

State of Maine
**Comprehensive
HIV Prevention Plan**

2004 ~ 2008

2010 Update



Maine HIV
Prevention Community Planning Group

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2010 Update

Comprehensive HIV Prevention Plan

Overview

In updating the plan for 2010, 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 Females at Very High Risk for HIV Infection (FVHR) 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 2010 Update to the Maine HIV Prevention Comprehensive Plan, the CPG reviewed the following key forms of information:

- *The State of Maine 2009 HIV/AIDS Epidemiological Profile*,
- Update on epidemiological data, focusing on recent trends, 2004-2009,
- Epidemiological data for *FVHR*, focusing on recent trends, 2004-2009,
- The results of the interventions during 2009,
- Demographic characteristics of people receiving HIV prevention services during 2009,
- The *2009 CPG Needs Assessment Report for Females at High Risk for HIV*,
- 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 FVHR population appears to be rising. The five year trend of FVHR incidence data from the Maine HIV epidemiological reports shows a rise in proportion of FVHR incidence over the past two years, culminating with a doubling of new HIV infections among FVHR in 2009 (14 new infections vs. 7 new infections in 2008).
- Also notably, of the 14 women with new HIV diagnoses in 2009, seven of these women were foreign born. In recent years epidemiological data shows that the proportion of

annual newly diagnosed HIV infections among people who are foreign born has increased.

- Finally, MSM in Maine remain disproportionately affected by HIV infection. This is due in part to the rise of new HIV infections that appear to be stemming from contact through social networks. These social networks challenge traditional prevention messaging and may warrant expanded efforts, as we address this emerging trend, in reaching high risk MSM, both positive and negative.

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 over the past three years the proportion of new HIV cases in York and Cumberland counties has continued to rise.

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.
- Increasing non-traditional outreach/intervention efforts for MSM to reach a segment of the population not being reached by traditional HIV prevention methods.
- Increasing HIV prevention efforts with the IDU population, in conjunction with needle exchange programs statewide.
- FVHR prevention activities should continue and increase the collaboration between STD and HIV prevention activities statewide.
- Working to create partnerships with existing service providers, which women are already accessing, to provide outreach and education for FVHR
- More community building among FVHR, HIV prevention services provided by women.