

Introduction to Corrections & HIV Testing in Jails

Anne Spaulding MD, MPH

Genetha Mustaafa MA

Chava Bowden BS



EMORY

Rollins School of Public Health

and

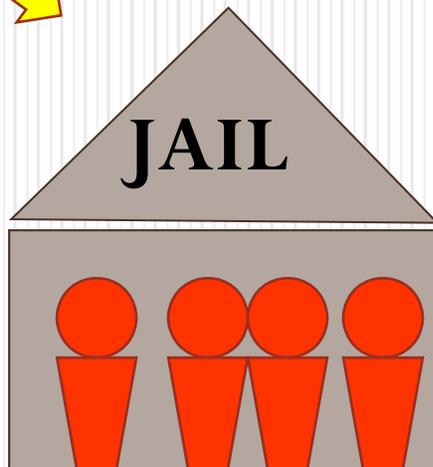
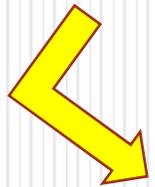
Emory School of Medicine

Outline

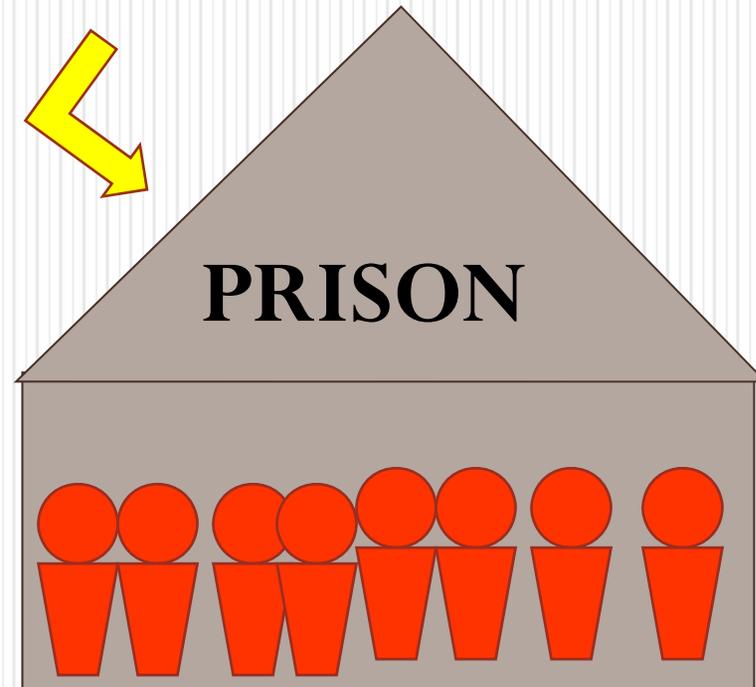
- Difference between a jail and prison
- Testing HIV in jail setting
- Outcomes
 - For Rapid HIV testing in Fulton County Jail, esp. with regard to Black MSM.
- Linkage to care issues

What is the difference between a jail and a prison?

Place for those awaiting trial or serving sentences less than 1-year.



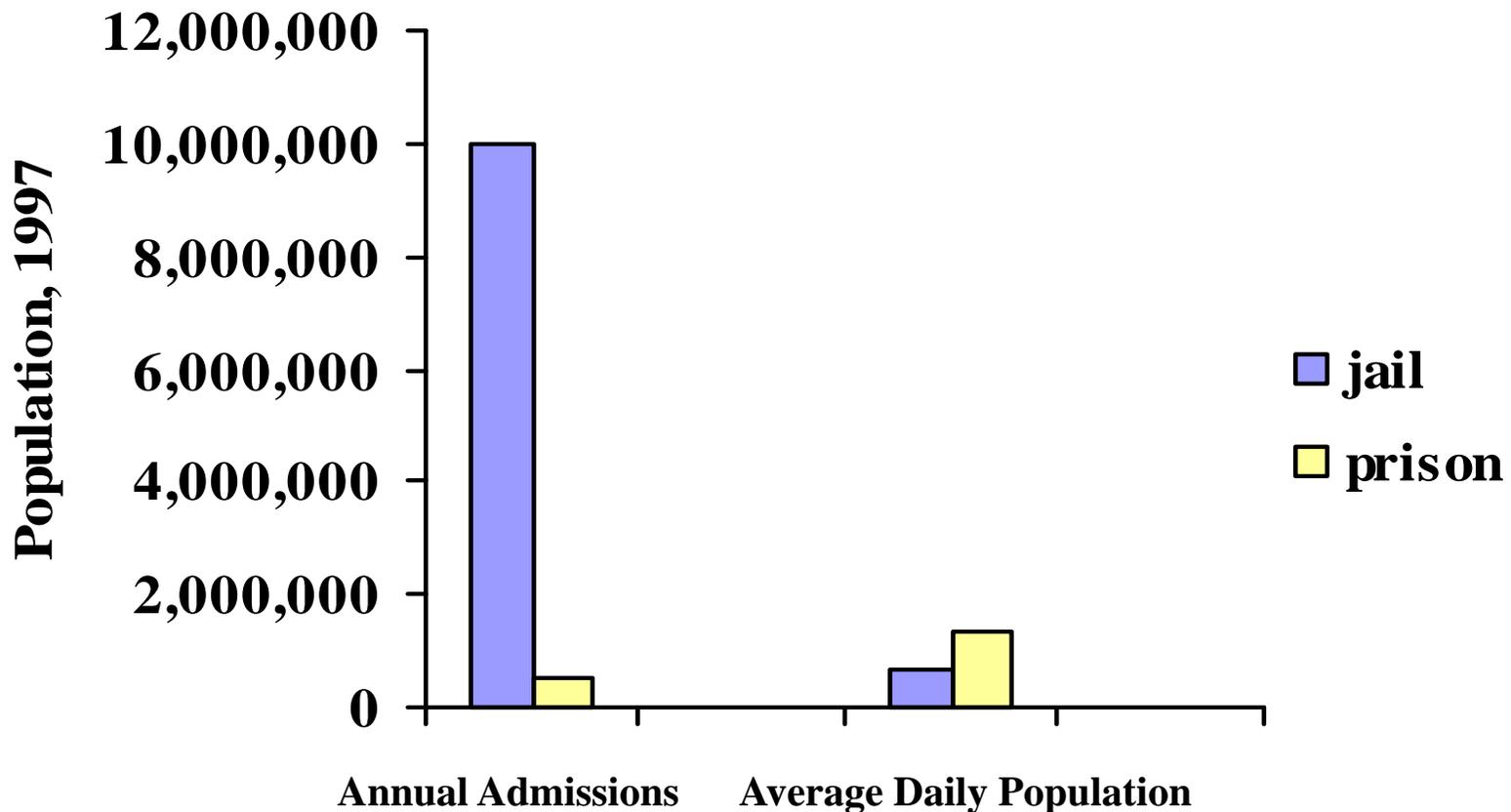
For those serving long sentences for felonies.



On one day, prisons hold twice as many persons as jails

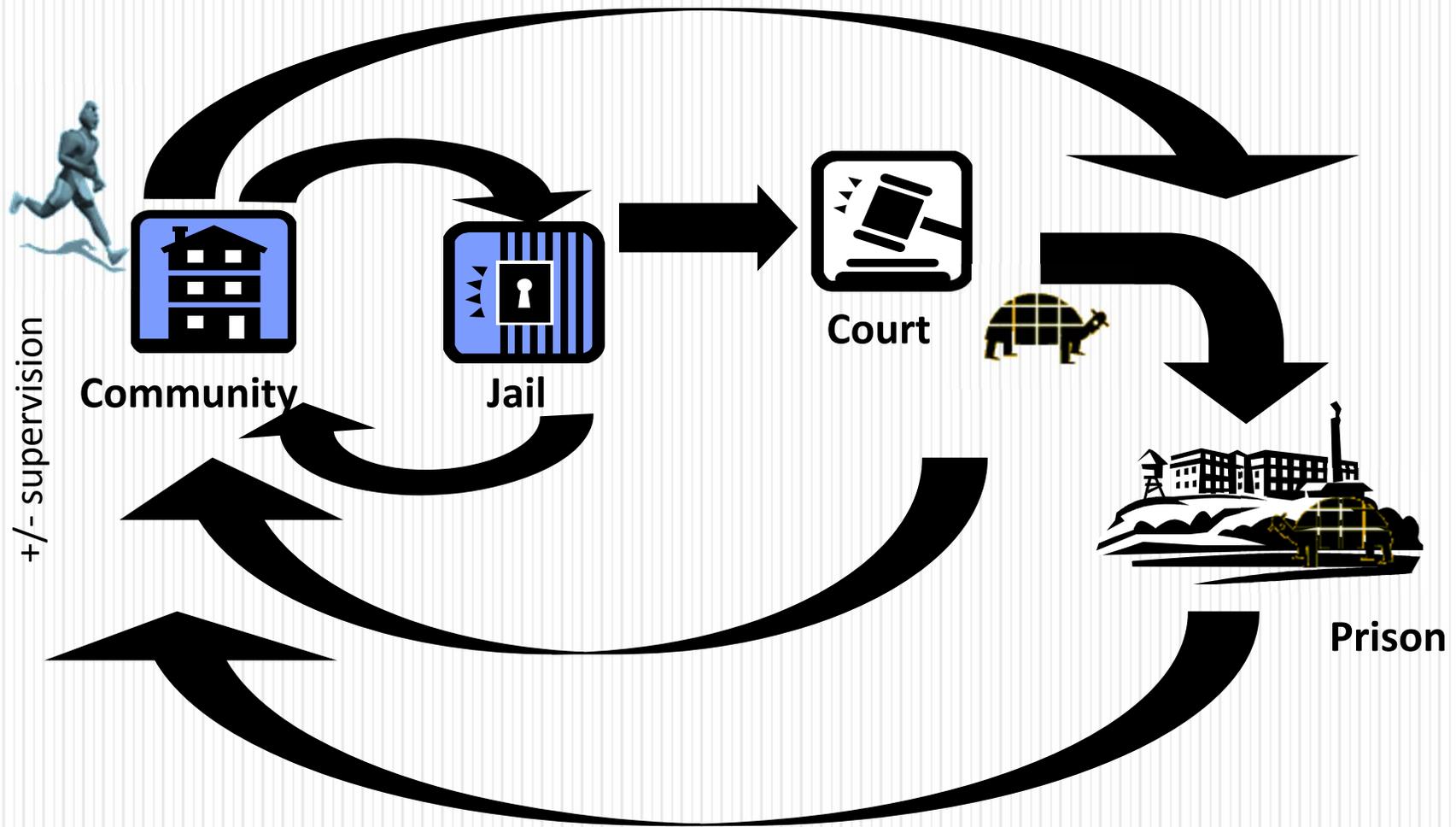
JUSTIFICATION – WHY JAILS?

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



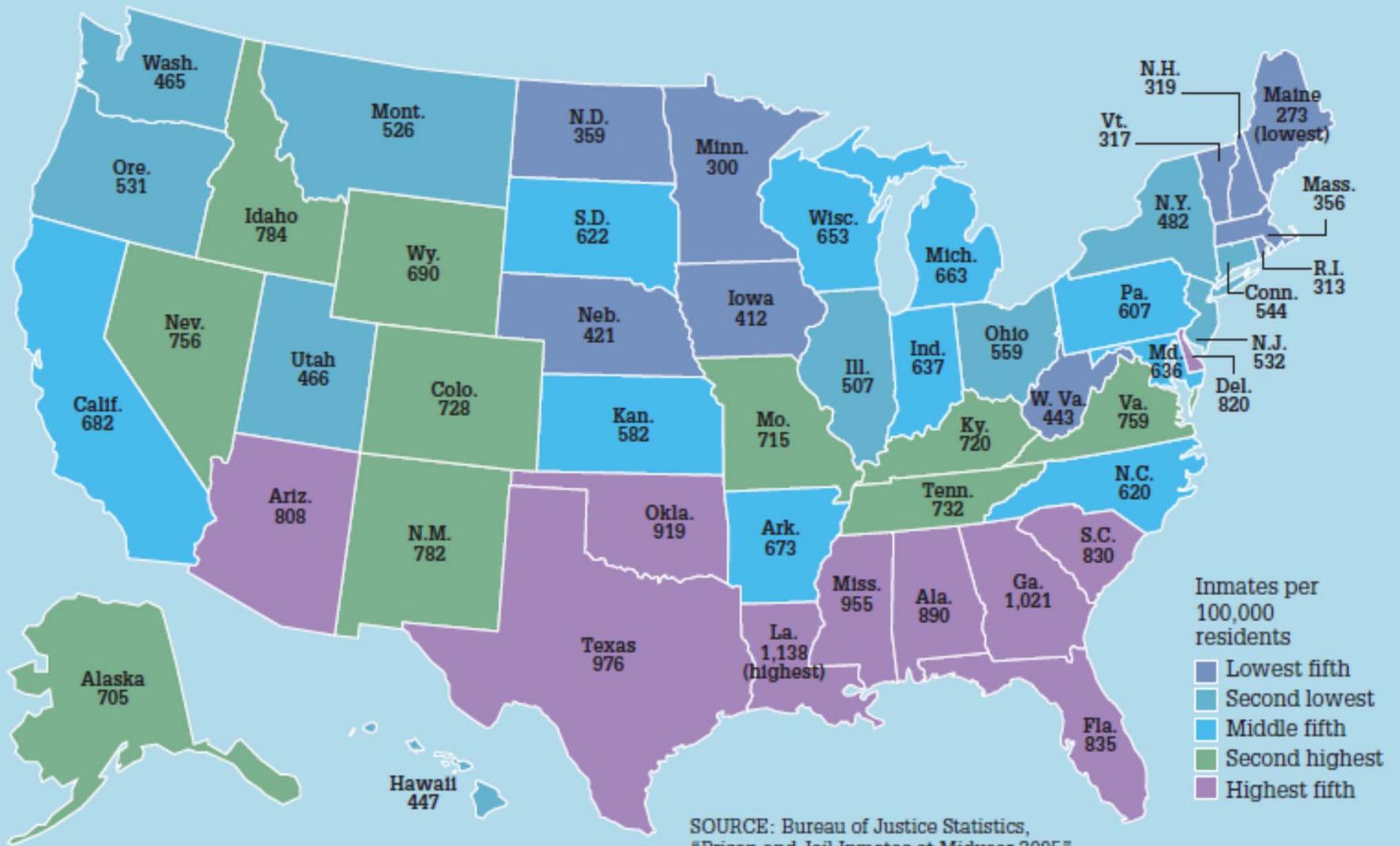
(Adapted from slide of N. Sharff. Data source: BJS, as cited by Hammet et al, AJPH 2002.)

Cycle of Incarceration



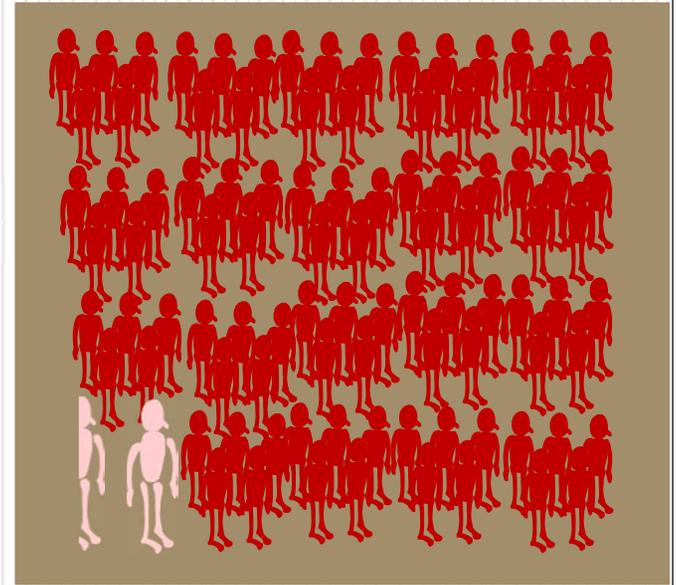
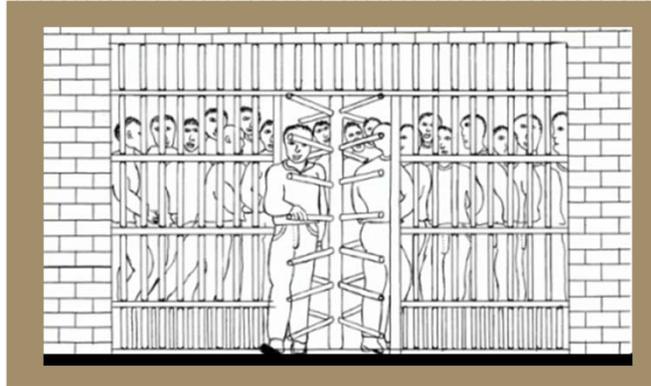
Source: Imported from slide of Barry Zack. Enhancing Linkages to HIV Primary Care and Services in Jail.

STATE INCARCERATION RATES, 2005, BY QUINTILE



SOURCE: Bureau of Justice Statistics, "Prison and Jail Inmates at Midyear 2005"

Paradox in the U.S., where HIV prevalence =1.5% among prisoners



- Only 1-2 out of 100 inmates/releasees has HIV.
- 1 out of 6 persons with HIV in the US is in either a jail or a prison at least part of the year.

Source: Spaulding, PLoS One 2009



HIV in Jails

- Most of the one in six persons with HIV in the US that annually are in a correctional facility just pass through a jail. ¹
- Jails → High admissions, high turnover
 - On average, half of all admissions leave within 48 hours.
 - If HIV screening among detainees, need to screen rapidly.
 - MOST GEORGIA JAILS DO NOT PERFORM ROUTINE HIV TESTING



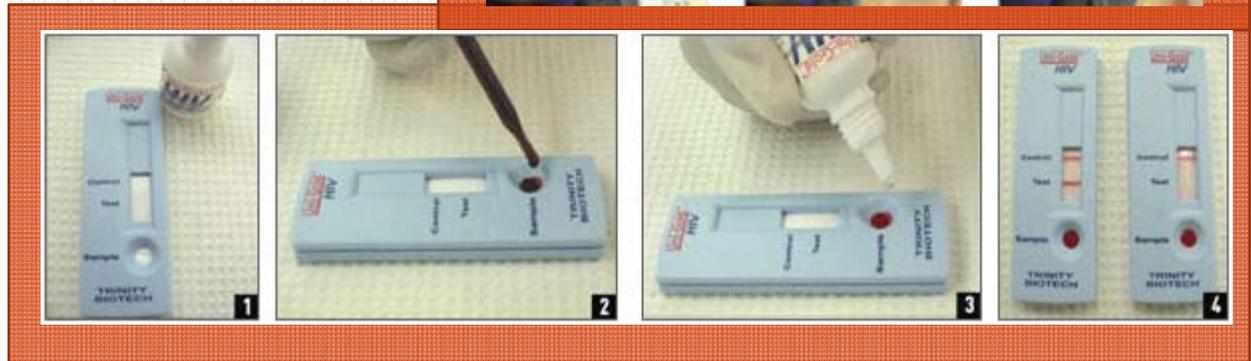
Source: 1. Spaulding PLoS 2009

While prisons test all with conventional HIV testing...

- Rapid testing for jails is a “match made in heaven”*
 - On-site, no need for licensing or extensive training

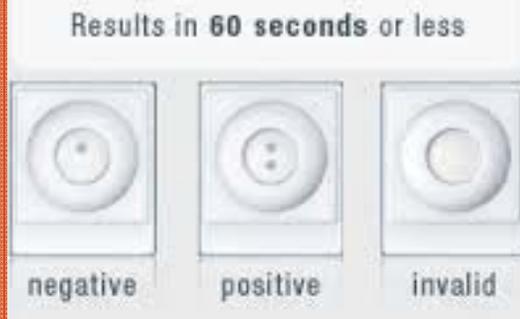


- Orasure: \$12.50 per test kit
 - 20 minutes



- Unigold: \$8.50
 - 10 minutes

- INSTI: \$6.99/kit



* Source: Spaulding, Sexually Transmitted Diseases 2009

With Funding by CDC, Fulton County Jail initiated HIV Rapid Testing in 2011: offer at intake door

- 38% of men diagnosed: Black MSM.*
- Sustained by FOCUS/Gilead Sciences



* Spaulding et al, MMWR, 2013

Components of Fulton County Jail HIV Program

- Offer HIV testing
 - Must be sensitive to environmental constraints
 - Have staff nurses lead, rather than have outside team helicoptering in



Orientation to Fulton County Jail:

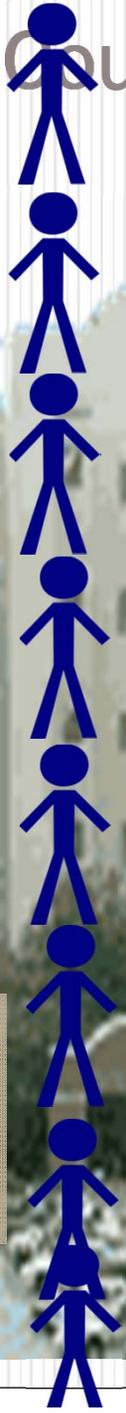


Upstairs (Floors 4-7)
Length of Stay: After 3 days until stay completed

2nd Floor
Length of Stay: 2-3 days

Right off the street into INTAKE (1st floor)
Length of Stay: 4-24 hours

Orientation to Fulton County Jail: % Entrants still around?



Upstairs (Floors 4-7)
50%

2nd Floor
75%

Right off the street into
INTAKE (1st floor)
100%

Orientation to Fulton County Jail: % Entrants still around?



Upstairs (Floors 4-7)
50%

Test at 2nd Floor
75%

Test at Intake
100%



Orientation to Fulton County Jail: % Entrants still around?



Upstairs (Floors 4-7)
50%

Cumulative Data Project Impact: February 2013– December 2013

11
months

Funding: Gilead

3,431 Declined Testing,
Unable to Consent, or
Known Positive Not Tested

25,459 Eligible Participants

Offer rate = 75.04%

19,104 Rapid HIV Tests Offered

Acceptance rate = 82.04%

15,673 HIV Tests Performed

355 Declined as
Known Positives

138 Old
Positives
(diagnosed before)

80 Rapid Test(s)
New
Preliminary
Positives

15,455
Negative

$80/15,673 = 0.51\%$

Positives Identified Through Testing
Seropositivity: $218/15,673 = 1.391\%$

262 Known Positives
Linked to Care

400 Linked to
Care

138 Identified Through
Testing Linked to Care

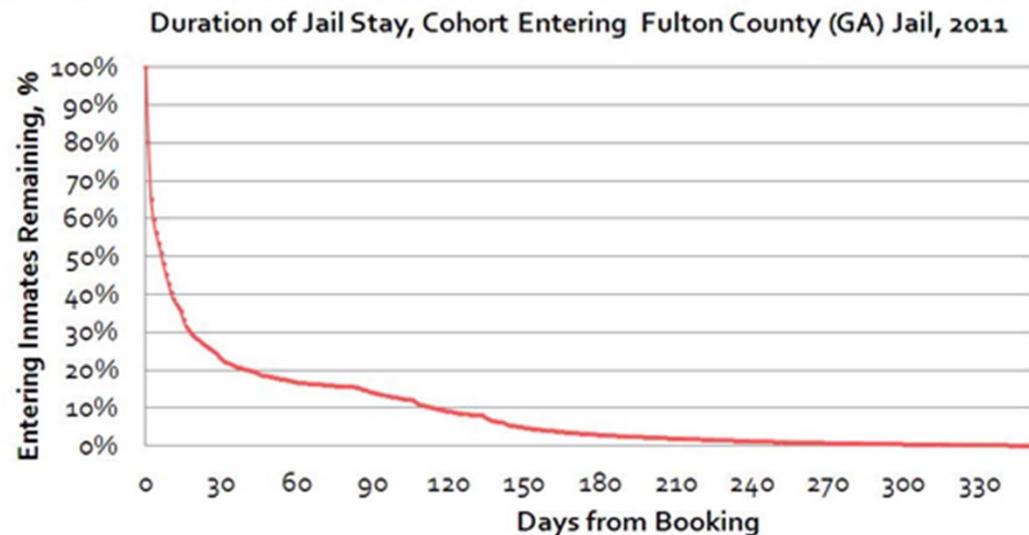
Components of FC Jail HIV Program

- Offer HIV testing
 - Must be sensitive to environmental constraints
 - Have staff nurses lead, rather than have outside team helicoptering in
- Offer HIV medical care inside the jail
 - Not all of the newly diagnosed start HAART before discharge
- Establish linkages with community medical providers
- Plan for post-release care
- Follow up post-release to determine whether linkages were made and maintained



Challenges with Linkage to Care

- Very little time for testing, link to care
- Disconnect/lack of communication between jail and community HIV providers
- Discharge planning must start immediately



Next Steps:

“**SUCCESS**—adaptation of ARTAS for jails; stands for...
...Sustained, Unbroken Connections to Care, Entry Services, and Suppression”

- * Funding from Elton John Foundation
- * Awaiting NIH funding for feasibility study



Thank You!!!

Discussion Questions to follow

Questions

1. Should Atlanta testing dollars support HIV testing in jails?
2. What innovative strategies has your ASO used to transition persons into community HIV medical care after release from a jail or prison? How have you helped transfer medical information?

Extra Slides

Transition From Prison to Community: What's Next?

1. Telemedicine
 - A. Visits with an outside provider
2. Increasing access to HIV medications at prison discharge
 - A. 15 day supply of medication given
 - B. 6 month wait to have first appointment for new enrollee's in public health clinics
3. Transitions Clinic and/or Transitions Medical Provider