HIV Behind Bars: Challenges and Opportunities

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Objectives

♦ Provide overview of HIV in jails/prisons
♦ Discuss potential impacts of AB 109 (realignment)
♦ Review strategies for optimizing transitional care strategies for HIV-infected inmates
♦ Questions

Financial Disclosures

♦ J. Bick is employed by California Correctional Health Care Services of the CA Department of Corrections
♦ M. Mahoney has no financial disclosures

Why Should We Care About HIV/AIDS Among Inmates?

♦ High prevalence of illness
♦ Isolated settings, healthcare disparities
♦ Discontinuity of care when transitioning between incarceration ↔ community
♦ Poor transitions leading to adverse healthcare outcomes and recidivism
♦ Impact upon community/public health
Corrections and Public Health: Related, Yet Often Uncoordinated Systems

- Primary mission of correctional agencies is public safety
- Primary mission of public health institutions is diagnosis, prevention, education, and treatment

- 25% of HIV-infected Americans pass through correctional system annually
- Many jails and prisons have not yet implemented routine HIV testing on entry
- Lost opportunities for diagnosis, treatment, harm reduction education

HAART widely available in correctional settings
Effective treatment has led to ~75% reduction in AIDS-related mortality in prisons
HIV testing programs in prison can play an important role in prevention
  - Majority of persons who know their HIV status reduce behaviors that might transmit HIV
  - Opportunity for partner counseling and testing

Mark et al. JAIDS. 2005;39:446--53

Routine, Opt-Out HIV Testing in CA

- Implemented in 2010 at all CA prison reception centers
- Has led to a marked increase in the number of inmates who are tested
- Over time, should decrease morbidity/mortality attributable to late HIV diagnoses

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<td>2008</td>
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HIV/AIDS Related Deaths in State Prisons vs. Deaths in U.S. General Population

Source: U.S. Bureau of Justice Statistics

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000 Prisoners</th>
<th>Deaths per 100,000 General Population</th>
<th>Ratio of Prisoner Deaths vs. General Population Deaths</th>
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<tr>
<td>2007</td>
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<td>6</td>
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Percent of Deaths Due to HIV/AIDS in State Prisons vs. U.S. General Population

Source: U.S. Bureau of Justice Statistics

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<thead>
<tr>
<th>Year</th>
<th>% of Prisoner Deaths Due to AIDS</th>
<th>% of U.S. General Population Deaths Due to AIDS</th>
<th>Ratio of Prisoner HIV/AIDS Deaths vs. General Population</th>
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AB 109: 2011 Public Safety Realignment

- U.S. Supreme Court ordered CA to reduce prison population by as many as 30,000 by 2014. AB 109 aims to achieve this by three major changes
  - Changes state parole, creates local “post-release community supervision” for non-violent, non-serious crimes
  - Returns state parole violators to county jail instead of state prison
  - Sentences newly convicted non-violent, non-serious, non-sex convicts to county jail instead of prison

AB 109 & AB 117: 2011 Public Safety Realignment

- Maintains length of sentences.
- Home detention for low-level offenders
- No prisoners will be directly released or transferred to jails as part of realignment

Impacts of Realignment?

- Need for additional HIV providers in city and county jails
- Discharge planning issues for HIV infected inmates leaving jails
- Impact upon city/county budgets (medications, hospitalizations, employees)
Transitional Care

- HIV infected inmates play an important role in maintaining the HIV epidemic after release from prison/jail
- Virologic and immunologic outcomes worsen following release
- Health care and substance abuse treatment limit disease progression and transmission


CASE

47 yo man recently released from prison with CD4 count of 158 cells/μL and a viral load of 17,580 copies/mL who reports being well-controlled on TDF/FTC/EFV throughout his incarceration. He has been off of his HIV medications, including TMP/SMX, for the last two weeks due to a lapse in his health insurance, but is now insured and wants to restart.

In addition to prescribing TMP/SMX, what is your next step?

1. Check HIV genotype, and restart TDF/FTC/EFV today.
2. Check HIV genotype, and refer patient to social worker for assessment of food, housing and other needs, consider PI-based regimen.
3. Restart TDF/FTC/EFV today, request medical records, and check viral load in 2-4 weeks.

Outcomes Among HIV-Infected Recidivists

HIV RNA Change

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<tr>
<th></th>
<th>Change (log_{10} copies/mL)</th>
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<tr>
<td>Incarcerated Prisoners (n=30)</td>
<td>-0.03</td>
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<tr>
<td>Re-Incarcerated Prisoners (n=15)</td>
<td>+1.29*</td>
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</table>

CD4 Cell Counts

<table>
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<tr>
<th></th>
<th>Baseline</th>
<th>End of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incarcerated Prisoners (n=30)</td>
<td>446</td>
<td>554*</td>
</tr>
<tr>
<td>Re-Incarcerated Prisoners (n=15)</td>
<td>224</td>
<td>157†</td>
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</tbody>
</table>

*P = 0.003
†P = 0.013
Recent antiretroviral therapy (ART) use and outpatient clinic attendance according to incarceration history for 437 injection drug users (IDUs) in ALIVE (2075 study visits)


Reasons for Poor Post-Release Outcomes
- Lack of access to medications and medical entitlements
- Abrupt medication discontinuation
- Poor adherence
  - Undertreated mental illness
  - Substance use disorders
  - Competing needs (housing, food, employment, child care, safety)

5 Components of HIV Transitional Care

Model Programs

- Community providers as correctional health providers
  - Hampden County Jail
- Academic Institution involvement
  - Building pipeline of correctional health providers
- Network with local correctional health providers
  - Hospital Grand Rounds, CME activities, patient transfer, parole office
- Transition Clinics

Transitions Clinic


Transitional Care

- Incarceration History
- Screening
- Eligibility Assessment
- Primary Care Appointment
- Medication Reconciliation
- Medical Records
- Provider Advocacy

Impact of Incarceration on Women’s HIV Risk

- 50% of incarcerated men have a primary female partner they plan to reunite with after release
  - 75% of incarcerated fathers are married or in an intimate relationship
- 68% of men behind bars are African-American or Latino
- 22% of young low-income African American women have a partner with an incarceration history

Wang EA, Tulsky JP, White MC. Medical Management of Vulnerable & Underserved Patients. Chapter 23: Clinical Care for Persons with a History of Incarceration

Impact of Incarceration on Women’s HIV Risk

- Women spent 26% of total income to maintain contact with partner ($292/month)
- Separation → concurrent partners
  - financial and psychological stressors increase risk
- Post-release UPI to show loyalty, intimacy, and conceive children


Unique Considerations of Incarcerated Partners

- Realities of risk on the inside (and outside)
- Couples testing
- Family Planning
- Balancing trust with honest communication
- Understanding and addressing denial
- Moving forward after incarceration
- Inside Out Video
  (available from www.centerforce.org)


Criminalization of HIV

- Approx. 350 arrests and prosecutions through 2010 were documented in U.S.¹
  - 111 in last 2 ½ years
  - over 300 prosecutions resulted in prison sentences²
- General Criminal Laws (incl. bioterrorism) and 36 HIV-Specific Criminal Laws; worse than vehicular manslaughter
- UNAIDS recommendations³
- REPEAL HIV Discrimination Act

Summary

♦ Part of our community
♦ Our responsibility
♦ Our opportunity

THANK YOU FOR YOUR ATTENTION!!