

### BACKGROUND

**REVISED ABSTRACT**

**Objective:** To demonstrate the feasibility and yield of HIV screening in jails.

**Background:** HIV screening and testing in jails is often not systematic, even for inmates with longer lengths of stay. The five-year Enhancing Linkages project, an initiative funded since 2006 by the HIV/AIDS Bureau of HRSA as a Special Project of National Significance, has 10 demonstration sites that will assess the effectiveness of selected models of providing linkages to HIV primary care services for jail releasees. Emory University and Abt Associates have teamed together to form the Evaluation and Support Center that will perform the multi-site evaluation of how services for releasees have been integrated within the community's HIV continuum of care. Several sites are enhancing HIV screening services while conducting their linkage demonstration projects. We aimed to determine if HIV prevalence in detainees screened matched that found in an earlier CDC Jail Demonstration Project., when 0.8% of detainees had previously undiagnosed HIV.

**Methods:** Supplemental funding from HRSA was available at the beginning of FY2008; several sites used the funding for enhancing voluntary screening and testing services. Each site could determine whether screening would be offered routinely or targeted to subgroups of the detainee population, when to offer testing, and the setting in which screening was offered. The Evaluation and Support Center requested data from the sites on current screening and testing activities, some of which was funded by the supplemental funding.

**Results:** Demonstration sites have taken a wide diversity of approaches to HIV screening. Acceptance rate for voluntary screening ranged from 12.4% to 93.2%. Positive results on rapid tests ranged from 0.2% to 0.5% of tests conducted. New HIV diagnoses are being made at lower rates than in the CDC jail demonstration projects. Some patients coming forward for testing are revealing, when the test returns positive, that they have tested positive in the past but did not have stable linkage to HIV care.

**Conclusion:** HIV testing in jail settings is feasible. Rates of accepting offers for HIV testing vary with sites. Programs are reaching some individuals who seek confirmation of previously made diagnoses; for these persons, the jail testing these jail screening programs demonstrate that new HIV diagnoses are being made at slightly lower rates than in the CDC demonstration projects. Possible reasons for low detection rates of new infections could be the local epidemiology or that predominately worried well or previously known positives are coming forward in voluntary testing programs. Screening the 9 million persons who pass through US jails each year may find a portion of the 25% of Americans with HIV who are unaware of their status but more importantly detention in jail may provide an opportunity to strengthen links to HIV care in the community.

**ADDITIONAL BACKGROUND:**

In 2005, the prevalence of HIV among prisoners was 1.7%.<sup>1</sup> The National Survey of Jail Inmates was conducted in 2002 and found:

- 1.3% of detainees self reported being tested for HIV and were positive.
- 37.1% had never been tested.<sup>2</sup>

From 2003-2006, CDC supported four demonstration projects for jail-based, rapid HIV testing in Florida, Louisiana, upstate New York and Wisconsin. In the study, voluntary, rapid HIV testing found that among 33,211 jail inmates, 1.3% of voluntary screening tests were reactive and 1.2% were confirmed positive. Among those tested, 0.8% (range by site: 0.2% - 1.3%) of the persons tested were previously undiagnosed with HIV infection.<sup>3</sup> We ask:

- Will offering HIV screening to jail detainees result in finding many undiagnosed infections?

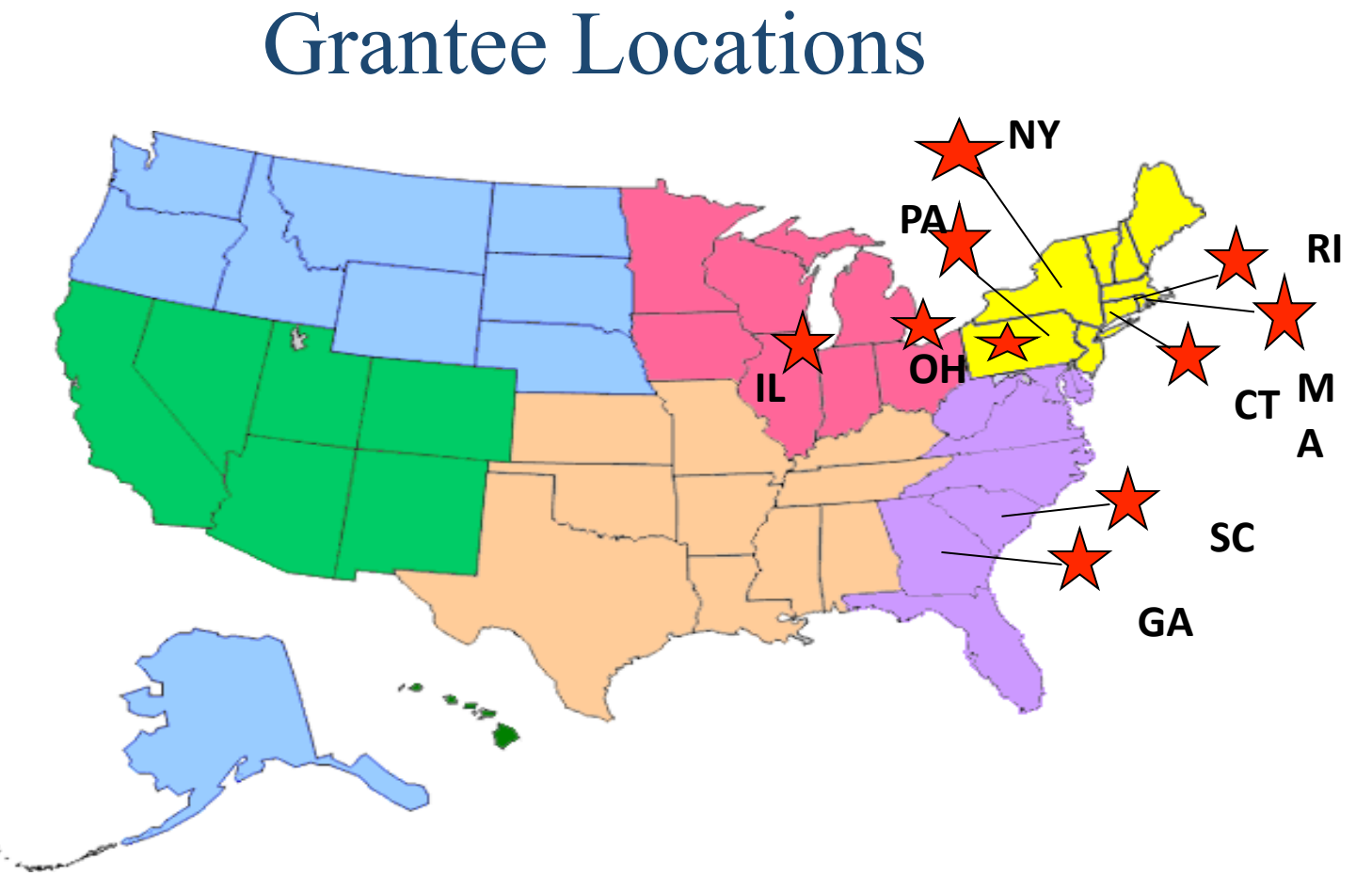
There are approximately 9 million individuals admitted to jails each year.<sup>4</sup>

- Are 0.8% of jail detainees (72,000 individuals) nationwide HIV infected and unaware of their infection?
- Will jailhouse testing find many of the 25% of Americans with HIV who are unaware of their status?

### METHODS

**HRSA's Initiative on Enhancing Linkages to HIV Primary Care in Jail Settings**

- 10 demonstration sites will assess the effectiveness of their selected model:
  - Providing linkages to HIV primary care services for jail releasees
  - Integrating services for releasees within the community's HIV continuum of care
- Several sites are enhancing HIV screening and testing services while conducting their demonstration projects



### RESULTS

	NY City: DOHMH Correctional Health Services <sup>6</sup>	Cleveland: Care Alliance ATLAS Program	Chester, PA: Aids Care Group	Philadelphia: Philadelphia Fight	Columbia, SC: SC Linkages Program For Inmates	Connecticut: Yale AIDS Program New Haven, CT <sup>5</sup>	Chicago: University of Illinois
Period for which data are available	1/1/08-9/30/08 (274 days)	2/20/08-7/31/08 (162 days)	9/1/07-9/30/08 (395 days)	4/1/08- 6/30/08 (91 days)	8/27/08-9/30/08 (35 days)	Women 8/22/07-9/21/07 Men 3/25/08-4/16/08	07/01/08-09/30/08 (92 days)
Total Number of Bookings during Period	60,535	13,092 (10,629 unique individuals)	(Testing in community corrections)	(Testing post discharge)	Approx. 1,900	Women: 326 Men: 301	1,848
Type of Test Offered	Rapid	Rapid	OraSure (Processed off site)	OraQuick	Rapid	Rapid Oral	Rapid Oral
Total Number of Inmates Offered Test	62,750*	8092	550	NA	Women: 238 Men: 188	Women: 247 Men: 221	2,300*
Total Number of Tests Completed	16,166	1000	445	384	Women: 205 Men: 158	Women: 150 Men: 131	2,143
Total Number of Positives	78 (0.5%) (3,206 already dx'd positive)	3(0.3%)	1(0.2%)	2 ( newly diagnosed) 0.5%	5 (0.2%; all were already aware of dx)	Women:0 Men: 1	3
Total Number of False Positives	0	4	0	0	0	Women: 2 Men: 1	
Average Number of Tests Completed Per Month	1,796	200	40	192	185	--	--
Average Daily # of Tests Completed	59	10	15	Approx. 5 per day	Women: 12.50 Men: 12.53	Women: 7 Men: 7	--
Acceptance Rate for Testing	26.1 %	12.35 %	85%	NA	Overall 85.7% Women: 92% Men: 84.0%	Women:59.0% Men 47.8%	93%
Notes:	* Includes the number of patients tested other than intake	Offering at health assessment and during education sessions; highest acceptance rates (60.6% and 27.8%). Testing during intake reached the largest # of inmates.	Done in community correction facilities/ half way houses of Delaware County	Mostly at parole and probation, also recovery house	Testing offered within first several days of entry into jail. Testing for men occurs 3 days/ wk and for women 1 day/week	Acceptance rate for agreeing to be swabbed for HIV testing (Women N=193, Men N=144).	* Includes the number of patients tested other than intake

### Stages of Accepting Diagnosis

Quotes from Testing Program, Alvin S. Glenn Detention Center, Columbia SC:

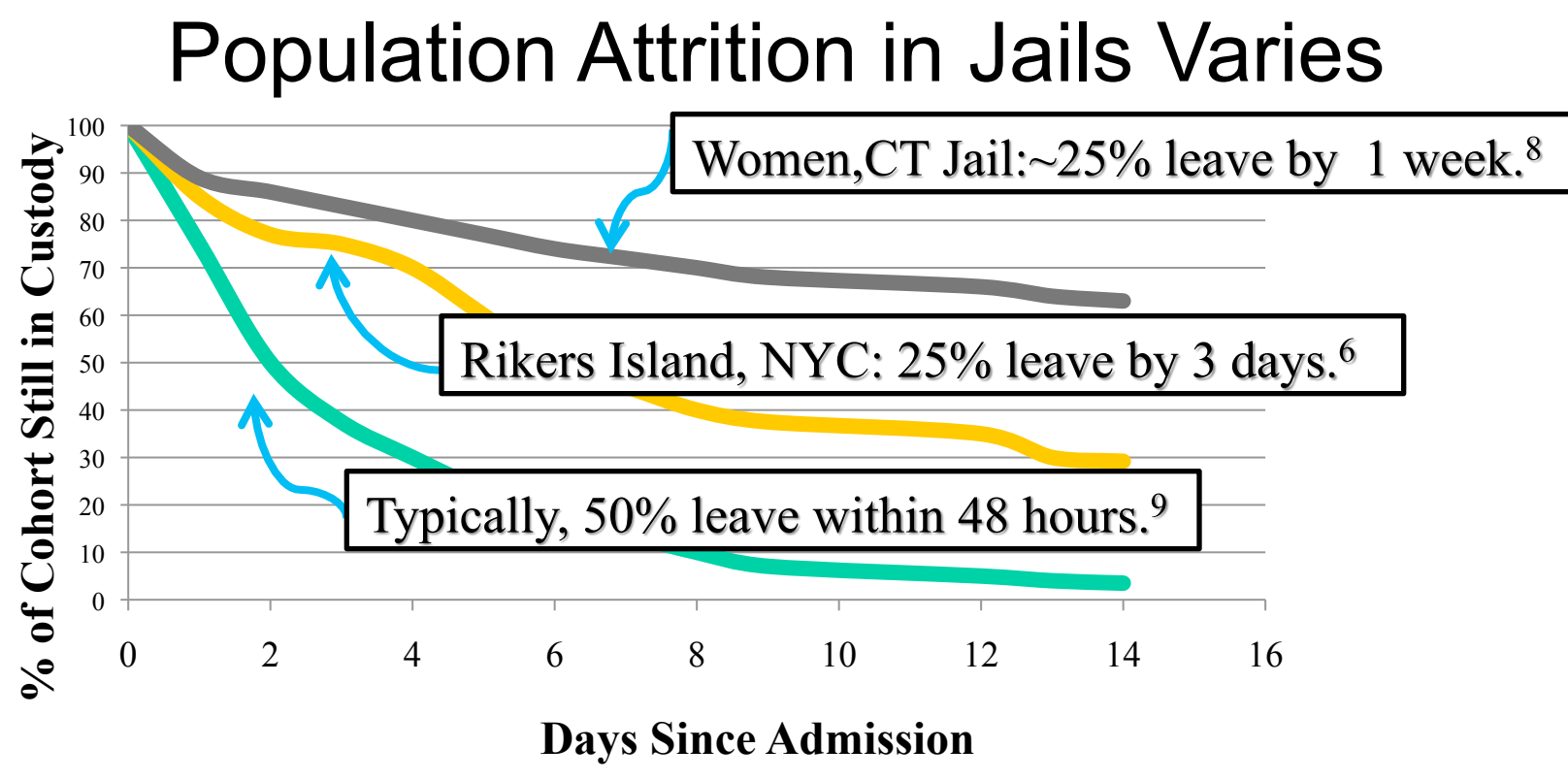
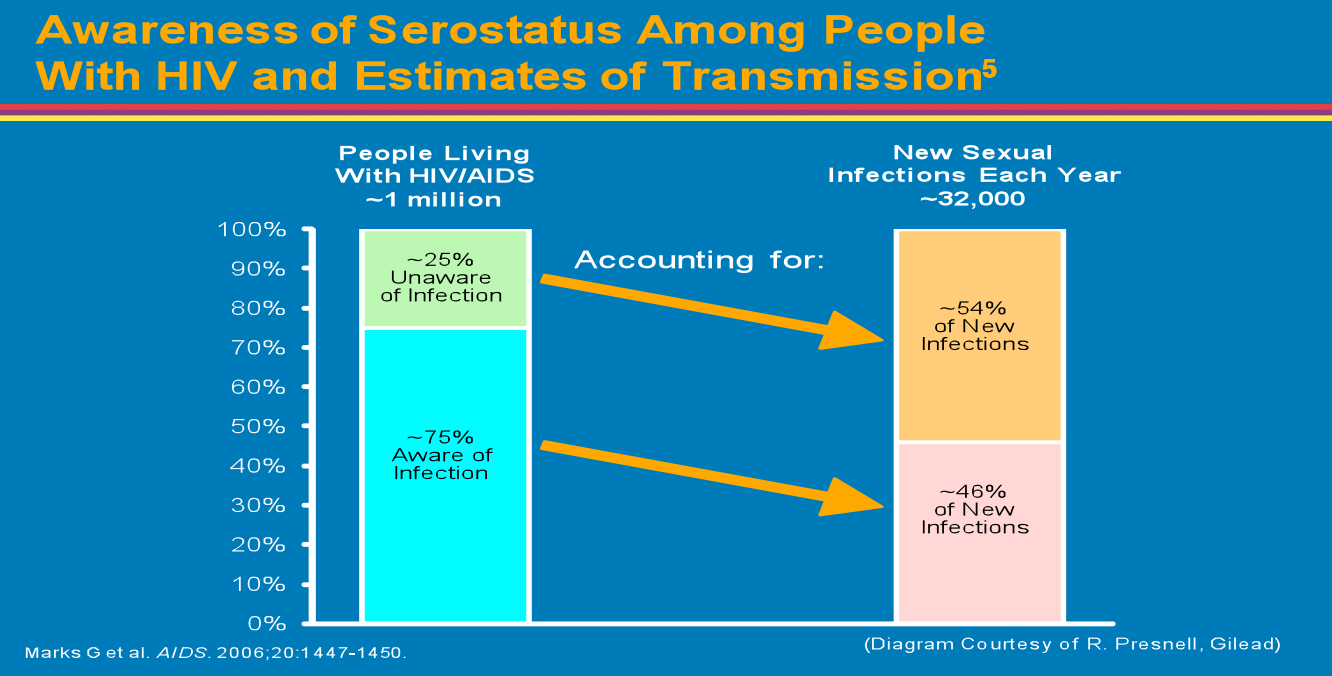
38 y/o AA female when asked to test, "I already know I am HIV positive, what can you do for me?"

40 y/o AA male, "I already know that I am HIV but now I want to do right."

Is there a continuum of acceptance of an HIV diagnosis?

Regarding EnhanceLink project in RI, see poster of Dr. Curt Beckwith.

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### Jail Intake

Source: www.hcso.tampa.fl.us

**Previous Experience: NYC Jail HIV testing program<sup>6</sup>**

- Conducted 6,500 conventional HIV tests in 2003
- After introduction of rapid testing in March 2004, testing volume increased to 25,000 in 2006
  - Believed to be second -highest volume HIV tester in NYC (after NYC DOHMH STD clinics)
- Among all NYC medical providers, NYC jails were largest volume HIV case reporter during 2005, with 180 new diagnoses (4.6% of all new diagnoses in NYC)

Source: Slide from NYC Department of Health

**Issues and Challenges: HIV Testing Program in Jail Settings<sup>6</sup>**

- Timing of testing
- Program marketing and manner in which testing is presented to inmates
- Testing protocols
  - HIV counseling associated with testing
  - Methods of informing those tested of their results
- Confidentiality of results
- Ethics
- Administrative and implementation issues

**Barriers to Jail HIV Testing<sup>6</sup>**

- Jail-level barriers
  - Cost of test kits and labor
  - Staff time needed to conduct test
  - Staff qualification to test and diagnose
  - Jail mission related to public health
  - Obligation to treat HIV+s
  - Lag time to get results
- Inmate-level barriers
  - Confidentiality
  - "I'm about to get out"
  - Competing priorities
  - Denial or lack of knowledge of risk
- Public health-level barriers
  - Cost of test kits and labor
  - Mission related to correctional health care
  - Access to jails & inmates

**Gap between Underlying and Diagnosed HIV infection in NYC Jails<sup>6</sup>**

- True prevalence may be as high as 6.5% in males and 13.9% in females
- Underestimates may also have occurred in past correctional serosurveys
- "HIV prevalence in jails remains significantly elevated in comparison with NYC population"<sup>6</sup>
  - 1.8% of NYC male population
  - 0.7% of NYC female population

### CONCLUSIONS

**Conclusions and Issues for Discussion**

- HIV testing in jail settings is feasible.
- Rates of accepting offers for HIV testing vary with sites.
- Programs reach some who seek confirmation of previously made diagnoses:
  - May be helping them accept their diagnoses.
- New HIV diagnoses at lower rates than in CDC jail demonstration projects.
- Possible reasons for low detection rate of new infections:
  - Local epidemiology: lower prevalence than in CDC demonstration sites.
  - Worried well asking for tests.
  - Previously tested positives want confirmation?

**Next Steps**

- More blinded seroprevalence testing to determine underlying HIV seroprevalence at sites:
  - Stripping routinely obtained serum samples of identifiers, testing sera for HIV.
  - Measuring the gap between prevalence of diagnosed HIV and underlying HIV.
  - Estimating the potential number of additional cases that interventions can uncover.
- Interventions to increase acceptability of testing.

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