

## State Health Advisory

### Statewide Increase in HIV Diagnoses

#### Wyoming Department of Health

#### February 8, 2024

#### Summary

The Wyoming Department of Health (WDH) Communicable Disease Unit (CDU) observed an increase in newly diagnosed cases of human immunodeficiency virus (HIV) infection across the state during 2023.

The Wyoming Department of Health encourages all healthcare providers, hospitals, and other healthcare facilities throughout the state to do the following:

- Routinely conduct a thorough sexual history and risk assessment for all patients, as per the 2024 CDU Testing Recommendations  
<https://health.wyo.gov/wp-content/uploads/2024/01/2024-CDU-Testing-Recommendations.pdf>
- Offer patients comprehensive testing for HIV, syphilis, hepatitis B, hepatitis C, gonorrhea, and chlamydia based on risk factors. Patients should be offered gonorrhea and chlamydia testing at all body sites with potential infection based on sexual contact (e.g., genitals, pharynx, and/or rectum).
- Review patient-centered and individualized risk-reduction techniques during testing and/or treatment encounters.
- Provide education and referral to HIV pre-exposure prophylaxis (PrEP) or HIV post-exposure prophylaxis (PEP), as appropriate.
- Initiate antiretroviral therapy as soon as possible after a diagnosis of HIV infection
- Report HIV and other STI cases to the Wyoming Department of Health in accordance with current state statute.

#### Epidemiology

Provisional 2023 data indicate HIV diagnoses have increased across Wyoming. While WDH has typically seen between 12-15 new HIV diagnoses reported per year, 22 new diagnoses were reported in 2023, an increase of 69% over the 13 diagnoses reported in 2022. In 2023, 82% of

## Increase in HIV Diagnoses 2.8.24

new diagnoses were male and 18% female; 36% identified as heterosexual, while 64% identified as LGBTQ+. Newly diagnosed cases ranged in age from 24-77 years, with an average age at diagnosis of 40. Concerningly, 46% of individuals were at Stage 3 of HIV infection (AIDS, CD4<200) at the time of their diagnosis, indicating late diagnoses and missed opportunities for early treatment.

Common risk factors among newly diagnosed individuals in 2023 included engaging in condomless sex, multiple and/or anonymous sex partners, and having met sexual partners via dating and hook-up apps. Sharing syringes or other injection equipment is also a risk factor for HIV transmission, though it was not a primary risk factor for newly diagnosed cases in 2023. Among individuals newly diagnosed with HIV in 2023, 36% had coinfection with chlamydia, gonorrhea, syphilis, and/or hepatitis B at diagnosis. Among the 22 newly diagnosed individuals, 23% were from Teton County, 23% from Laramie County, and 18% from Natrona County. The remaining cases were scattered throughout the state.

### **Screening and Diagnosis**

The CDU Screening Recommendations are based on Centers for Disease Control and Prevention (CDC) Recommendations but are adjusted according to risk factors for transmission in Wyoming. CDU has revised its 2024 Testing Recommendations to include at least annual HIV, syphilis, and three-site (as indicated) chlamydia and gonorrhea testing for all sexually active individuals regardless of relationship status. Outside of annual testing, frequency of testing is based on the individual risk of each patient. In general, CDU recommends STI testing, including HIV testing, two weeks after each partner or exposure, or every 1-3 months for frequent partners or exposures. The CDU Testing Recommendations are available on the [CDU STI Health Professionals Resource webpage](#) and here:

<https://health.wyo.gov/wp-content/uploads/2024/01/2024-CDU-Testing-Recommendations.pdf>.

Diagnosing patients with HIV requires both screening and confirmatory testing. CDU and CDC recommend that initial HIV screening be performed using an FDA-approved antigen/antibody combination (4th generation) immunoassay that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen and confirmatory testing done using an FDA-approved antibody immunoassay that differentiates HIV-1 antibodies from HIV-2 antibodies. Specimens that are positive on the screening test but negative or indeterminate on the confirmatory test should be tested with an FDA-approved HIV-1 nucleic acid test (NAT). Detailed recommendations for testing and interpretation can be found here: <https://stacks.cdc.gov/view/cdc/23447>.

While negative screening tests usually do not need any additional follow-up, screening tests may be negative in individuals with recent exposure. If a patient has had a recent exposure but is negative on initial testing, they should be retested at a later date. Please note that if a patient had a potential exposure within the past 72 hours, they should be evaluated for HIV Post-Exposure Prophylaxis (see Prevention section below).

The Wyoming Public Health Laboratory (WPHL) is able to perform HIV screening and confirmatory testing with recently updated equipment. WPHL has ample capacity for HIV testing and is able to prioritize samples from individuals with suspected HIV infection with

## Increase in HIV Diagnoses 2.8.24

approval from CDU. Healthcare providers can submit serum specimens to WPHL for HIV testing at a cost of \$30 per specimen. Specimen collection and shipping information can be found here:

<https://health.wyo.gov/publichealth/lab/microbiology-lab/other-specimen-collection-and-shipping/>.

Individuals who are diagnosed with HIV should be tested for other STIs and for tuberculosis infection.

### **Treatment**

Antiretroviral therapy (ART) should be started as soon as possible after diagnosis regardless of CD4 count

(<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new>). ART is recommended for all individuals with HIV to reduce the morbidity and mortality associated with HIV infection and to prevent HIV transmission to sexual partners and infants. Patients with durable viral suppression live a lifespan approaching that of persons without HIV and won't transmit HIV to their sexual partners. ART should be accompanied by education regarding the therapy's benefits and risks and the importance of adhering to the prescribed treatment protocol. Current HIV medications can be prescribed by primary care physicians, which can improve access to HIV care in Wyoming. Additional information on how to help patients living with HIV start treatment can be found at the following link:

<https://www.cdc.gov/hiv/clinicians/treatment-care/start.html>. For more support on treating clients living with HIV, contact the Wyoming AIDS Education Training Center (WY AETC) at 307-577-9766.

Rapid ART is a strategy to start ART as soon as possible after diagnosis; more information can be found here: <https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians>

### **Prevention**

CDU recommends that providers counsel their patients about preventing HIV infection. HIV prevention strategies include:

- Abstaining from all types of sexual contact.
- Getting tested before starting a sexual relationship or resuming a sexual relationship with a previous partner.
- Before sexual contact, asking potential sexual partners if they have been tested since their last sexual partner.
- Limiting the number of sexual partners.
- Choosing lower risk types of sexual contact.
- Consistent and correct condom use with all types of sexual contact. There are a variety of condom sizes, shapes and materials that can overcome challenges with fit, comfort and allergies.
- Getting routine testing for HIV and other STIs.
- If injecting or snorting substances, never share needles or other equipment.

**HIV Pre-Exposure Prophylaxis (PrEP):** HIV PrEP is highly effective at preventing HIV infection, but national estimates indicate that only about 25% of people who may benefit from PrEP receive a prescription. The CDC recommends that all sexually active patients should be informed about HIV PrEP. Providers are recommended to prescribe PrEP for individuals who report certain sexual or drug use behaviors that place them at ongoing risk of HIV exposure and acquisition or who request PrEP. Providers do not have to specialize in infectious diseases or HIV medicine to prescribe PrEP; PrEP is a primary care preventive service. There are three medication regimens for HIV PrEP, two oral regimens and one injectable regimen. Detailed clinical guidance for prescribing HIV PrEP including baseline assessments and ongoing monitoring can be found from the CDC here:

<https://www.cdc.gov/hiv/clinicians/prevention/index.html>. In addition, the National Clinician Consultation Center offers free and confidential online and phone consultation for PrEP prescribing and monitoring. Further information can be found here: <https://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>.

**HIV Post-Exposure Prophylaxis (PEP):** Exposure to HIV through occupational or non-occupational means is a medical emergency because HIV establishes infection quickly, often within 24 to 36 hours after exposure. Patients who present within 72 hours after an HIV exposure should be evaluated rapidly to determine if PEP is indicated; if more than 72 hours has passed, PEP is not recommended. If PEP is indicated, it should be initiated or prescribed without delay. Any licensed provider can prescribe PEP, including emergency department providers who may be more likely to encounter exposed patients given the need for immediate treatment after exposure. Detailed clinical recommendations for prescribing PEP can be found here:

<https://www.cdc.gov/hiv/clinicians/prevention/prescribe-peg.html>. In addition, the National Clinical Consultation Center offers free and confidential phone consultations for both occupational and non-occupational HIV, Hepatitis B, and Hepatitis C exposure. Additional information can be found here: <https://nccc.ucsf.edu/clinician-consultation/peg-post-exposure-prophylaxis/>.

**Further Information:** Detailed guidelines for the diagnosis and treatment of HIV can be found from the Centers for Disease Control and Prevention here:

<https://www.cdc.gov/hiv/clinicians/index.html>

The WDH Communicable Disease Unit offers partner services, linkage to care, free or reduced-cost STI testing, condom distribution, and HIV, TB, and STI medications for some patients. The Communicable Disease Unit is able to consult with providers regarding PrEP, PEP, rapid ART initiation, HIV screening recommendations, and linkage to services for individuals diagnosed with HIV. Please see the following websites for additional information:

- <https://health.wyo.gov/publichealth/communicable-disease-unit/>
- <https://knowyo.org/>
- <https://wyprepatters.com/>

**Contact Information:** HIV is a reportable infection in Wyoming; providers should report all reactive HIV tests (including screening tests) to WDH by faxing reports to 307-777-5279 or submitting an online report at

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/reporting/>.

## Increase in HIV Diagnoses 2.8.24

For additional information or with questions about this advisory, providers can contact Katelyn Hoff, Communicable Disease Epidemiologist at 307-777-2434 or [katelyn.hoff@wyo.gov](mailto:katelyn.hoff@wyo.gov).