

ENHANCING LINKAGES TO HIV PRIMARY CARE AND SERVICES IN JAIL SETTINGS INITIATIVE: HIV TESTING IN CORRECTIONAL FACILITIES

Special points of interest:

- Over 1 million people in the United States are HIV+
- Over 20% of individuals with HIV are not aware of their infection
- 1 in 7 HIV+ individuals pass through corrections annually
- In 2006, CDC expanded recommendations to include routine testing at least once for everyone 13- 64 years old and annually for those with high risk behaviors

*“Individuals living with HIV interact with correctional facilities at a far greater rate than the general population... Correctional facilities offer a unique opportunity to affect the health status and lives of the individuals that pass through them.”*

CURRENT STATE OF AFFAIRS

Over 1 million individuals in the United States are infected with HIV and approximately twenty percent are unaware of their infection. New infections occur daily, primarily as a result of undiagnosed infection. Routine HIV testing has been recommended for over a decade for all pregnant women and has nearly eliminated infections passed from mother to child. In 2006, CDC expanded recommendations to include routine testing at least once for everyone 13- 64 years old and annually for those with high risk behaviors. The 2009 guidelines recommend implementation of routine HIV testing in correctional facilities.

Screening for HIV infection has similar health benefits as screening for high blood

pressure and diabetes, and should be included in routine health screenings. Similar to so many other health issues, minorities are disproportionately affected. Nearly 75% of HIV infections occur in men and HIV affects minority men more than any other subgroup of the population. Among women, African American women have five times the rate of infection as their Caucasian counterparts.

Correctional facilities offer a unique opportunity to address the health status and lives of the individuals that pass through them. Individuals, for the first time may address their health needs, substance abuse treatment, mental health issues and screening for STDs, HIV and hepatitis. Given the significant



overrepresentation of minorities among the incarcerated and among individuals with HIV, it would be expected that the prevalence in jails would be notably higher than it is among the general population.

***HIV testing in jails allows for a unique public health opportunity to address this issue and is compatible with the primary public safety mission of corrections.***

BACKGROUND

HIV rates vary geographically, however, among the general US adult population HIV prevalence is currently 0.5 percent. Individuals living with HIV interact with correctional facilities at a far greater rate than the general population. Furthermore, the Bureau of Justice Statistics bulletin reports the HIV prevalence among state and federal prison

inmates averages 1.5% with notably higher rates in some areas such as New York. Although there is no standard report for HIV rates among jails, when HIV programs exist, the prevalence are usually similar to their prison counterparts.

Most prison inmates have previously spent time in jail. In fact, 95% of detainees just pass through a jail and do not move on to a

prison. It has been noted that 1 out of 7 HIV+ individuals pass through a correctional facility each year. However, HIV testing in correctional settings varies from mandatory to nonexistent with most facilities somewhere in the middle. When HIV testing programs have been initiated, they have been accepted by inmates and staff at far greater rates than anticipated.

*“Routine testing for HIV normalizes the disease and creates a safe environment for inmates who are aware of their status to disclose it to correctional healthcare providers”*

## BENEFITS OF ROUTINE HIV TESTING IN CORRECTIONS

Effective treatment of HIV in prisons has dramatically decreased AIDS-related mortality. Identification of HIV offers cost savings to correctional facilities by avoiding costly complications and hospitalizations of individuals with unrecognized and untreated disease. HIV testing in correctional facilities offers at-risk individuals the opportunity to address a treatable chronic disease both while incarcerated as well as upon release to the community.

Life saving medication is available to individuals diagnosed with HIV and allows them to lead productive and healthy lives while decreasing their infectiousness to others. Awareness of one's HIV infection often results in safer behaviors such as decreased number of sexual or needle sharing part-

ners, safer sex, as well as self imposed abstinence. This combination of medical treatment and behavior modification interrupts transmission among those aware of their infection and makes both the correctional facility and the community safer places.

This same life saving medication prevents transmission when occupational exposures occur thus providing a benefit to correctional staff. As officers often collide, sometimes violently with detainees, knowledge of an inmates HIV status would improve the care and lessen a time lapse in treating the wounded officer appropriately for an occupational exposure if HIV status is known.

In addition to improving the health and safety of the community, once an

individual is identified as HIV+, local health departments will locate his or her partners and provide testing and referral services so that affected members of the community may also access life saving treatment and disease related education. This type of communication service further extends the benefit of HIV testing in jail into a benefit for the community.

Routine testing for HIV normalizes the disease and creates a safer environment for inmates who are aware of their status to disclose it to correctional healthcare providers. Most programs note more inmates willing to disclose their status after the initiation of HIV testing programs.

## MODELS FOR HIV TESTING IN JAILS

Currently, there are numerous models for HIV testing in corrections. A successful program depends on the availability of resources and the interest of stakeholders. All correctional facilities employ medical staff who could perform HIV testing but often they are overburdened with existing workload obligations. Frequently, healthcare workers who are less familiar with HIV testing perceive it to be more time consuming than it actually is once procedures are in place, and this may contribute to initial staff resistance.

In both large and small facilities, local health departments often provide support, which can range from comprehensive responsibility for the entire program to only providing HIV testing kits and training.

In addressing public health issues, HIV is a high priority for many local and state health departments. This makes them logical partners in garnering support for a testing program; however, potential funding from health departments can be unpredictable and most health departments

would not be able to completely support a jail testing program.

Partnering with a community based organization (CBO) to provide HIV testing is another option. Community based health clinics and health service organizations often provide HIV prevention outreach and testing in the community and may even provide HIV related health care. A partnership with a CBO provides immediate expertise in the area as well as access to transitional health care needs upon release. Jails can utilize both their staff and outside staff to implement testing and care.

## TESTING MODALITIES

Rapid testing is a “match made in heaven” for some jail environments, especially the smaller ones. Rapid test kits are administered on site and do not need a special license or extensive training. All types of rapid tests take 20 minutes or less from start to finish. This allows inmates to get their result immediately rather than requiring jail staff to track them down later. Most commonly, an oral swab or finger stick is done rather than a blood draw. Any reactive test still needs

further testing but negative tests do not.

Traditional testing also remains a viable alternative to rapid testing. Traditional tests requires a blood draw but may be processed in bulk on automated systems in certified labs. This testing usually is processed by an outside lab and typically, results are not available for at least several days. This modality may be preferred if testing is being done with inmates with expected stays of a week or more or

if blood is already being drawn for other purposes.

The costs of rapid and traditional HIV testing may vary by region and institution but generally the costs are less than \$20, and perhaps less than \$10, per test depending on the type of testing performed.

## LOCATION, LOCATION, LOCATION

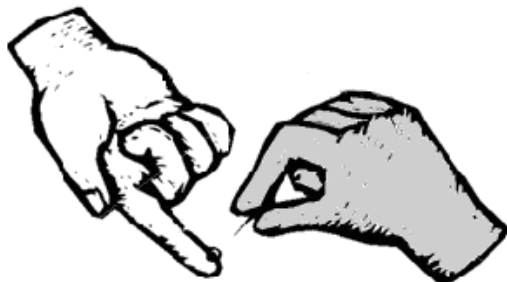
Booking and intake are ideal places for systematic implementation of rapid testing and this is being done in many jails across the country. Limitations of testing at booking include detainees’ state of mind (possible inebriation, emotional distress, or not interested in being HIV tested at that time due to the turmoil of the incarceration) as well as the jail limitations in staffing and space.

The National Commission on Correctional Health Care and the American Correctional Association rec-

ommend that a health assessment be completed by day 14 from the booking date. This health assessment is another ideal setting for HIV testing, where HIV and other chronic illnesses may also be diagnosed and addressed. At this time, the legal and social issues may be less prominent and detainees may be more interested in their health status. On the other hand, many inmates will have been released by this time and would be missed if this is the earliest time the test is offered.

Finally, with the literacy and comprehension limitations of many detainees, many programs also have used in-reach and health education sessions as a strategy to increase HIV related knowledge and offer testing.

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### About the Initiative:

Enhancing Linkages is a multisite demonstration and evaluation of HIV service delivery interventions for HIV+ individuals in jail settings who are returning to their communities.

The Enhancing Linkages Initiative is sponsored by:

- US Department of Health and Human Services
- Health Resources and Services Administration
- HIV/AIDS Bureau
- Special Projects of National Significance

## ANTICIPATED ISSUES

**Cost:** The cost of HIV testing personnel, medications and supplies may be prohibitive in many jurisdictions. Many jails, large and small, find it beneficial to partner with community based organizations and local health departments. These partner agencies may be able to support rapid testing programs through provision of test kits, personnel or direct funding. Once cases are identified, many areas

have federally funded programs that care for individuals with HIV and these are invaluable resources for HIV medication and care, such as the Ryan White programs.

**Stigma:** When HIV testing is provided in a primary care setting, along with other routine medical services, it may help to reduce stigma associated with targeted testing based on self-disclosed high-risk

behaviors. This may be especially relevant in a correctional environment where there may be perceived harms to disclosing high-risk behavior information. For example, inmates may have concerns about the effects of disclosure on sentencing, court outcomes, response of custody staff and other inmates.

## ROUTINE TESTING

Routine opt-out HIV testing in jails is feasible and improves the health and well-being of inmates both in and out of the correctional facilities. For the reasons above, it is supported by: *The US Department of Health and Human Services/Centers for Disease Control \* National Commission on Correctional*

*Health Care \* Society of Correctional Physicians \* National Minority AIDS Council \**

As well, for this reason, the US Department of Health and Human Services (DHHS) Health Resource Services Association (HRSA) has funded a four year project for ten demonstration sites to model pro-

grams of HIV testing and linkage to care. For details on the Enhancing Linkages project, see our website:

[www.EnhanceLink.org](http://www.EnhanceLink.org)

*This policy brief is written by persons associated with this project.*

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