

State of Maine
**Comprehensive
HIV Prevention Plan**

2004 ~ 2008

2009 Updates



**Maine HIV
Prevention Community Planning Group**

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2009 Update

Comprehensive HIV Prevention Plan

Overview

In updating the plan for 2009, the CPG reviewed the status of the current plan (2004-2008) in relation to updated information. The CPG also did an in-depth analysis of the plan as it related to the IDU population. For the purpose of annual plan updates, the CPG's intention is to review summary information related to the entire plan and, during the same period, conduct an in-depth analysis of one of the prioritized populations. With four prioritized populations, the CPG expects to complete in-depth analyses of each population in a four-year cycle and create a new comprehensive plan during the fifth year based on the preceding four years work

Update

In preparation for the 2009 Update to the Maine HIV Prevention Comprehensive Plan, the CPG reviewed the following key forms of information:

- The most recent *Maine Epidemiological Profile 2008*,
- *The State of Maine 2008 HIV / AIDS Epidemiological Profile*,
- Update on epidemiological data, focusing on recent trends, 2003-2008,
- Epidemiological data for *IDU*, focusing on recent trends, 2003-2008,
- The results of the interventions during 2008,
- Demographic characteristics of people receiving HIV prevention services during 2008,
- The *2008 CPG Needs Assessment on Injection Drug Users* ,
- Feedback from HIV prevention providers on the plan and interventions.

Conclusions and Recommendations

Priority Populations: The epidemiological data about the risk populations has remained fairly constant over time in Maine. There are no changes to the prioritized populations recommended at this time. The populations are prioritized as:

- People living with HIV / AIDS (PLWH/A)
- Men who have unsafe sexual contact with other men (MSM)
- Injection drug users (IDU)
- Females at very high risk (FVHR)

While no changes in prioritization are recommended at this time the CPG has noticed some changes within specific populations that are worth mentioning for prevention planning purposes.

- The incidence of infection among the IDU population has decreased below the level of incidence for FVHR. The five year trend of IDU incidence data from the Maine HIV epidemiological reports indicate that this may be cause for the CPG to change the prioritization for IDU and FVHR. No decision will be made on this change of prioritization until after the needs assessment has been completed for FVHR.

- Also of significance is the increase of incidence of new HIV diagnoses in older MSM. Current Maine epidemiological data trends indicate those MSM 40 years of age and older make up 42% of the total HIV incidence in 2008.

Priority Regions:

The regional epidemiological data has remained fairly constant over time in Maine. There are no changes to the prioritized regions recommended at this time. The CPG will closely monitor the regional trends especially paying attention to the southern and central regions. It should be noted that increased incidence of HIV diagnosed in central Maine does not reflect the state population distribution. The CPG recommends greater emphasis on testing in southern Maine. Further assessment of the reasons testing numbers in southern Maine appear to be disproportionate to the population distribution is recommended as a collaborative process between the Maine Center for Disease Control, funded providers and the CPG.

Priority Interventions:

There are no changes to the prioritized interventions recommended at this time. However, the following areas of focus among existing prevention activities are recommended:

- All prevention activities should increase the opportunities for participation of people living with HIV and AIDS.
- MSM prevention activities should continue and increase the collaboration between STD and HIV prevention activities statewide.
- It is recommended that state HIV prevention funds be used to expand and create new Needle exchange programs in the state of Maine. It is also recommended that increased HIV prevention efforts with the IDU population happen in conjunction with needle exchange programs statewide.
- It is recommended CTR and Outreach for HIV testing be increased for FVHR.
 - It is noted that a new testing campaign has been created and that the CPG is excited and supportive of this effort. The CPG encourages the broadest collaborative distribution plan possible to maximize the potential campaign exposure.
- FVHR prevention activities should continue and increase the collaboration between STD and HIV prevention activities statewide.