HIV and Hepatitis C Cluster in Maine Continues to Grow

Penobscot County reported its 23rd HIV case in the cluster. Also in Maine, a Portland HIV service provider says federal cuts will leave them scrambling.

April 8, 2025 By Trent Straube

An outbreak of HIV and hepatitis C cases in Penobscot County, Maine, continues to expand. As of April 3, a total of 23 cases of HIV have been reported since October 2023 by the Maine Center for Disease Control & Prevention. In February, the number of newly diagnosed HIV cases was 18.

Injection drug use and homelessness continue to be common links among the cases. According to the Maine CDC, all 23 people with confirmed HIV in the cluster reported injection drug use within a year of their diagnosis, and 91% (21) of them reported being unhoused within a year of diagnosis. What's more, 96% (22) of them were also coinfected with hepatitis C.

Among those who tested positive for HIV, 16 were connected to care within 30 days and 8 were virally suppressed at their last test (one of the 23 people no longer lives in Maine and isn't counted in these data).

Slightly over 152,000 people live in Penobscot County, which is home to the University of Maine and the city of Bangor.

People newly diagnosed with HIV are recommended to begin treatment as soon as possible. People with HIV who achieve and maintain viral suppression experience slower disease progression, enjoy better overall health and are less likely to develop opportunistic illnesses. What's more, people with an undetectable viral load don't transmit HIV to others through sex. This is known as treatment as prevention or Undetectable Equals Untransmittable (U=U). For related information and advice, see "Newly Diagnosed? Start Here."

About 1.2 million people are living with HIV in the United States, and about 13% of them don't know they are positive. What's more, nearly 40% of new HIV cases are transmitted by people who don't know they have the virus.

In related news, HIV advocates in Portland said federal cuts to HIV programs will leave them scrambling to provide prevention, testing and care. Katie Rutherford, the executive director of Frannie Peabody Center, which provides HIV services to locals, said federal aid accounts for nearly

75% of the nonprofit's funds, according to WMTW.com. The center provides over 2,000 HIV tests each year and serves about 400 clients living with HIV.

Under the Trump administration and the direction of Health Secretary Robert F. Kennedy Jr., the Department of Health and Human Services has been slashing HIV prevention funds, firing nearly 10,000 employees and reorganizing health agencies.

This puts organizations like the Frannie Peabody Center in desperate situations. "To be 40 years into an epidemic and feel like you're getting sent right back to the beginning and having these same conversations and engaging in these same arguments and fights for funding and support is maddening and frightening," Rutherford told WMTW.

For related news in POZ about the federal funding cuts, read:

- "Trump White House Terminates Hundreds of Research Grants, Many on HIV and Minorities,"
- "New Study Highlights the Potential Impact of Funding Cuts to the HIV Response,"
- "HIV Service Providers Prepare for Federal Funding Cuts,"
- "Eight Countries Could Soon Run Out of HIV Meds Due to U.S. Funding Cuts, Says WHO" and
- "CDC's Division of HIV Prevention Could Face Reorganization or Elimination."

Both HIV and hepatitis C virus can be transmitted via injection drug use.

Hepatitis refers to inflammation of the liver. When untreated, it can lead to scarring of the liver (cirrhosis), liver cancer, the need for a liver transplant and death. Hepatitis can be caused by several factors, including toxins, excess alcohol use, autoimmune diseases, fat in the liver and viruses, including the three most common ones: hepatitis A, B and C. According to "Hepatitis C Transmission and Risk," part of Hep magazine's Basics of Hepatitis, hep C is most easily spread through:

- Sharing needles and other equipment (paraphernalia) used to inject drugs;
- Blood transfusions and organ transplants before July 1992;

- Sexual contact with someone who has hep C;

- Having a mother who had hep C when you were born.

HIV, in contrast, is a virus that attacks the immune system. Over several years, the immune system becomes depleted, and the body isn't able to fight infections, leading to an AIDS diagnosis. Although there is no cure for HIV, many safe and effective treatments—often just one pill a day or a long-acting injection—are available. People with HIV who achieve and maintain viral suppression experience slower disease progression, enjoy better overall health and are less likely to develop opportunistic illnesses. What's more, people with an undetectable viral load don't transmit HIV to others through sex (dubbed treatment as prevention, or Undetectable Equals Untransmittable, or U=U).

Folks living with HIV are at higher risk for coinfection with viral hepatitis. Effective vaccines are available for hep A and B. What's more, hep C is curable in most cases (but not HIV and hep B).

Nearly 1.2 million people in the United States are living with HIV, compared with the 2.3 million people with chronic hepatitis C and the 862,000 with hep B. These numbers will likely climb, spurred by the opioid crisis and injection drug use.

For more, see the Basics of HIV/AIDS in POZ.com, a sister publication of HepMag.com, RealHealthMag.com, CancerHealth.com and TuSaludMag.com.

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