollment
- Care coordination for HIV medical care and substance abuse counseling and treatment
- Syringe service program (provided base for mobile unit)
- HIV testing
Clinic-Based Interventions to Prevent HIV Transmission

- Focused attention on local family practitioner and the jail
- Provided assistance increasing capacity to provide
  - HIV testing
  - HIV care for infected persons
  - Medication-assisted therapy for opioid addiction
  - PrEP
- Collaborative effort
  - Academic clinical partners
  - State and federal U.S. HIV agencies (DMSA, HRSA, SAMHSA)
  - Private sector (LifeSpring, AHF)
HELP PREVENT HIV
DON'T SHARE THESE.
DON'T ABUSE THESE.

Any drug can be abused. If you or a friend are abusing drugs, get help. Never share needles. It increases your risk of getting HIV.

HIV Services Hotline 1-866-588-4948
Addiction Hotline 1-800-662-HELP(4357)
www.StateHealth.IN.gov

YOU ARE NOT ALONE
Indiana State Department of Health

Campaign materials originally developed by the New York State Department of Health, 2010
Communications

HIV FACTS
ANYONE CAN GET HIV
HIV is the virus that causes AIDS. Anyone can get HIV, including young people and straight people.

How you CAN get HIV
You can get HIV by having sex without a condom with someone who has HIV.

That includes:
- Vaginal Sex
- Anal Sex
- Oral Sex

You can get HIV by using syringes, needles, and other things used to inject drugs that can carry HIV.

People with HIV may not look sick.
Many people do not know they have HIV.
The only way to know if you have HIV is to get an HIV test.

How you CAN NOT get HIV
If you use a condom every time you have sex, you cannot get HIV.

If you use a condom, you cannot get HIV.

Protect yourself from HIV
If you have sex, use a condom.

Condoms work very well to prevent HIV.
You have to use them the right way, every time you have sex.

PrEP
(Pre Exposure Prophylaxis)

Find out if you have HIV

What is PrEP?
PrEP means taking medicine to lower your chance of getting HIV. You can only take PrEP if you do not have HIV.

Who may need PrEP?

PrEP may be good for you if:

- You are in a relationship with someone who has HIV
- You inject drugs
- You do not use condoms all the time and you have sex with someone who may have HIV

Where can you get PrEP?

- You can talk to a doctor at the Austin Betterment Center Health Clinic (At Foundations Family Medicine)
- Open every Tuesday 10 a.m. - 4 p.m.
- For more information or to schedule a visit during another time, call 812-794-8100

For more information, please call Indiana State Health Department's HIV hotline at 1-866-588-4948.
Mother of Ryan White teen HIV patient, speaks in Austin, Ind.

Karma Dickerson, @WHAS11Karma 12:06 a.m. EDT May 13, 2015

AUSTIN, Ind. (WHAS11) – As Southern Indiana battles and unprecedented HIV outbreak, the mother of a teen who became famous for his fight for equal treatment of those living with HIV and AIDS.
Controlling the Outbreak

- Initiate effective antiretroviral therapy for all HIV-infected
- Expand HIV/HCV testing efforts and capacity to detect early signals
  - Routine HIV testing at venues enriched in high-risk persons (e.g., jails, addiction services, ERs)
  - Active outreach testing to at-risk population (e.g., PWID)
- Develop systems to keep uninfected uninfected
  - Systematic retesting and education of high-risk persons
  - Repeat offer and provision of SSP and HIV PrEP
- Decrease opioid over-prescribing and increase addiction treatment services
  - Medication-assisted therapy, overdose prevention (naloxone)
- Long-term solutions to improve public health infrastructure and socioeconomic disparities
Acknowledgements

• Indiana State Department of Health (ISDH)
• Scott County Health Department
• Clark County Health Department
• Disease Intervention Specialist Team (multiple organizations)
• Foundations Family Medicine
• Indiana University, Division of Infectious Diseases
• University of Louisville, Division of Infectious Diseases
• Division of HIV/AIDS Prevention (DHAP)
• Division of Viral Hepatitis (DVH)
• Epidemic Intelligence Service (EIS) Program Office

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road Ne, Atlanta, GA 30333
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov