

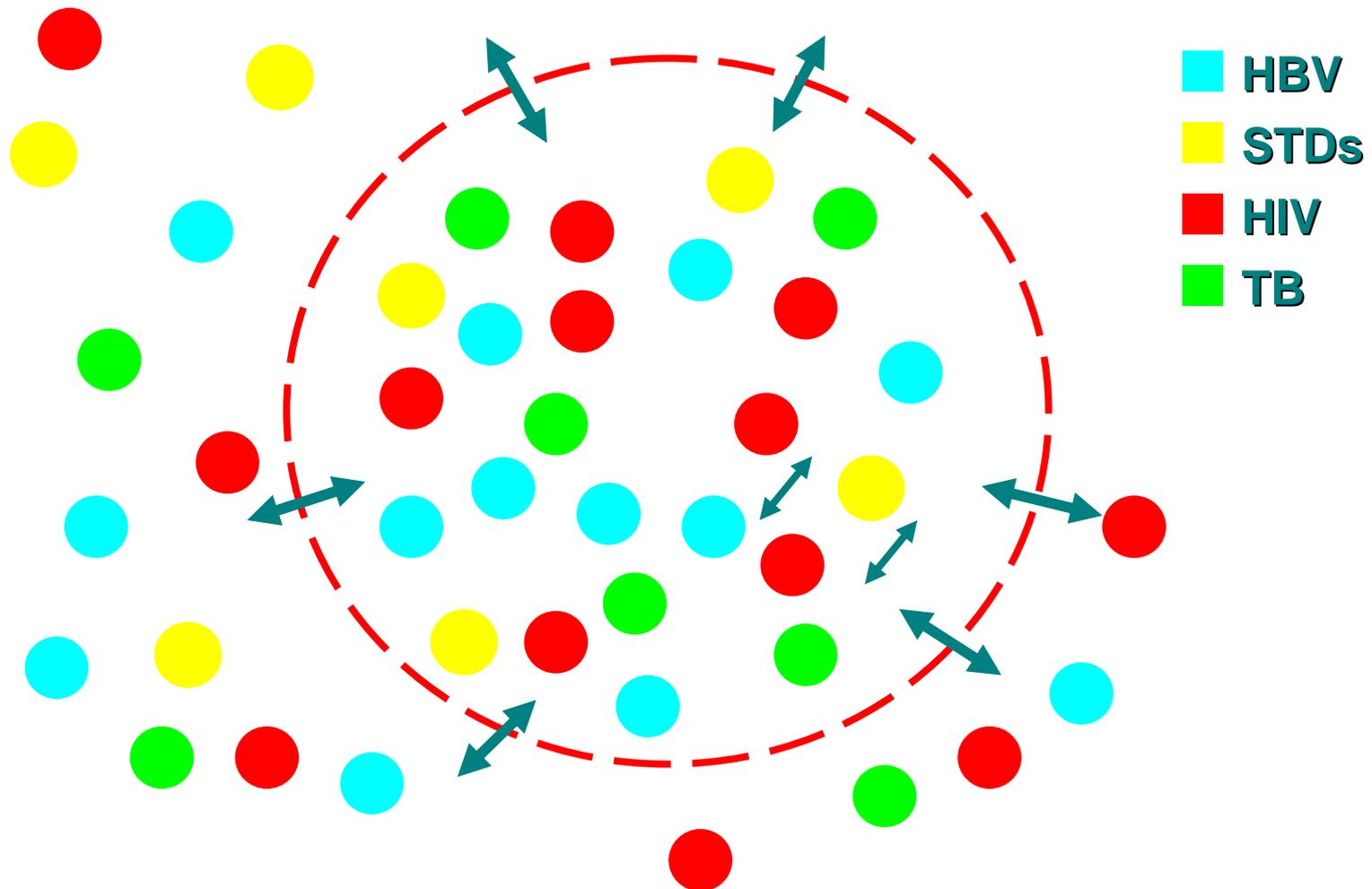
HIV Testing Strategies and Linkage to Care for Criminal Justice Populations

**Timothy P. Flanigan, MD
Professor of Medicine
Brown Medical School**



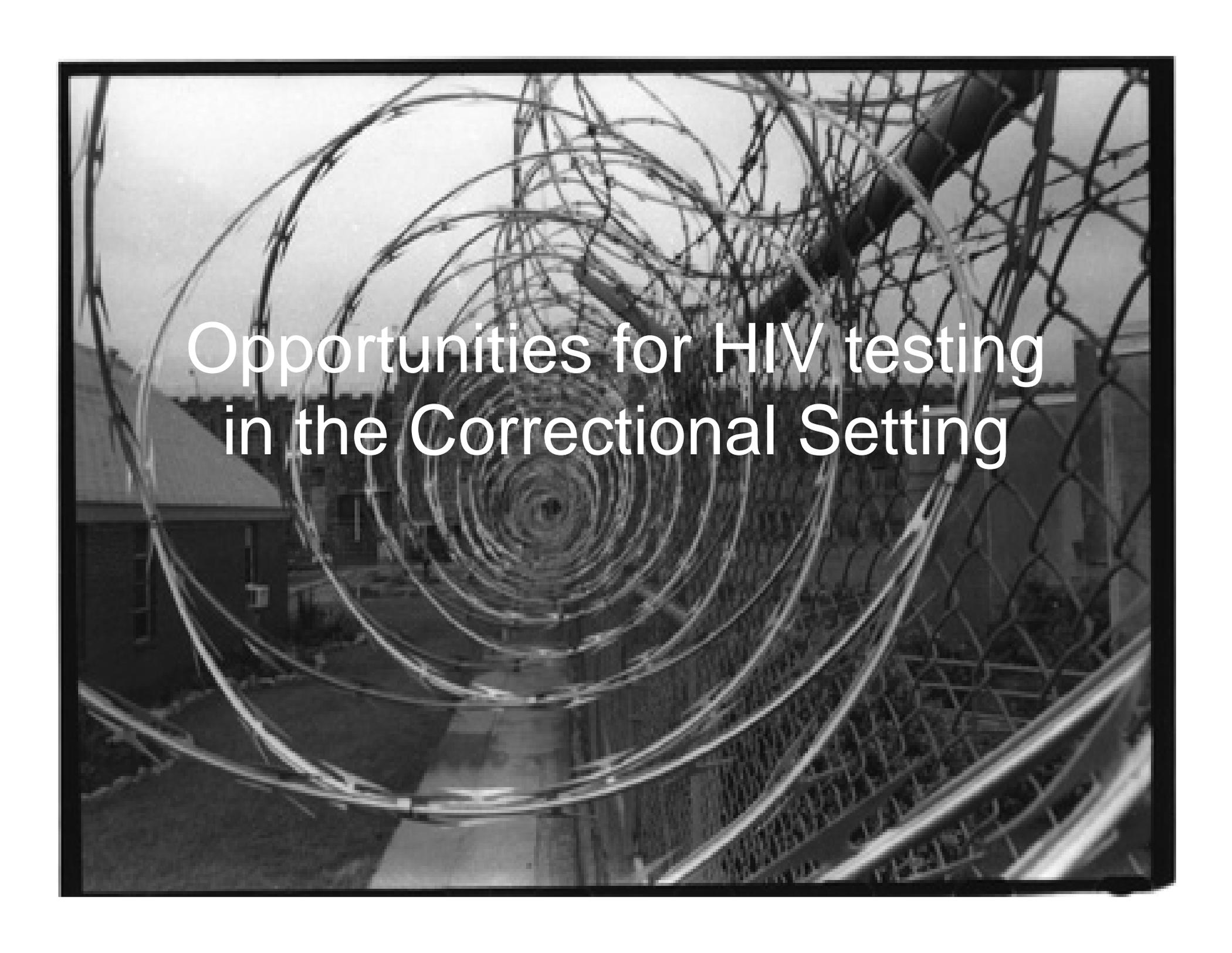
Community Corrections Link

US > 10 Million Inmates/Year Released to the Community



Disproportionate burden of HIV and incarceration by minority communities

- African American men bear the highest burden of incarceration and HIV
- > 6 times the HIV rates of white men
- > 10 times the incarceration rates of white men
- **INCARCERATION PROVIDES A PUBLIC HEALTH OPPORTUNITY TO INTERVENE!**

A black and white photograph of a prison cell. The cell is viewed through multiple layers of chain-link fencing. In the background, there is a barred window. The text "Opportunities for HIV testing in the Correctional Setting" is overlaid in white on the image.

Opportunities for HIV testing in the Correctional Setting

HIV Testing in Correctional Settings

- HIV Testing in Jails and Prisons:
 - Opportunity to test at-risk population
 - Increased prevalence of HIV infection
 - Link to HIV care and adjunctive services
 - Marginalized from traditional healthcare
- Significant Challenges:
 - Segregation, loss of privileges such as work release, confidentiality, coercive environment, state of the art medical care may not be available, linking to services after release may be v v difficult.

- Rhode Island Experience:
 - RIDOC: central jail serving entire state
 - Routine HIV testing since 1989
 - 30% of all positive HIV tests in RI were from the correctional setting → Most important testing site in the state, particularly for substance users and for African American men!

(AIDS Educ Prev 2002; 14: 45-52)

OraQuick[®]

HIV-1/2

THE
RAPID ORAL HIV
TEST





Rapid HIV Testing in Jail

- Inmates' Attitudes Towards Rapid HIV Testing at the RIDOC

(Cohen et al. Abstract 839, 42nd Meeting of the Infectious Disease Society of America)

- 62% had at least one previous HIV test for which they did not receive results
- 95% considered jail a good place to offer HIV testing
- 86% preferred concept of rapid testing compared to standard testing

Results from RI jail study

- Participation:
 - 113 inmates were asked to participate
 - 100 (88%) participated
- Incarceration History:
 - Median # lifetime incarcerations = 5 (range 1-43)
 - Median # incarcerations in previous 12 months = 2 (range 1-7)

HIV Risk Assessment

Do not consider themselves at risk for HIV infection		76% (75/99)
Sexual History	Multiple sex partners within six months prior to incarceration	44% (44/99)
	Condom Usage	
	Never/Rarely	52% (52/99)
	Sometimes	21% (21/99)
	Almost always/Always	23% (23/99)
	Self-reported History of STD	33% (33/99)
	Median # Lifetime sex partners	10 (1-500)

HIV Risk Assessment

Injection Drug Use	History of IDU	23% (23/100)
	IDU in the six months prior to incarceration (recent IDU)	52% (12/23)
	Of recent IDU's, admitted to sharing needles within prior six months	67% (8/12)

Study Enrollment and Rapid Test Results

Asked to participate	113
Participated	88% (100/113)
OraQuick® testing	95% (95/100)
Rapid Test Results	
Negative	99% (94/95)
Positive	1% (1/95)
Received rapid test results	100%
Received risk reduction counseling	100%

Attitudes Toward Routine HIV Testing and Partner Notification

Agreed RIDOC is a good place to offer routine HIV testing	96% (96/100)
In hypothetical situation, if HIV test was positive, subject agreed to talk with counselor in order to inform contacts of the need for HIV testing	95% (90/95)
In follow-up question, agreed that counselor could be a health counselor from the State Dept. of Health	92% (83/90)

Conclusions

- Rapid HIV testing is feasible and highly acceptable in the jail setting
- Jail inmates are at increased risk of HIV infection
- There is low perceived risk among jail inmates
- HIV testing should be routinely offered in the incarcerated setting...community standard HIV care must be available...and segregation and loss of privileges have no role.
- Correctional settings represent an important opportunity for HIV testing for individuals marginalized from traditional healthcare settings
- Rapid testing will improve the delivery of HIV test results and counseling

Linkage to care for persons leaving jail and prison is possible and can be successful

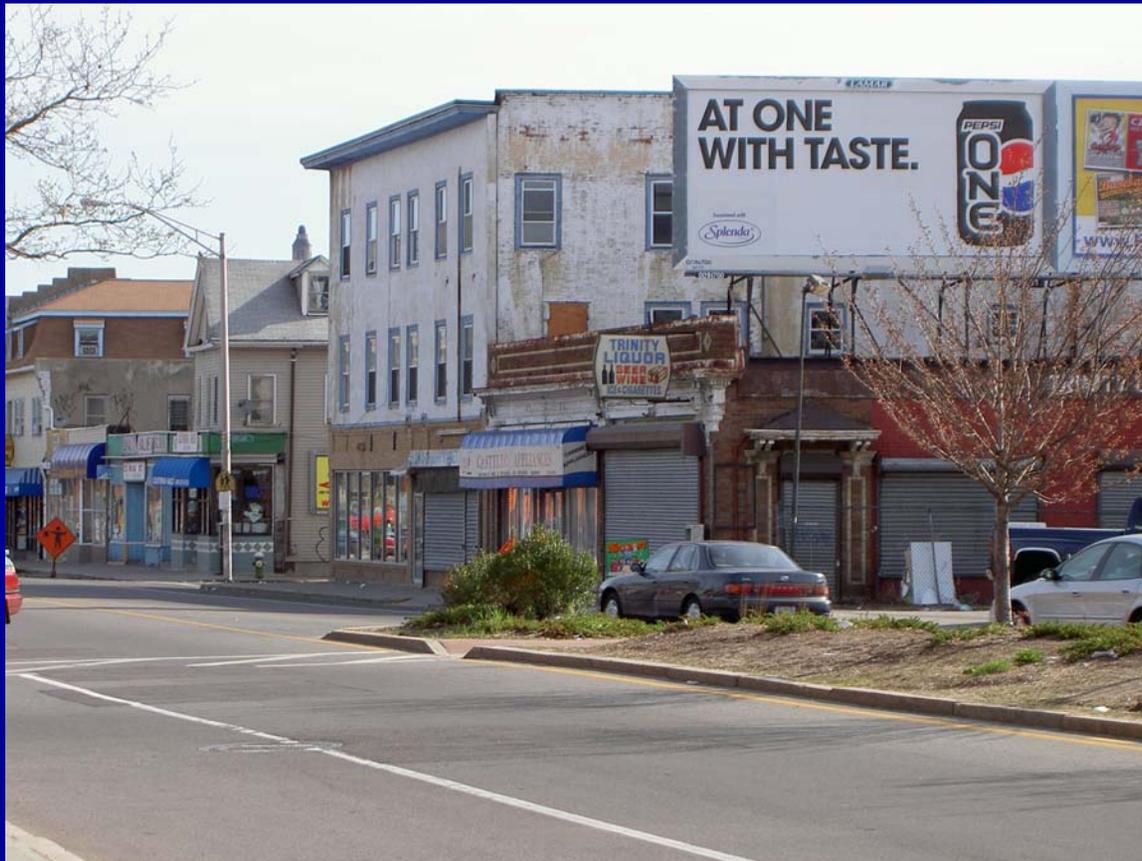
- Case management paired with community outreach has worked in multiple communities for persons with HIV. Key components include starting prior to release and effective community outreach.

Project Bridge: Retaining Ex-Offenders in Care

The Miriam Hospital

Supported by grant #H97HA00190
from the Health Services and Resources
Administration (HRSA) Special Projects of National
Significance (SPNS) Program

The Road Home



Program Design

- Community based
- 2 person teams of social workers assigned to each case
- Daily contact first month
- Weekly contact weeks 5-12
- Monthly contact thereafter
- Accompany during medical exams



Evaluation Findings

- 95% of eligible people enroll in program
- 90% have clinic visit in first month (usually with at least 1 missed appointment)
- Increase in CD4 and decrease in PVL
- Continuity: 87% clinic visits at 24 months despite frequent ongoing drug use
- 84% complete 18-month enrollment

- *Journal of Urban Health, Josiah Rich, 2005*

Financial support

- National Institute of Drug Abuse (R01DA013767 and K23DA017622)
- Lifespan-Tufts-Brown Center for AIDS Research (NIH grant AI42853)
- Tufts Nutrition Collaborative, a Center for Drug Abuse and AIDS Research (NIH grant DA13868)
- HRSA SPNS funded Project Bridge

“History will judge us not by
our scientific advances,
but by what we do with our
scientific advances”

A Fauci 15 August 2006, Toronto IAC

