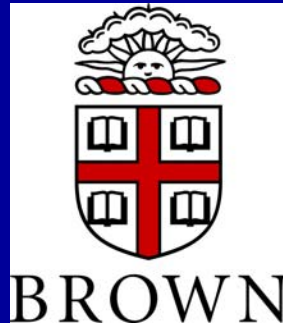
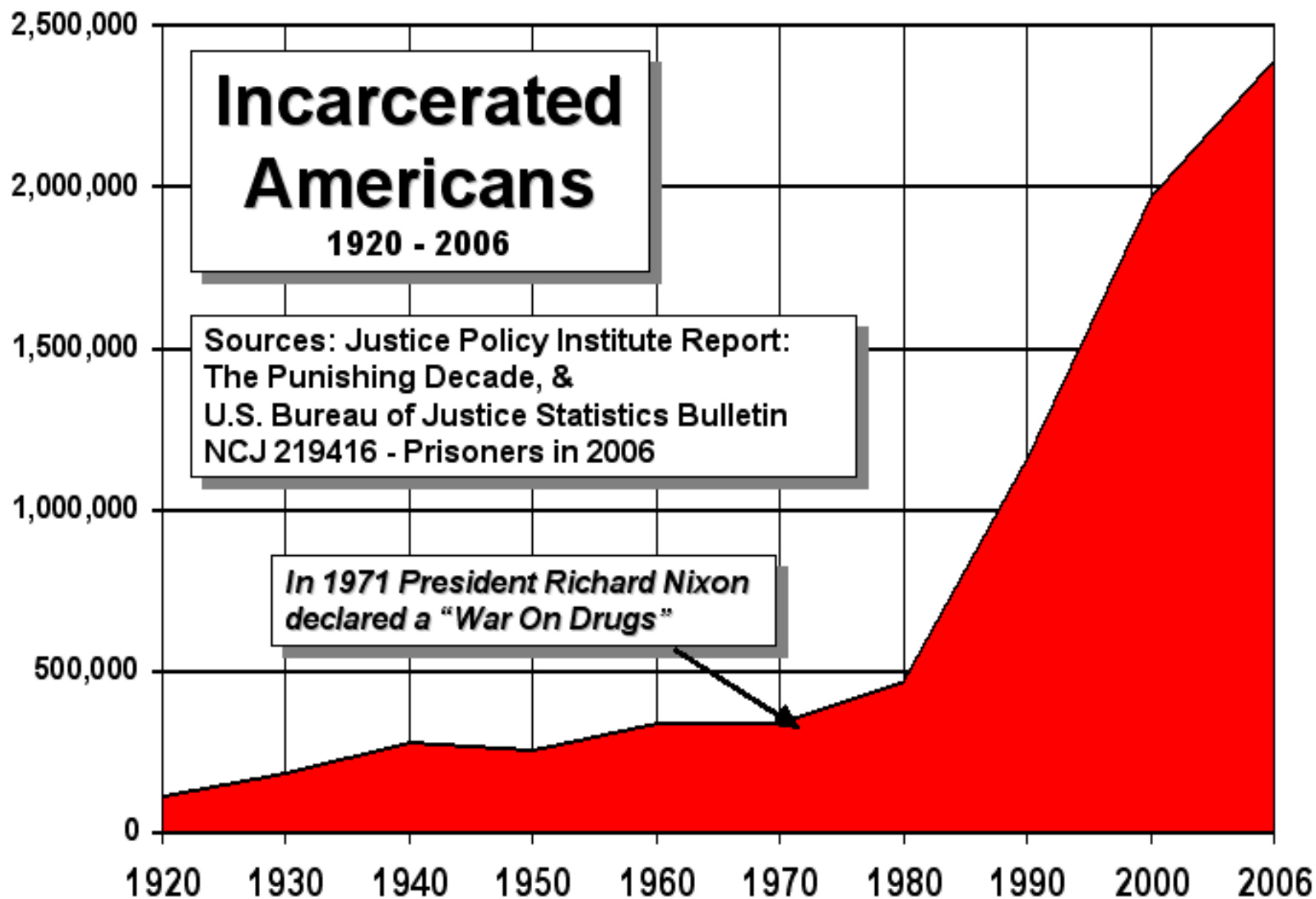


HIV Testing Strategies and Linkage to Care for Criminal Justice Populations: Scaling the walls!

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



Thanks for inviting me!!!!

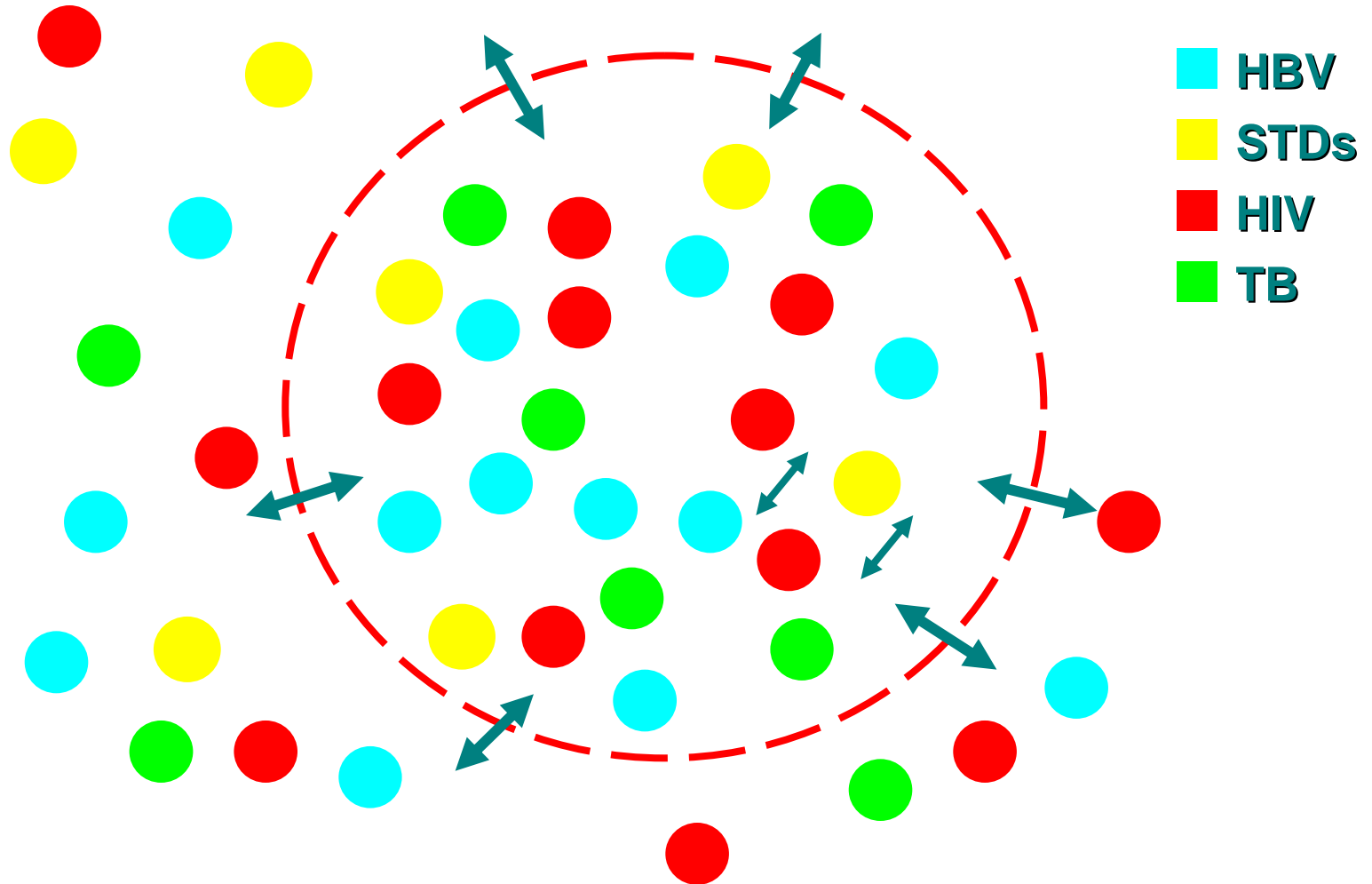


More than 1 in 100 US adults is now in jail or prison

- Such high rates of incarceration have far reaching implications for the health and well-being of families, communities, and society at large.
- The US has the highest rate of incarceration in the world.
- >50% of inmates with sentences over a year are Black or Hispanic
- >90% are men → It's a group that doesn't routinely interact with our primary care system...

Community Corrections Link

US > 10 Million Inmates/Year Released to the Community



HIV in Correctional Settings

- The rate of HIV among prisoners was more than 3.8 times higher than in the U.S. population at the end of 2006.^{1,2}
- Currently, 1.5% of inmates held in prisons are HIV positive or have confirmed AIDS.³

Sources:

1. BJS - HIV in Prisons, 2006
2. CDC- October 3, 2008 MMWR, HIV Prevalence Estimates
3. BJS - HIV in Prisons, 2007-08

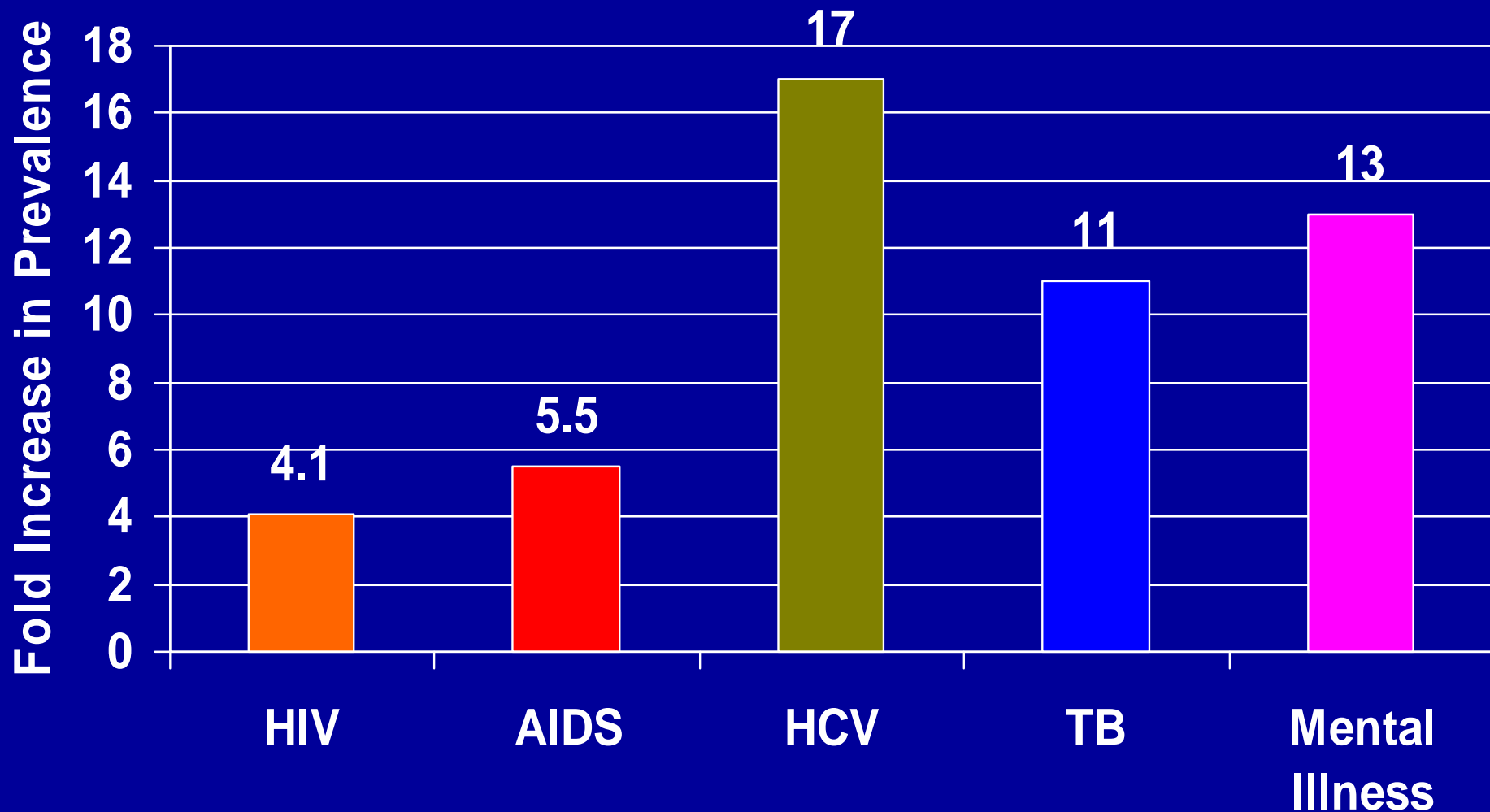




Percent of Total Burden of Infectious Disease passes through Corrections

- Total HIV/AIDS 15%
- Chronic Hepatitis B 12-16%
- Hepatitis C 29-32%
- TB Disease 38%
- *Hammett et al AJPH 2002 and 2009*

Prevalence of Various Conditions Compared to General US Population



Disproportionate burden of HIV and incarceration and substance abuse borne 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
- **BUT...INCARCERATION CAN PROVIDE A PUBLIC HEALTH OPPORTUNITY TO INTERVENE!**

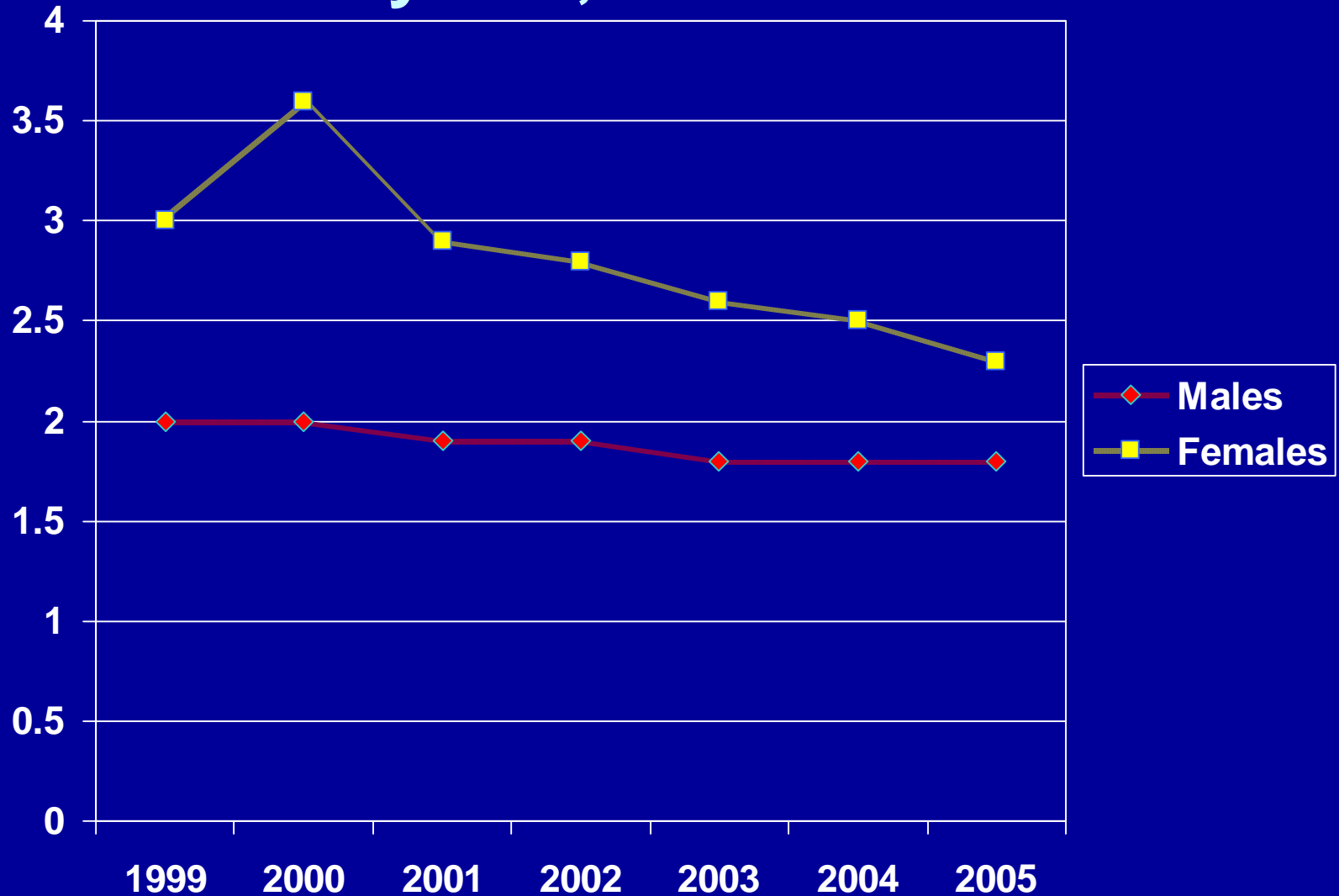


*Opportunities for HIV testing,
prevention, and linkage to care in
the Correctional Setting*

AIDS-Related Mortality has Fallen Dramatically in State Prison Facilities

- AIDS-related deaths in State prisons have dropped by more than 80% since 1995 due to HAART.
- In 1999 the AIDS-related death rate (20 per 100,000) was lower for State prisoners than for a comparable group in the general population (25 per 100,000).
- Routine HIV testing is offered in many systems and the community standard for HIV treatment is accepted as the appropriate standard in corrections.

HIV Seropositivity Among Prison Inmates By Sex, 1999-2005





- Rhode Island Experience:
 - RIDOC: central jail and prison serving entire state
 - Routine HIV testing since 1989
 - 26-32% of all positive HIV tests in RI were from the correctional setting from 1990 to 1999 → Most important testing site in the state, particularly for substance users and for African American men!

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



The new frontier for
HIV prevention and
care are the jails.
16 times the # of
individuals pass
through jails than
prisons

Federal Bureau of Justice

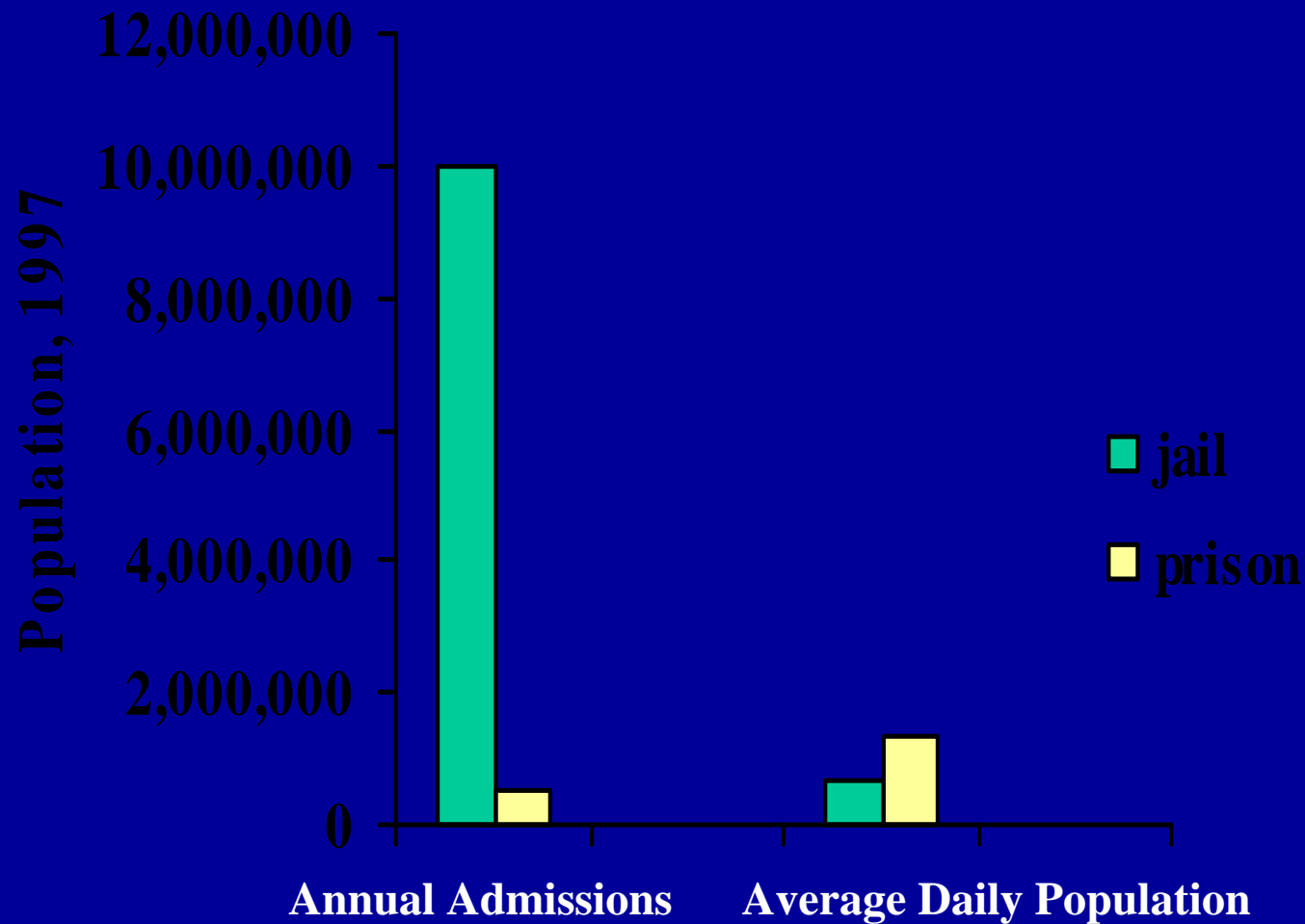


Jails are chaotic...
County or city jurisdiction
Poor funding
Inmates transient
Security is priority...
Not health care
Certainly not public health!

IT'S WORTH THE CHALLENGE

Justification—Why Jails?

Over 95% of persons released from correctional facilities leave jails!



(Adapted from slide of N. Sharff. Data source: BJS, as cited by Hammet et al, AJPH 2002.)

Routine jail-based HIV testing in Rhode Island:

Number of confirmed cases and
length of incarceration, 2000-2007.

New HIV Diagnoses from RIDOC, 2000-2007

- **169 new diagnoses**
 - 15.3% of all new diagnoses within RI

	RIDOC data	CDC Data (2003-2006)
Sex	%	%
Male	90	73
Female	10	27
Age-group		
20-29	8	23
30-39	33	32
40-49	46	29
50-59	13	12
60+	< 1	4
Race & Ethnicity		
White (non-Hispanic)	27	30
Black (non-Hispanic)	35	50
Hispanic	37	18
Asian/Pacific Islander	1	
HIV Exposure Category		
MSM	16	48
IDU	26	14
Heterosexual risk	7	33
Risk not specified	48	<1.0

HIV Risk Assessment in RI jail rapid test program

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)

Attitudes Toward Routine HIV Testing and Partner Notification

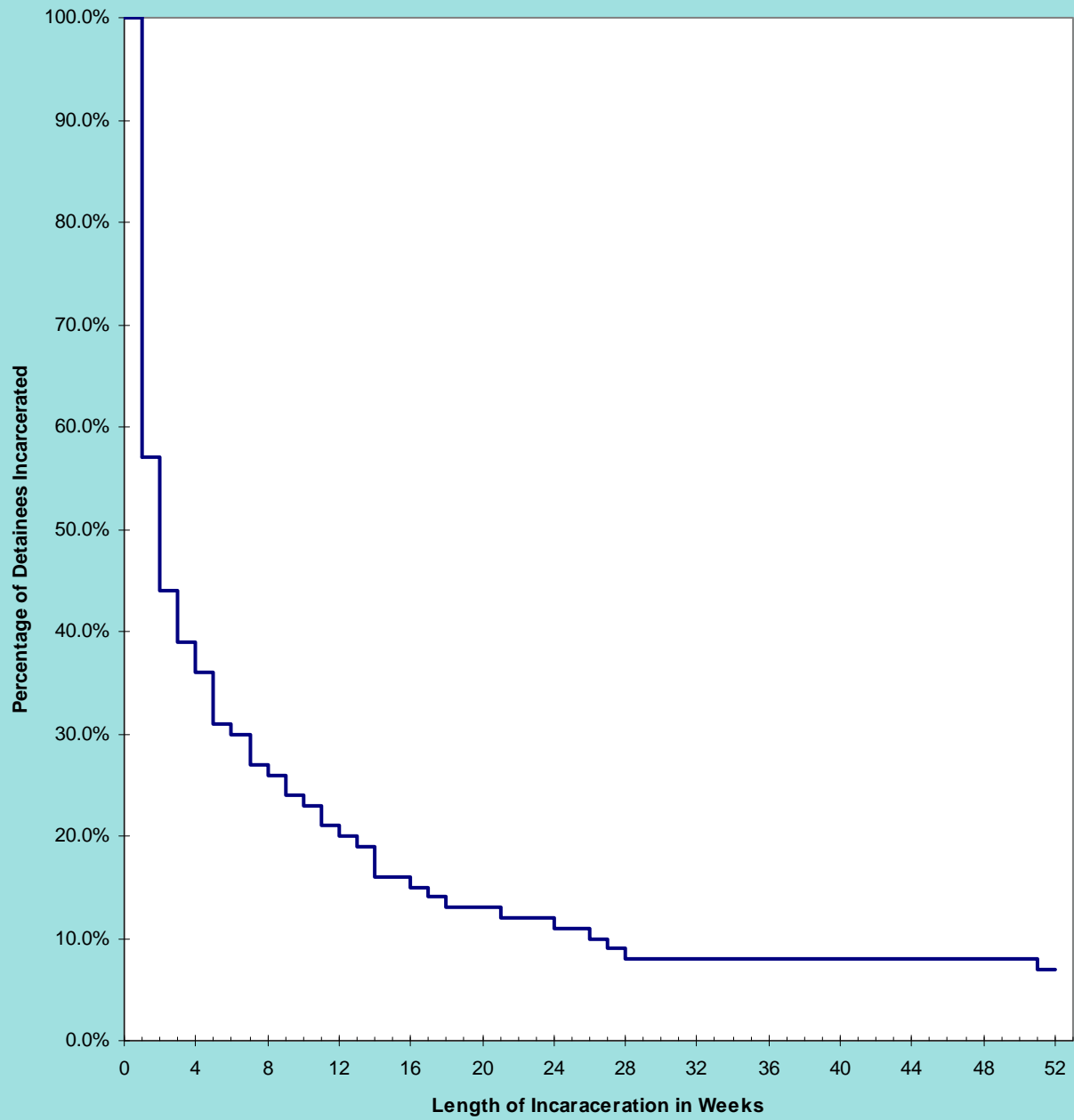
Agreed RIDOC is a good place to offer routine HIV testing	96% (96/100)
In hypothetical situation, if HIV test was positive, subject agreed to talk with counselor in order to inform contacts of the need for HIV testing	95% (90/95)
In follow-up question, agreed that counselor could be a health counselor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

OraQuick[®]

HIV-1/2

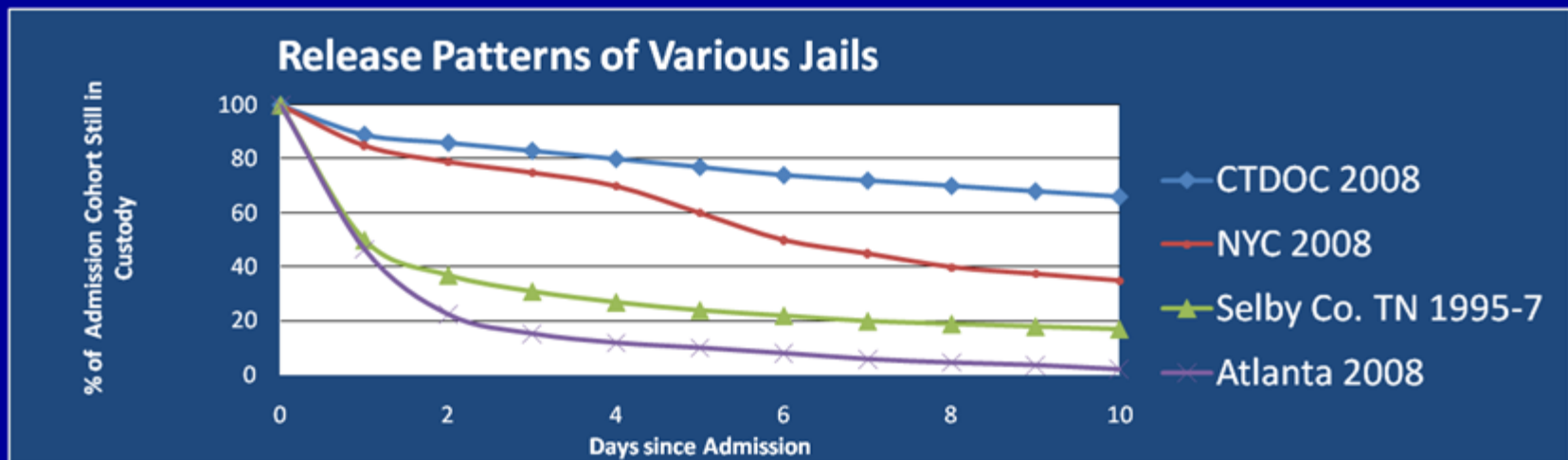
THE
RAPID ORAL HIV
TEST





HIV in Jails

- Most of 14% of persons with HIV in the US that annually leave a correctional facility pass through just a jail. ¹
- High concentration of cases:
- Jails ⇒ High admissions, high turnover
 - Local jails had 13 million admissions in 2007.³
 - On average, half of all admissions leave within 48 hours.
 - If HIV screening among detainees, need to screen rapidly.



Rapid HIV Testing in Jail Project

4 states in >25 jail in 2004-2006 with CDC support

- **Number of tests** **33,211**
- **Reactive rapid-test** **440 (1.3%)**
- **Newly identified persons w/ HIV** **269 (0.8%)**

- **46% new diagnosis among persons with heterosexual risk or no reported risk**

- **Rapid testing has been mainstreamed in jails in Florida, LA, NY, and Wisconsin**

Rapid HIV Testing in DC Jails

- DC Jail: 18,000 intakes: 88% Male. 89% Black.
- HIV testing using OraQuick
- “Automatic” unless inmate refused (8%)-opt out
- 11,316 HIV tests were performed
- Men and African Americans were significantly more likely to be tested in jail than in other testing sites
- 240 persons HIV+; 121 were newly diagnosed
All were referred to care
- *Castel et al B08-2*

- NEW HIV DIAGNOSES WITHIN CORRECTIONAL SETTING IN RI AND NUMBERS OF HIV+s in CONNECTICUT HAVE FALLEN OVER THE LAST 5 YEARS-----These are settings with v good HIV testing rates---In conjunction with a decrease in new HIV diagnoses among IDUs and heterosexual risk.

Inmates in CT State custody known to be HIV-infected, year-end 1995-2008

	Total number of HIV infected inmates incarcerated
1995	755
1996	699
1997	798
1998	634
1999	632
2000	593
2001	604
2002	666
2003	572
2004	477
2005	463
2006	423
2007	415
2008	380

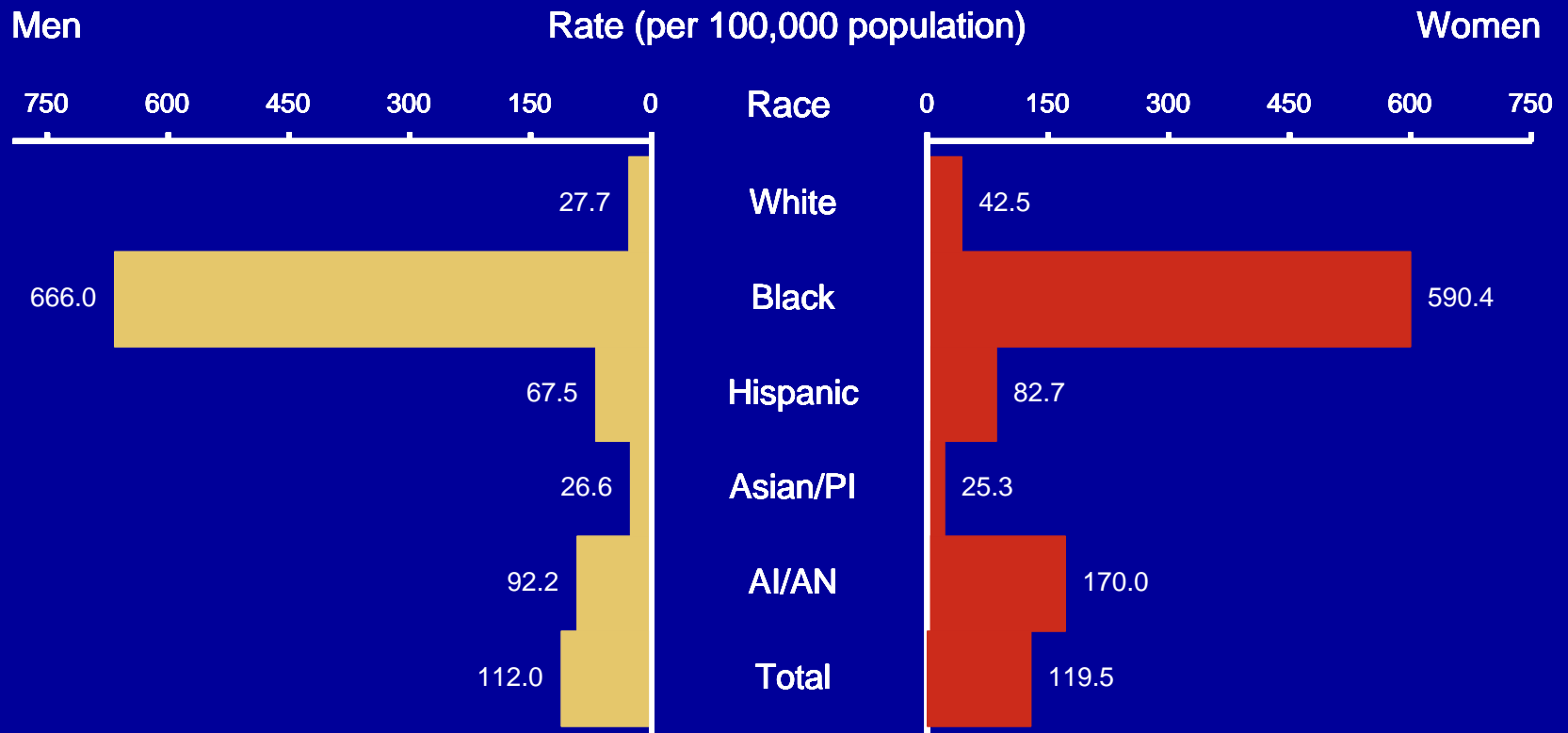
New HIV Diagnoses at the Rhode Island Department of Corrections (RIDOC), 2000-2009

	Total # of detainees newly diagnosed with HIV infection upon entry to RIDOC
2000	33
2001	26
2002	23
2003	27
2004	23
2005	14
2006	10
2007	13
2008	6
2009	5

Why is there not routine HIV testing (and why not STD testing) in most or all of our jail systems?



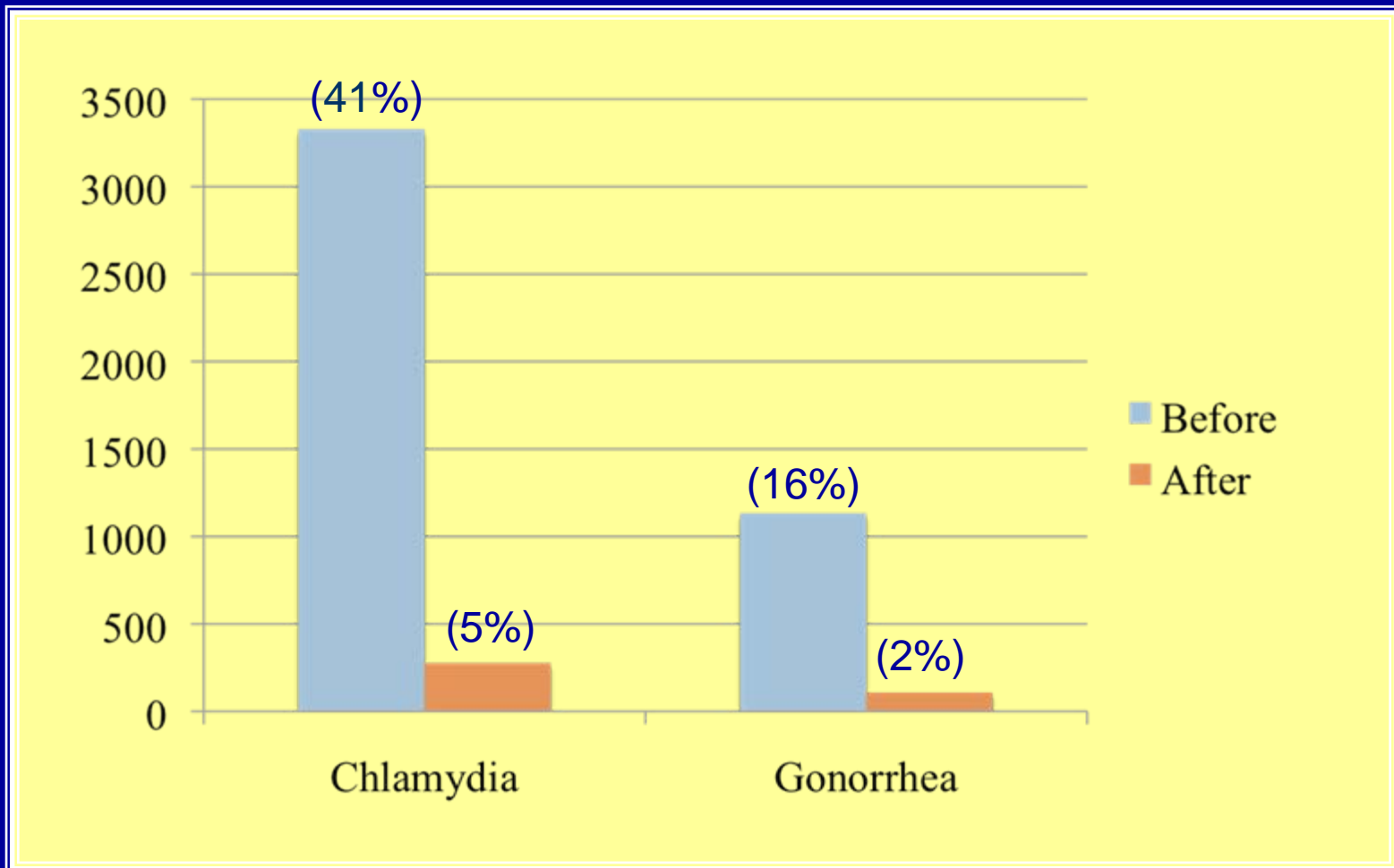
Gonorrhea — Rates by race/ethnicity and sex: US, 2005



The Contribution of a Urine-Based Jail Screening Program to Citywide Male Chlamydia and Gonorrhea Case Rates in New York City

- In the first year of a universal screening in 6 adult jails in NYC, the number of chlamydia cases among males <35 years old reported from the jails increased by 1636%, surpassing all other providers in numbers of cases contributed, and increasing the citywide reported male chlamydia case rate by 59%.
- Adult jails reported 40% more cases than all 10 NYC public STD clinics combined.
- There was an approximately 10-fold increase in the number of gonorrhea cases reported from jails.
- *Pathela P et al. Sex Transm Dis. 2007*

Male GC/CT cases detected before and after discontinuing universal STD screening in a Chicago county jail



Chicago

Broad et al., 2007

Results:

- Case detection decreased by 79.2% in the 12 month period after discontinuing universal screening.
- Reported male cases decreased more than 90%
- African American male case detection decreased by 88.9%
- Female Chlamydia cases increased in the period after discontinuation of screening in men

San Francisco

Barry et al., 2009

Hypothesis:

- Routine jail screening might have an effect on Chlamydia positivity for women seeking health services in community in 1997-2004.
- Two community clinics had policy for routinely screening sexually active women 25 years or younger. Clinic S neighborhood: higher jail traffic---high STD jail testing--- compared to Clinic O.

Key Findings:

- During evaluation period prevalence of infection at Clinic S declined significantly from 16% in 1997 to 7.8% in 2004.
- Prevalence at Clinic O remained stable at 4.7% during the same period with mild vacillations.

Community impact of STI Screening in San Francisco Jails

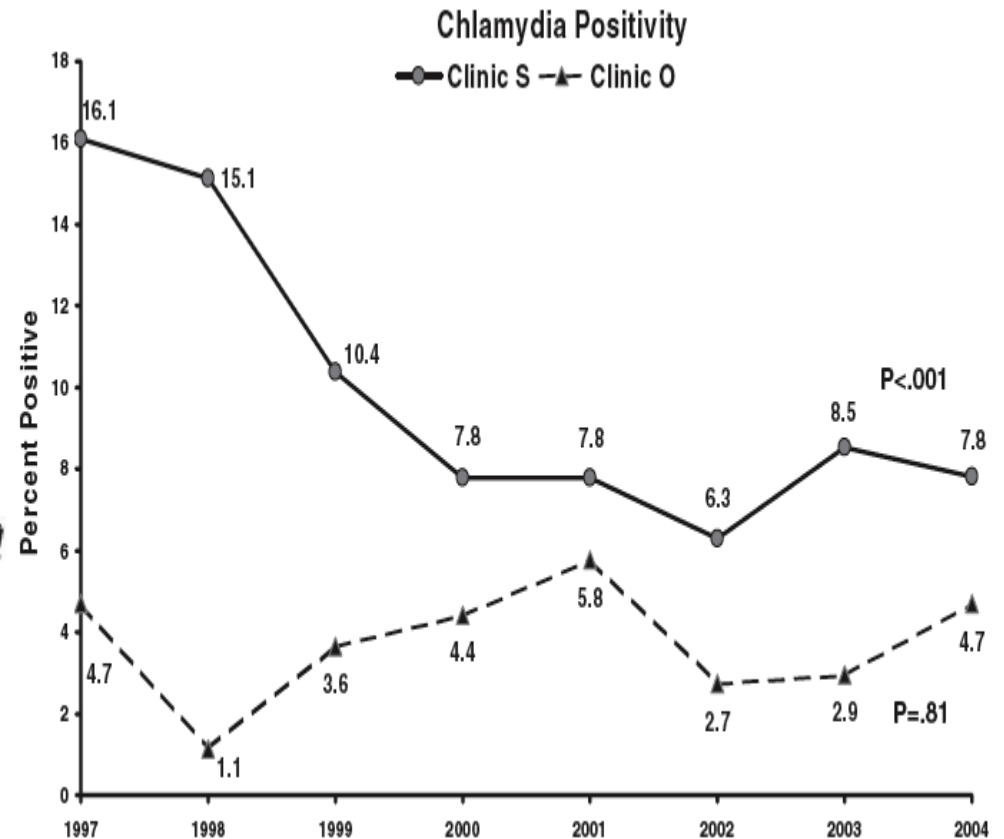
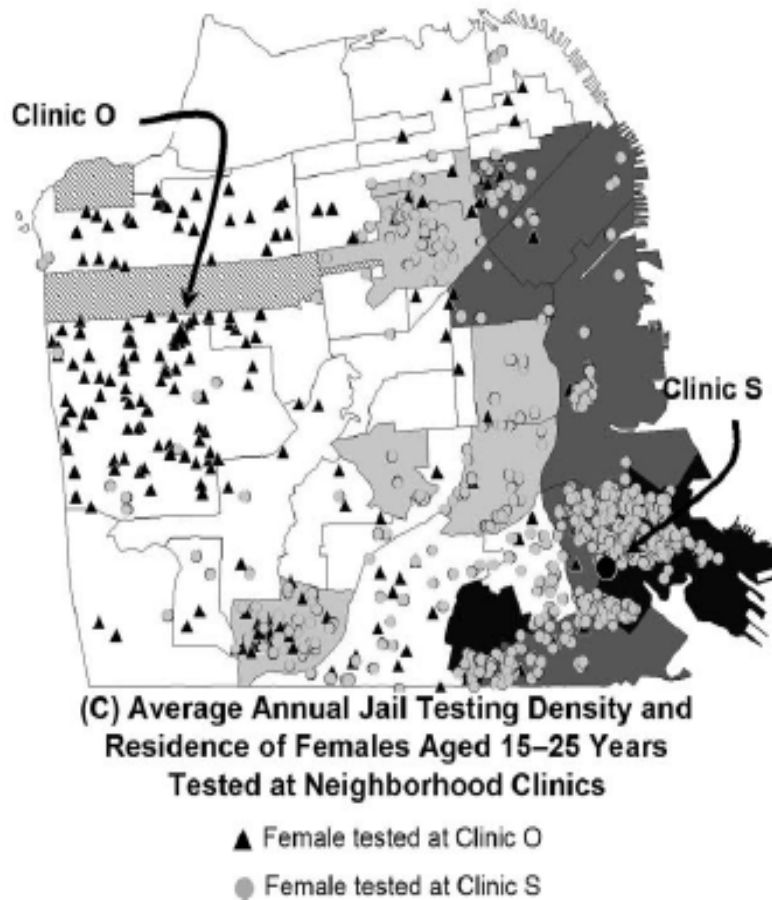


Fig. 2. Chlamydia positivity among females aged 15 to 25 years tested at neighborhood clinics by clinic, 1997–2004—San Francisco. P-values are for chi square test for trend.

The Road Home



What happens after release?

Linkage to care for HIV + 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 partnership and outreach.

HIV Prevention: Project START

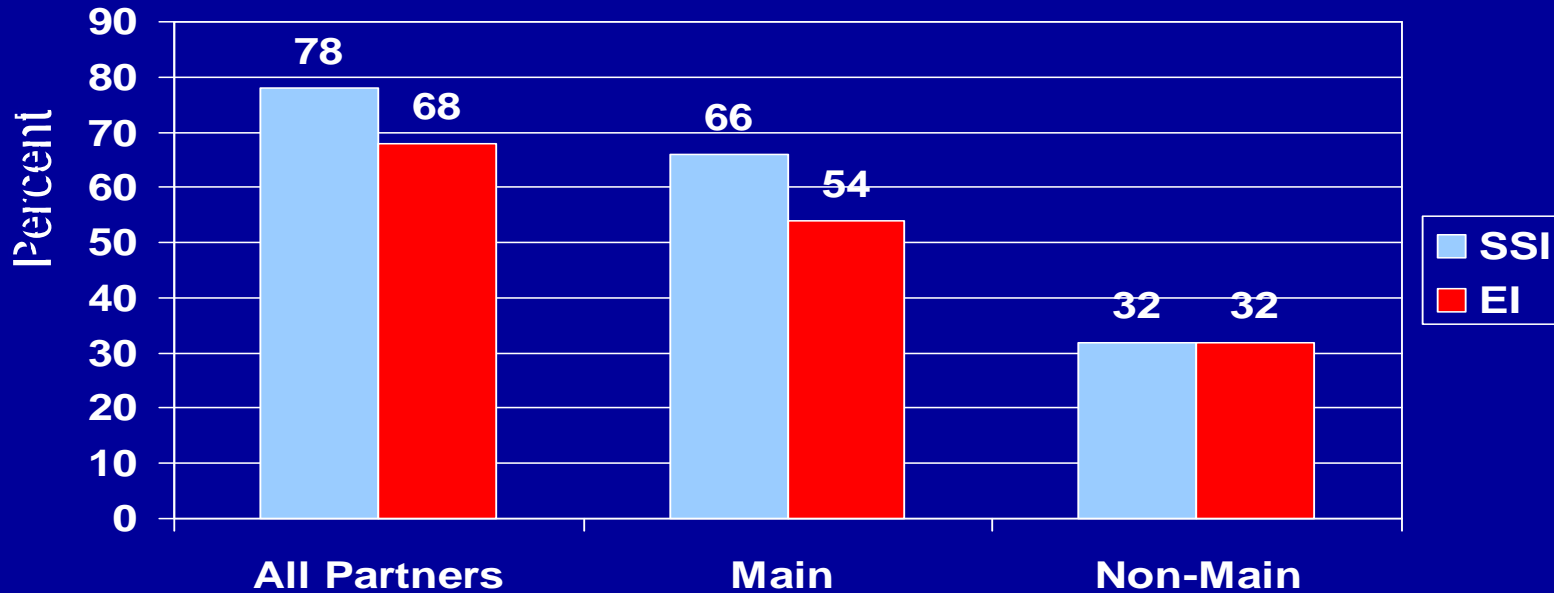


Relative Efficacy of a Multisession Sexual Risk–Reduction Intervention for Young Men Released From Prisons in 4 States

Richard J. Wolitski, PhD, and the Project START Writing Group, for the Project START Study Group

- 522 young men (ages 18 to 29) ready for release from prisons in 4 states
- Compared single-session intervention (SSI) vs enhanced intervention (EI)
 - EI: 2 sessions before release, 4+ after release
 - Incorporated elements of motivational interviewing and prevention case management
 - Client-centered harm reduction approach, addressed:
 - Re-entry into the community
 - HIV, STD, and hepatitis risks

Unprotected Vaginal/Anal Sex Since Last Interview—24- Week Data



OR = 0.31 (0.13, 0.77)

OR = 0.41 (0.19, 0.88)

OR = 0.99 (0.51, 1.93)

A Few Thoughts...

When working in jails or prisons, the unexpected happens...be flexible!



Scaling those prison or jail walls is hard and often discouraging...



Remember your priority (health or public health) is not the priority of the correctional system (security).

Be patient

Be flexible

The inmates need your help!



With persistence,
you'll arrive at the top!

Partnership is key...both with professionals and with the community



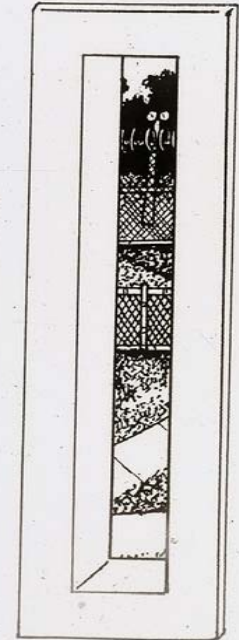
Did you know the window period for H.I.V. (the virus that causes AIDS) is 6 months to 1 year? This means you should be tested 6 MO. to 1 yr. after the last time you put yourself at risk. (Sharing needles/unprotected sex)

Any questions concerning H.I.V. can be answered by the following people who've been educated in this field:

Henry Godin
George O'Tool

John Williams
Bob Cline

Alton Lassiter
Richard Page
Michael Aballo



The only shame is not knowing!!!

THANKS

- CDC Project START and HIV and Hepatitis B and C Testing in RI Corrections.
- National Institute of Drug Abuse (R01DA013767 and K23DA017622), T32 and K23 support for junior faculty and Center for Drug Abuse and AIDS Research (NIH grant DA13868)
- Lifespan-Tufts-Brown Center for AIDS Research (NIH grant AI42853)
- Charles Carpenter, Josiah Rich, Curt Beckwith, Emma Simmons, Jennifer Mitty, Susan Cu-Uvin, Kenneth Mayer, Grace Macalino, Michelle Lally, Michael Poshkus, Scott Allen
- Colleagues around the country in correctional HIV: Ted Hammett, Barry Zack, Newton Kendigg, Rick Altice, David Wohl, Jim Sossman, Robin Macgowan, Olga Grinstead, Anne Spaulding, Rich Wolitskey, David Wohl, Andrew Margolis, and many others...