

State of Maine  
Comprehensive  
HIV Prevention Plan

2004 ~ 2008

2007 Updates



Maine HIV  
Prevention Community Planning Group

CPG CO-CHAIRS

Community Co-Chair

Genia Graham

Public Health Co-Chair

Bob Woods

CPG PROJECT ASSISTANT

Barbara Bolduc

For additional copies or further information, contact Barbara Bolduc, Project Assistant, at the Community Planning Group office:

HIV/CPG  
Medical Care Development  
11 Parkwood Dr.  
Augusta, ME 04330

Phone: (207) 622-7566, ext. 233

TTY: (207) 622-1209

E-mail: [mehivcpg@mcd.org](mailto:mehivcpg@mcd.org)

You may also visit the CPG website at: [www.mehivcpg.org](http://www.mehivcpg.org)

## **2007 Update**

### **CPG Comprehensive HIV Prevention Plan**

#### **Overview**

In updating the plan for 2007, 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 relates to the MSM 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 2007 Update to the Maine HIV Prevention Comprehensive Plan, the CPG reviewed the following key forms of information:

- The most recent *Maine Epidemiological Profile 2004-2005*,
- Update on epidemiological data, focusing on recent trends, 2002-2006,
- Epidemiological data for MSM, focusing on recent trends, 2002-2006,
- The results of the interventions during 2006,
- Demographic characteristics of people receiving HIV prevention services during 2006,
- Presentation on the Regional Medical Center at Lubec directly-funded CTR program,
- The *2006 CPG Needs Assessment on MSM*,
- Preliminary information on a MSM behavioral surveillance study done in early 2007,
- 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. However, the CPG noted that recent trend data, 2002-2006, raises some question on the relative rankings of the IDU and females at very high-risk populations. More new infections appear to have occurred among the heterosexual population (both heterosexual risk and heterosexual, no risk groups) than among IDUs during this period. While the heterosexual population includes both females and males, the CPG would like to better understand what is happening among this population in relation to IDUs, in order to make decisions about prioritizing these populations in the future. Therefore, the CPG will be studying additional epidemiological information on these populations during the coming year.

**Priority Regions:** The epidemiological data about the regions has remained fairly constant over time in Maine. There are no changes to the prioritized regions recommended at this time. However, the CPG noted that recent trend data, 2002-2006,

raises some question on the relative rankings of Southern and Central Regions. During the last four years, 2003-2006, the gap between Central and Southern Regions in the number of new infections appears to be narrowing; Central had 152 new infections, and Southern had 176. Therefore, the CPG will be studying the epidemiology on incidence and rates between these regions in the coming year.

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

- Establish a measurable activity to determine if newly diagnosed HIV cases are actually linked to medical care, meaning that a newly diagnosed person sees a health care provider about their HIV.
- Increase effective promotion and advertising of existing interventions to better assure participation in those interventions.
- Facilitate off-reservation testing for Native Americans.
- Explore Internet interventions, especially targeting minorities and young MSM.
- Increase prevention services in the Lewiston-Auburn and Mid-Coast areas.
- Promote the establishment of a Needle Exchange Program (NEP) in the Lewiston/Auburn area and continue to advocate for Statewide NEP's.

**CPG MEMBERSHIP REPRESENTATION  
MAY 2007**

Primary Prioritized Population Groups	Current Members	Gender	Regional Representation
PLWHA	7	5-Males 2-Females	5-Central 2-Southern
Males who have Unsafe Sex with Males(MSM)	6	6-Males	1-Northern 4-Central 1-Southern
Injection Drug Users who share needles and injection equipment(IDU)	1	1-Male	1-Northern
Heterosexual Females who have Unsafe Sex(HET)	2	2-Females	1-Central 1-Southern
TOTAL Community Members	9	7-Males 2-Females	2-Northern 5-Central 2-Southern
MECDC Member	1	1-Male	State

Race	#	HIV +
White	9	70% of total members are people living with HIV/AIDS
African American		
Asian		
Pacific Islander		
Native American	1	
Multi Racial		