



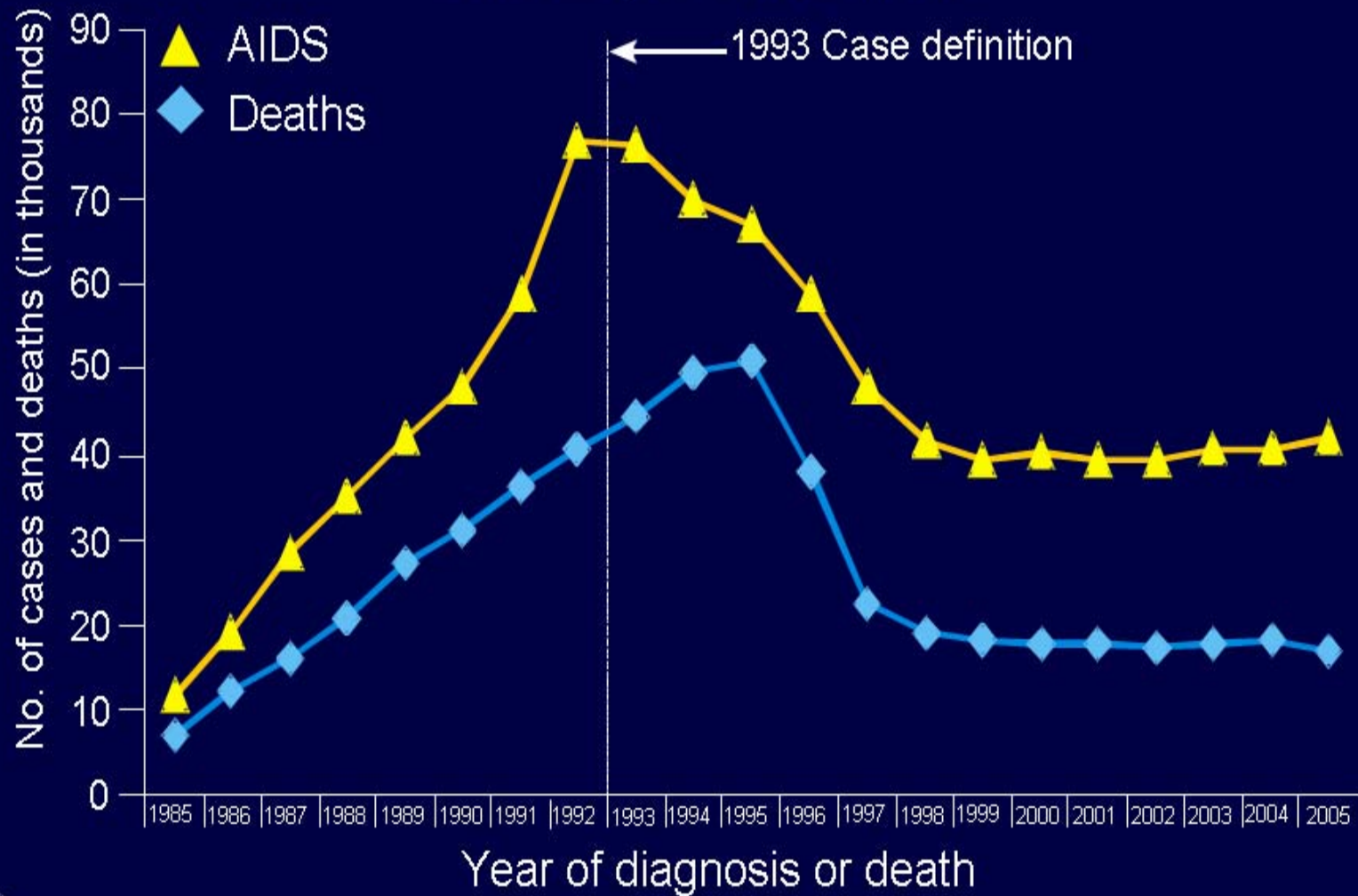
HIV prevention: Implementing Comprehensive Health Care for Women in Corrections

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HIV prevention in incarcerated women

- Epidemiology- national and local
 - HIV
 - STIs
 - Hepatitis
- Hypothesis
- Intervention
- Summary

Estimated Number of AIDS Cases and Deaths among Adults and Adolescents with AIDS, 1985–2005—United States and Dependent Areas

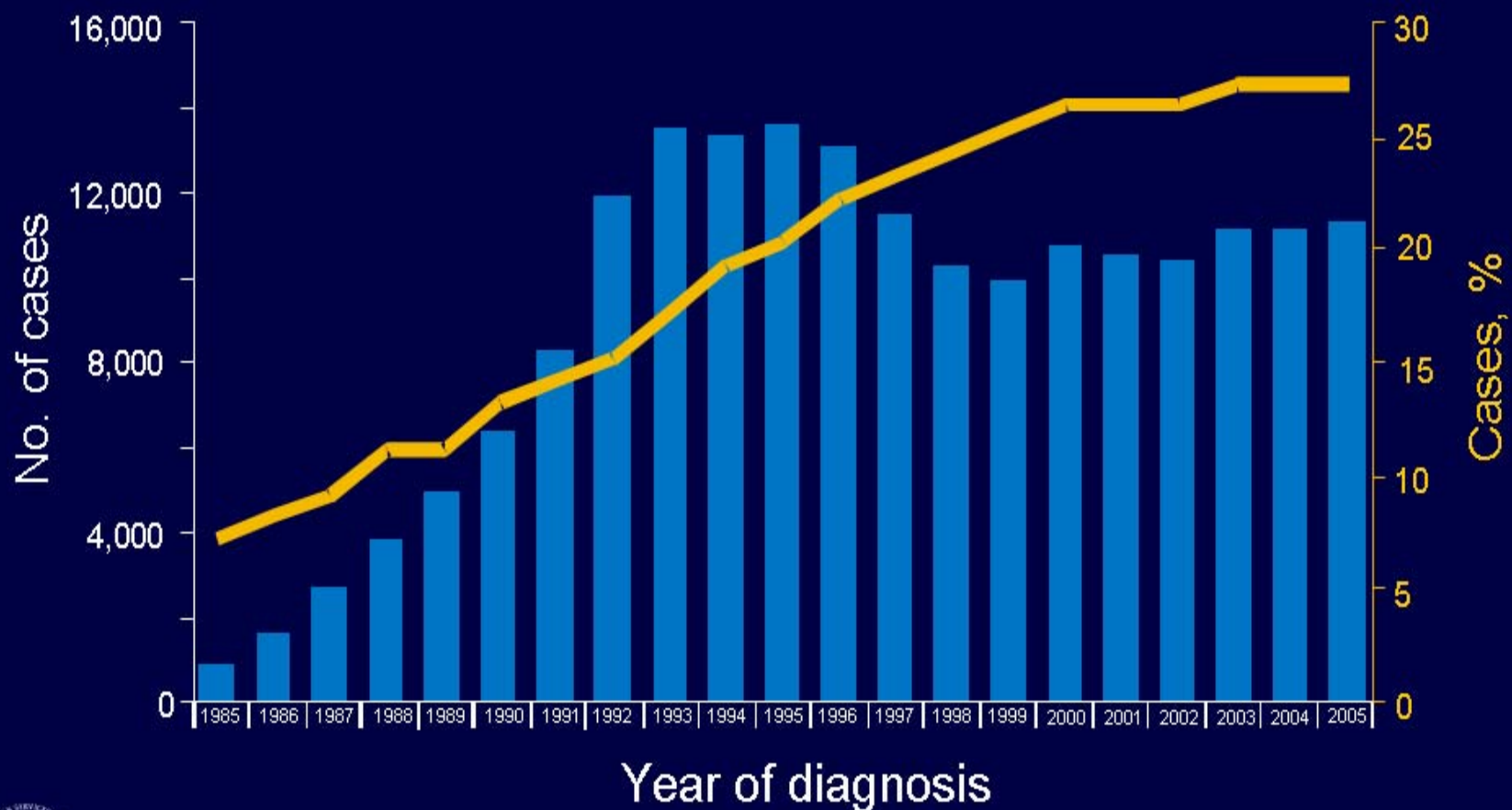


Note. Data have been adjusted for reporting delays.

Revised June 2007



Estimated Number and Proportion of AIDS Cases among Female Adults and Adolescents 1985–2005—United States and Dependent Areas



Note. Data have been adjusted for reporting delays.

Revised June 2007



Importance of HIV prevention

- 25% of those with HIV in US are unaware of their diagnosis
 - Nearly 2/3 of new infections acquired from those who did not know they were infected
 - Testing as a key means of prevention
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- Correctional setting is an important location to reach marginalized populations with high HIV prevalence
 - Women at risk: sexual abuse, prostitution, injection drug use

HIV among women incarcerated in Rhode Island

Age category (y)	No. of tests	No. of positive tests	Percentage positive tests	OR ^a (95% CI)
≤24	843	8	0.9	1.0
25–29	756	22	2.9	3.1 (1.4, 7.1)
≥30	1547	75	4.8	5.3 (2.6, 11.1)
Total	3146	105	3.3	

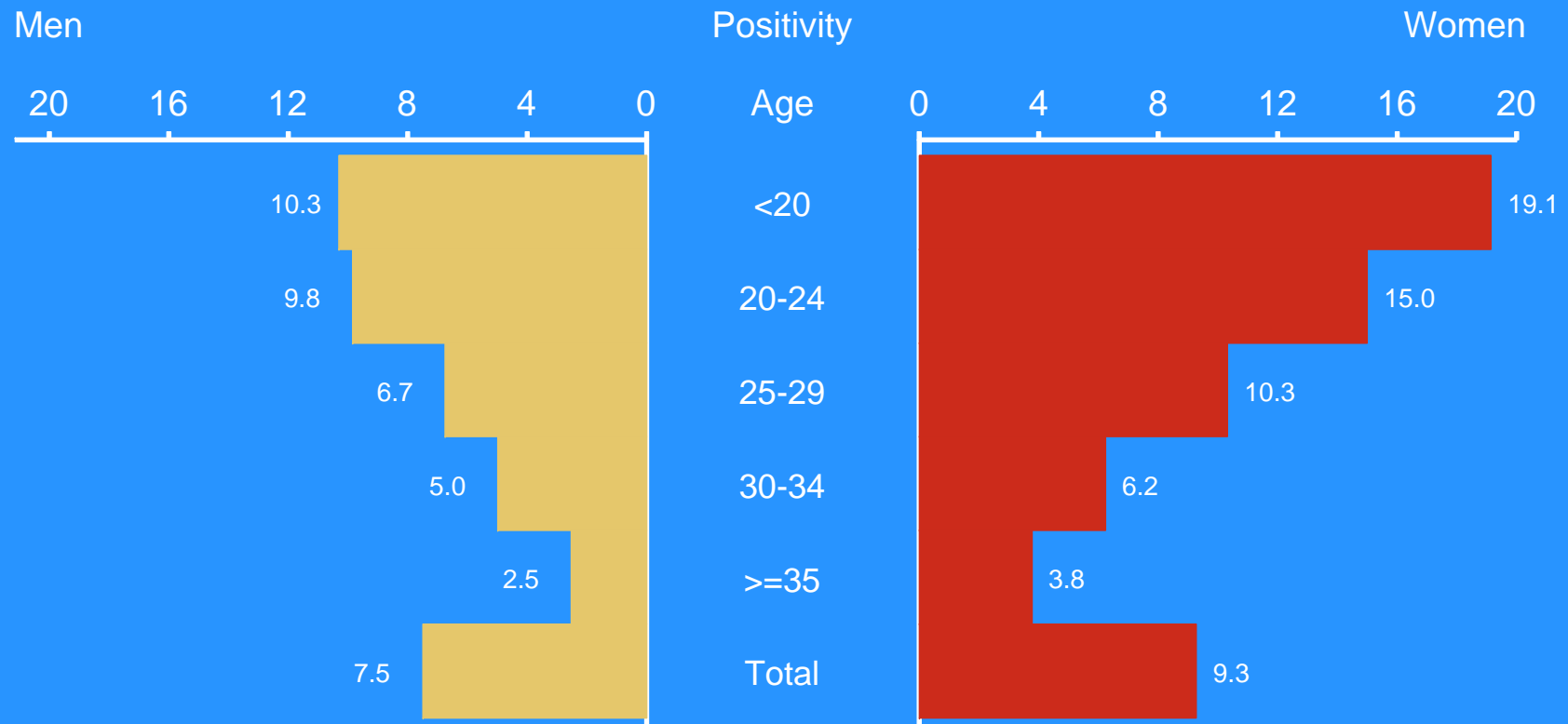
^a $p < .001$.

OR, odds ratio; CI, confidence interval.

HIV and STIs

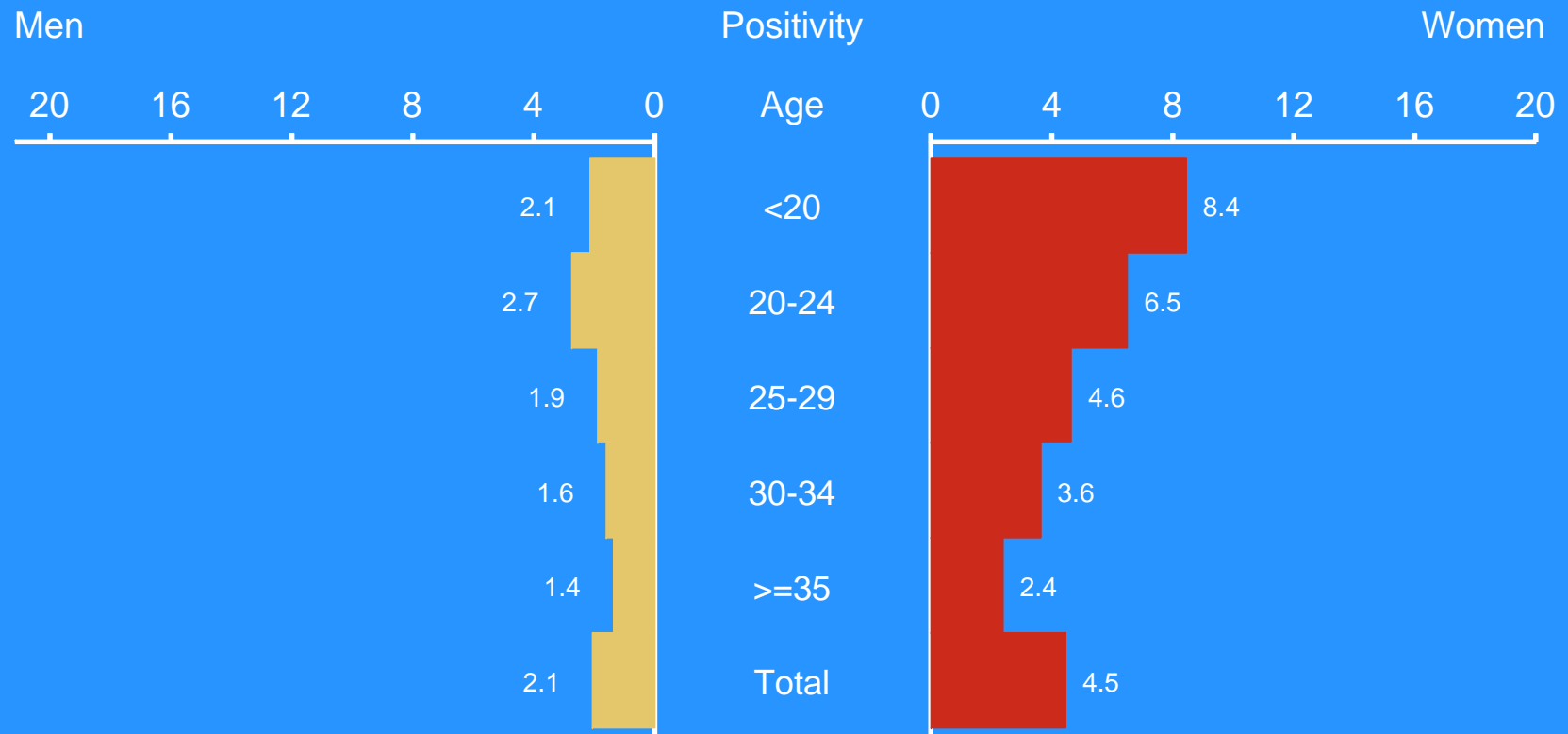
- STIs increase the risk for acquiring HIV
- Treating STIs= HIV prevention
- Chlamydia, Gonorrhoea, Trichomonas

Chlamydia — Positivity by age, adult corrections facilities, 2006



Note: Percent positivity is presented from facilities reporting > 100 test results.

Gonorrhea — Positivity by age, adult corrections facilities, 2006



Note: Percent positivity is presented from facilities reporting > 100 test results.

STIs in Female Inmates in Rhode Island

68/205 (33%) tested positive for STI

<i>Trichomonas vaginalis</i>	45 (26%)
<i>Chlamydia trachomatis</i>	27 (14%)
<i>Neisseria Gonorrhoea</i>	21 (11%)

Vaccinations: Hepatitis

- Chronic Hepatitis B is high in corrections
 - 1%-3.7% v 0.5%
- CDC study:
 - 236 cases of Acute Hepatitis B 1996-1998
 - 29% had been incarcerated

Prevalence and Incidence of Hepatitis B/C in reincarcerated women in Rhode Island

	Prevalence	Incidence
Hepatitis B	29%	12.2/100 person years
Hepatitis C	40%	18.2/100 person years

Macalino et al, CID, 2005

Integrated care more effective

- CDC initiative: Integration of HIV, STI and Hepatitis services
- Implemented successfully in multiple STD clinics
- Integration may increase uptake

Hypothesis

- Providing integrated care, including HIV, STI, Immunization and for women in jail is feasible and acceptable

Recruitment

- Woman entering jail at the Adult Correctional Institute in RI
- Age 18-35
- Plan to enroll 50 women

Methods

1. Consent for study, incl HIV testing
2. Oral swab for HIV test (results in 20 minutes)
3. Self obtained vaginal swab for:
Gonorrhea, Chlamydia, Trichomonas
(rapid tests if possible)

Methods, cont.

4. Questionnaire (approx. 30 minutes) to assess:
 - Demographics
 - Incarceration history
 - Immunization history
 - Risk-taking behavior (Drug use, sexual history)
 - Acceptability
5. Administration of vaccines:
Hep A, Hep B, HPV
6. HIV/STD test results and counseling

Follow-up visits

- Results of STI screen
 - Given in jail/prison if possible
 - Otherwise will be contacted in community
 - Treatment offered when indicated
- Subsequent vaccines in series
 - Given at community clinic if released
 - Otherwise, to be completed in community
- Repeat Questionnaire at 3 months, 6 months
- Opportunity for linkage to care

Comprehensive yet rapid

- Jail turnover time is short
- Client-centered (but public health impact)
- Point of care, non-invasive testing
- Ability to immediately treat newly diagnosed infections
- Counseling opportunity
- High Impact

Outcomes

- Feasibility, acceptability
- Changes in risk-taking behavior
- Changes in incidence of disease (HIV, STIs, Hepatitis)

Summary

- HIV prevention is a priority in 2008
- Corrections are a crucial setting for HIV prevention, esp in women
- STIs are rampant
- High incidence of Hepatitis B
- Integrated care is more effective
- Rapid non-invasive testing can increase uptake
- Benefits extend to community

Acknowledgements

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