



October 26, 2017

Elizabeth R. Daly, MPH
Chief, Bureau of Infectious Disease Control
Department of Health and Human Services
State of New Hampshire
20 Hazen Drive
Concord, NH 03301-6503

Dear Ms. Daly,

The State of New Hampshire submitted a determination of need request to the Centers for Disease Control and Prevention (CDC) with data examining whether the state is experiencing or at risk for an increase in viral hepatitis or HIV infection due to injection drug use. Consulting with CDC to determine need is a requirement in the process of seeking approval to use federal funds to support syringe services programs (SSPs). All such requests are reviewed by a panel of CDC subject matter experts who evaluate submitted data in accordance with the *U.S. Department of Health and Human Services (HHS) Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*.

After careful review of the New Hampshire Department of Health and Human Services' submission, CDC concurs that the state is at substantially increased risk of viral hepatitis or an HIV outbreak due to injection drug use. From 2015 to 2016, the state observed a 28% increase in the number of persons admitted for treatment of substance use disorder who reported using heroin, a drug that is primarily injected. Data from the state's Drug Monitoring Initiative Report (reference #5) indicated rates for overdose deaths involving fentanyl (also mainly injected) or heroin increased sharply by 645% from 2012-2016. These data strongly suggest increasing injection drug use in the state. New Hampshire has collected diagnoses of hepatitis C virus (HCV) infections for only 10 months; however, of 202 newly diagnosed cases, 79% reported ever injecting drugs and 56% reported having injected in the 6 months prior to diagnosis, consistent with other national data that most of these infections resulted from non-sterile injections. Similarly, although the state has not experienced a significant change in the annual number of HIV diagnoses from 2011 to 2017, the percent of these infections where injection drug use was the sole risk factor increased 313%. With these and other data, the state has provided a compelling case that injection drug use is increasing in New Hampshire resulting in increased viral hepatitis and HIV infections and that there is therefore a need for syringe services programs to prevent further spread of bloodborne viruses.

This notice may be used by state, local, territorial, or tribal health departments or eligible HHS-funded recipients to apply to direct federal funds to support SSPs. As there is no expiration date for this notice, New Hampshire may elect to either (1) immediately request to direct current federal funding to support SSPs or (2) delay requests to direct funds to support SSPs until a subsequent fiscal year. New Hampshire is strongly encouraged to discuss plans to direct funds for SSPs with your federal funding agencies.

Only CDC directly-funded, eligible awardees should submit a request to CDC for direct funding for SSP activities.

Thank you for your interest in the public health implications of injection drug use New Hampshire. If you have any questions or require further technical assistance, please do not hesitate to send an email to SSPCoordinator@cdc.gov.

Sincerely,
CDC SSP Determination Panel