This project was supported by grant No. 2016-MU-BX-K021 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.
Housekeeping: Functions

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**Would you like to enlarge the slide presentation?**

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**Presentation materials!**

You can download a PDF version of today’s presentation and additional resource materials from the “Materials To Download” box.

- Excel SPC HIS Self Assessment: 19 KB
- PATH Data Collection Workflow: 56 KB
- Presentation Slides: 6 MB
- Word SPC HIS Self Assessment: 31 KB
- PATH Participation Policy: 122 KB
Housekeeping: Communication

Q&A and Technical Issues
If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.

Chat with us!
If you have general comments, please post them in the participant chat box.
Learning Objectives

After completing this webinar participants will be able to:

• Describe the major changes to HIV clinical care guidelines and discuss the implications for RSAT clients;

• List the challenges of educating clients about the benefits of testing and reducing high-risk behaviors for transmission of HIV & viral hepatitis; and

• Explain at least two co-infections that commonly occur among HIV positive individuals in custody.
The rate of HIV among sentenced individuals is 5 to 7 times greater than the general population, comprising about a quarter of all HIV-positive individuals in the U.S. (BJS, 2017)

A systematic review found recent incarceration was associated with an 81% increase in HIV risk and 62% increase in hepatitis C risk (Lancet, 2018)
Audience Poll

What have you encountered among RSAT clients

A) HIV positive clients who knew their status prior to incarceration
B) HIV positive clients who were diagnosed in custody
C) Clients who disclose a fear of being tested for HIV
D) Clients who know they have Hepatitis C
E) All the above
F) None of the above

(select as many as apply)
HIV: Changes in Recent Years ...

- Prevalence of HIV infection (reduced)
- Geographic distribution of new HIV cases
- More HIV positive individuals know their status
- More effective antiretroviral drugs are available (ATR)
- More HIV positive individuals achieving viral suppression
In 2016, 6% of new HIV infections were attributed to injection drug use

- Syringe exchange ban lifted
- New DHHS rules allow funding
- Other harm reduction efforts
- Prevalence of ‘black tar’ heroin
- Increased concern: localized HIV outbreaks

CDC Syringe cleaning folding pocket guide
Rates of Adults and Adolescents Living with Diagnosed HIV Infection, by Area of Residence, Year-end 2016—United States and 6 Dependent Areas

N = 1,006,691 Total Rate: 367.6

Note. Data are based on address of residence as of December 31, 2016 (i.e., most recent known address).
Rates of Diagnoses of HIV Infection among Adults and Adolescents, by Area of Residence, 2017—United States and 6 Dependent Areas

N = 38,640  Total Rate: 14.0

Note. Data for the year 2017 are considered preliminary and based on 6 months reporting delay.
HIV Testing Procedures

A Diagnosis of HIV Requires Two Tests

**Screening test:**

*Rapid screening*
- Results within an hour
- Especially suitable for jails

*Conventional screening*
- Equally accurate
- Results within a week

**Confirmatory test:**

- *Western Blot used in the past*
- *Replaced by nucleic acid testing (NAT)*
  
  Results may take a week or more
HIV Testing timeline for recent risk of exposure

**Figure 6: Recommended time from exposure to HIV test**

<table>
<thead>
<tr>
<th>Day 0</th>
<th>Day 28</th>
<th>Day 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential exposure</td>
<td>4th generation HIV antigen/antibody tests will detect 95% of infections after 28 days</td>
<td>If negative at 28 days confirm with a second test after three months</td>
</tr>
</tbody>
</table>

A negative HIV test four weeks after an exposure is good news, but you still need to confirm this three months after the exposure.

Last updated: 1 June 2016.
Priorities for RSAT: HIV & Viral Hepatitis

Prevalence and risk factors influenced by geography, nature of drug use & risk behaviors inside facilities (IDU, tattooing, high-risk sex)

**Priorities - HIV/AIDS**

- HIV testing, prevention & risk reduction education
- Continuity of care for HIV positive individuals upon entry
- Rapid initiation of treatment for newly diagnosed individuals

**Priorities - Viral hepatitis**

- HCV testing, treatment & risk reduction education
- HBV vaccination & risk reduction education
- HAV vaccination & managing potential outbreaks
When ATR treatment should begin...

- New guidelines: begin treatment within 30 days of diagnosis
- Old guidelines: when CD4 counts drop or symptoms are present
Research shows at least 90% of prisons offer antiretroviral therapy (ART) for treatment of HIV.

However, only half prisons also offered SUD treatment to HIV positive inmates. (Belenko et al., 2016)

Interruption of ART is associated with poor outcomes, creation of drug resistance, progression into AIDS & death.
Almost 86% of people infected with HIV have been diagnosed status

More than 78% of newly diagnosed linked to care within 30 days and 74% began ATR

More than 58% were retained in ATR

Approximately 60% achieved viral suppression
Challenges of HIV Risk Reduction Education in Custody

Lack of knowledge of testing & treatment resources in their communities

Unaware of risk & harm reduction strategies & resources

Inmate concerns: privacy & fear of stigma associated with HIV diagnosis

Reluctances to disclose/modify high risk behaviors

Rapid turnover in jails – short stays

Lack of pro-social re-entry supports, relapse risk
HIV & Risk of Occupational Exposure

Occupational exposures are extremely rare...

- Transmission of HIV to U.S. health workers: 58 confirmed cases.

- 150 additional reports of possible transmissions.

- Only 1 confirmed case since 1999

CDC-HIV & Occupational Exposure
Additional Recent Changes to Clinical Care Guidelines

1. A new section on: *Transgender People with HIV*

2. Completely rewritten section: *Substance Use Disorders & HIV*

3. A new section on *HIV-2 Infection*

**Question:** Have you been able to enlist the support of outside agencies in risk reduction education for inmates? (Public Health, AIDS Service Organizations, Harm Reduction Coalitions, etc.)
HIV and Hepatitis B (HBV) — is usually an acute condition but some people develop chronic HBV. HIV can speed up the progression of liver damage.

HIV and Hepatitis C (HCV) — responses to new treatments are comparable for HIV positive individuals. ART should be initiated, but concurrent treatment requires caution of drug interactions.

HIV and Tuberculosis (TB) — HIV positive individuals should be tested right away and annually. Any one with TB should be tested for HIV. People with HIV are also vulnerable to different types of pneumonia.
The Triple Threat of Viral Hepatitis
<table>
<thead>
<tr>
<th></th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transmission</strong></td>
<td>Fecal-oral</td>
<td>Blood/Sexual</td>
<td>Blood</td>
</tr>
<tr>
<td><strong>Vaccine</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Risk factors</strong></td>
<td>Contact HAV infected persons, MSM, IDU/other drug use, Homelessness</td>
<td>IDU, Sexual or household contact w/infected persons, MSM</td>
<td>IDU, Specific healthcare exposures, HIV-positive</td>
</tr>
<tr>
<td><strong>Chronic cases</strong></td>
<td>N/A (acute)</td>
<td>862,000</td>
<td>2.4 million</td>
</tr>
<tr>
<td><strong>Reinfection possible</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Helpful Resources

CDC Patient Education Materials on Viral Hepatitis

Viral Hepatitis State Prevention Coordinator List

Center for Prisoner Health and Human Rights videos: HIV & HCV Testing

HIV in Prisons & Jails Resource Page – AIDSinfonet.org

Center for HIV Policy & Law webpage on Jails and Prisons

AIDS Education and Training Centers National Resource Center

CDC Correctional Health webpage
Questions?

More information is available from the RSAT Training Tool: Prevention, Treating and Detecting HIV & Viral Hepatitis

Thank you!
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For more information on RSAT training and technical assistance please visit:

http://www.rsat-tta.com/Home
Stephen Keller
RSAT TTA Coordinator
skeller@ahpnet.com