**Sample Health Alert**

Date: [Date]

To: Health Alert Network

From: [Contact Name and Title, Health Department Name]

Subject: [Subject]

Summary: [Provide a bulleted summary of the situation. See fictional sample below.]

* From June 2017 through May of 2018 there has been an increase in human immunodeficiency virus (HIV) diagnoses in [geographic area and/or population], from an average of 10 during 20XX–20YY to 25 in 20ZZ.
* These new diagnoses have occurred primarily among gay, bisexual, and other men who have sex with men (MSM) and MSM who inject drugs. There has also been a slight increase in diagnoses among women with no history of injection drug use.
* Eighty five percent (85%) of these men are between the ages of 20 and 34, and most are white.
* During the same time period, there has been a 25% increase in reported cases of rectal gonorrhea and an 18% increase in reported syphilis cases among MSM.
* Providers are encouraged to follow CDC guidelines for assessment, testing, and prevention listed below.
* The [Health Department Name] continues to monitor the situation and will provide further updates in the near future.

[This section should provide details about the current outbreak summarized above, including surveillance data and any information about the risk network that would be useful to responding public health professionals.]

1. Public health partnerships are critical to preventing outbreaks of HIV and other STIs. Your efforts and collaboration with [Health Department Name] staff will continue to prevent further infections and provide a healthier future for our communities. We encourage clinicians throughout [geographic area] to [select from the bullets below, based on your unique situation]:
* Conduct a complete sexual and drug use risk assessment for every patient. This includes information about specific behaviors, such as number of partners, types of sex (i.e., vaginal, anal, oral), sex and gender identity of partners, drugs used and mode of drug delivery.
* Test their patients for HIV and other STIs:
	+ All patients should be tested for HIV at least once.
	+ Anyone engaging in high risk sexual or injection drug using behaviors should be tested for HIV, Hepatitis C virus (HCV), syphilis, gonorrhea and chlamydia at least once a year.
	+ Sexually active gay and bisexual men may benefit from more frequent HIV, syphilis, chlamydia, and gonorrhea testing (for example, every 3-6 months).
	+ Sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection should receive annual HIV, gonorrhea and chlamydia screenings.
	+ Test all pregnant women for HIV, gonorrhea, chlamydia, syphilis, and hepatitis B at their first prenatal visit and HIV and syphilis again in the third trimester for women at increased risk.
* Order genotypic HIV drug resistance testing when a patient tests positive for HIV, as well as tests for Hepatitis A virus (HAV), Hepatitis B virus (HBV), HCV, STIs and tuberculosis (TB).
* Treat disease promptly or link patients immediately to care and treatment.
* Ensure persons receiving treatment for HIV and/or HCV infection adhere to prescribed therapy and are engaged in ongoing care.
* Refer consenting HIV-positive and high-risk negative patients to community-based organizations (CBOs) for support services.
* Encourage your patients to refer their sex or needle sharing partners to medical care for testing, STI treatment and HIV prophylaxis. [Health Department Name] partner services staff can assist with this process. Contact [insert partner services protocols here].
* Offer pre-exposure prophylaxis (PrEP) to high-risk, HIV-negative patients.
* Screen all patients for substance use disorder and injection drug use. For persons with substance use disorder:
	+ Refer them for substance use disorder treatment, including medication-assisted treatment (e.g., opioid substitution therapy) and counseling services,
	+ Use effective treatments (e.g., methadone, buprenorphine), as appropriately indicated.
* Remain alert to increases in HIV and other STI transmission, new HIV and STI diagnoses and to unusual patterns in risk behaviors.
* Report cases of HIV (all stages) and suspected or confirmed STI cases to [insert reporting protocols here].
* Contact [Health Department Contact] or your local health department to report suspected clusters of recent HIV or HCV infection.

We encourage non-clinical providers to:

* Conduct a complete sexual and drug use risk assessment for every client. This includes information about specific behaviors, such as number of partners, types of sex (i.e., vaginal, anal, oral), sex and gender identity of partners, drugs used and mode of drug delivery.
* Identify and recruit high-risk individuals who do not access health care services or who may not take advantage of HIV and STI testing in clinical settings.
* Offer HIV and STI testing for individuals at high risk.
* Facilitate access to clean syringes and essential support services for people who inject drugs, where legally permissible.
* Assist HIV-positive or high-risk negative individuals with gaining access to medical, prevention and support services.
* Remain alert to increases in HIV and other STI transmission, new HIV and STI diagnoses, and unusual patterns in risk behaviors.
* Report cases of HIV (all stages) and suspected or confirmed STI cases to [insert reporting protocols here].
* Contact [Health Department Contact] or your local health department to report suspected clusters of recent HIV or HCV infection.

Additional Resources [add additional resources as needed]:

* CDC HIV <https://www.cdc.gov/hiv>
* CDC STD <https://www.cdc.gov/std>
* CDC Get Tested <https://gettested.cdc.gov>
* CDC HIV Risk Reduction Tool <https://wwwn.cdc.gov/hivrisk>
* AIDSinfo <https://aidsinfo.nih.gov>
	+ HIV Guidelines - <https://aidsinfo.nih.gov/guidelines>
	+ Drug-Resistance Testing <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/56/drug-resistance>
* HIV.gov <https://www.hiv.gov>
* PrEP Locator <https://preplocator.org>
* UCSF Clinician Consultation Center <http://nccc.ucsf.edu>
* amfAR Opioid and Health Indicators Database <http://opioid.amfar.org>