

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Prevention, Detection & Current Clinical Guidelines: HIV/AIDS & Viral Hepatitis

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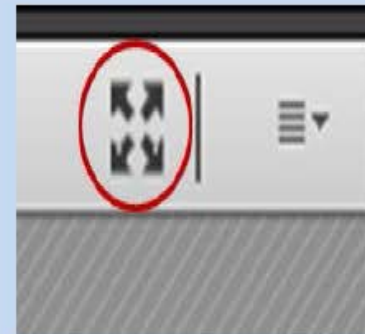
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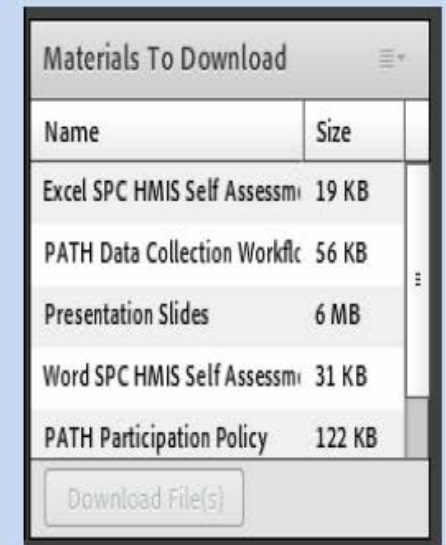
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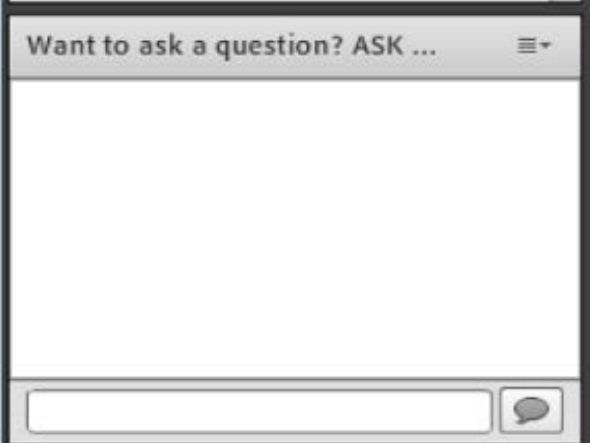
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Housekeeping: Communication

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and Technical Issues**

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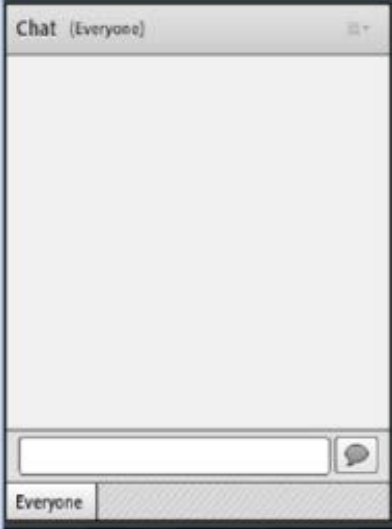
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The screenshot shows a Q&A interface with a title bar that reads "Want to ask a question? ASK ..." and a menu icon. Below the title bar is a large white text area for entering questions. At the bottom, there is a text input field and a speech bubble icon.

Chat with us!

If you have general comments, please post them in the participant chat box.



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Prevention, Detection & Current Clinical Guidelines: HIV/AIDS & Viral Hepatitis

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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.**

Updates for RSAT Staff: Relevant Changes

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)



Source: UNAIDS, 2018

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

Injection Drug Use & Transmission of HIV

In 2016, 6% of new HIV infections were attributed to injection drug use

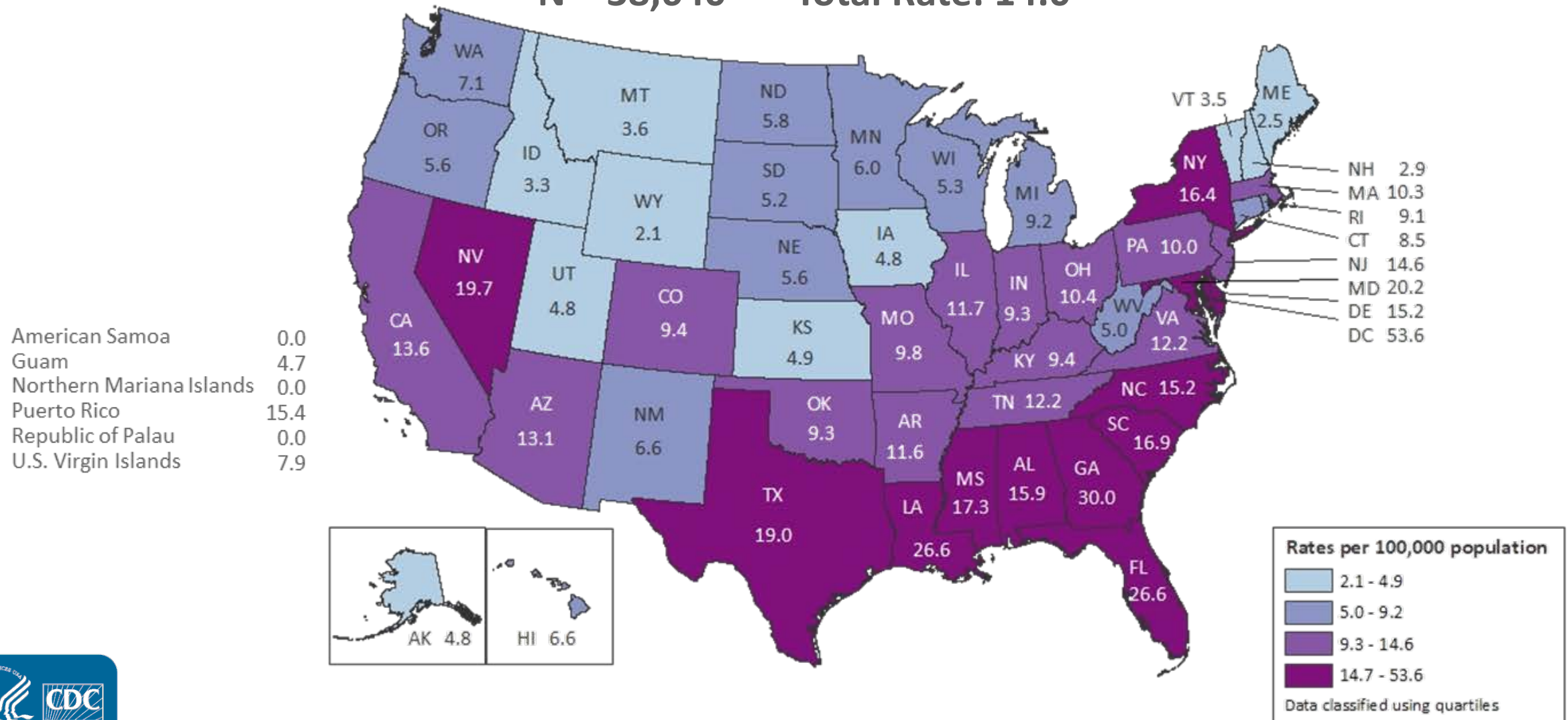
- **Syringe exchange ban lifted**
- **New DHHS rules allow funding**
- **Other harm reduction efforts**
- **Prevalence of ‘black tar’ heroin**
- **Increased concern: localized HIV outbreaks**



[CDC Syringe cleaning folding pocket guide](#)

Rates of 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

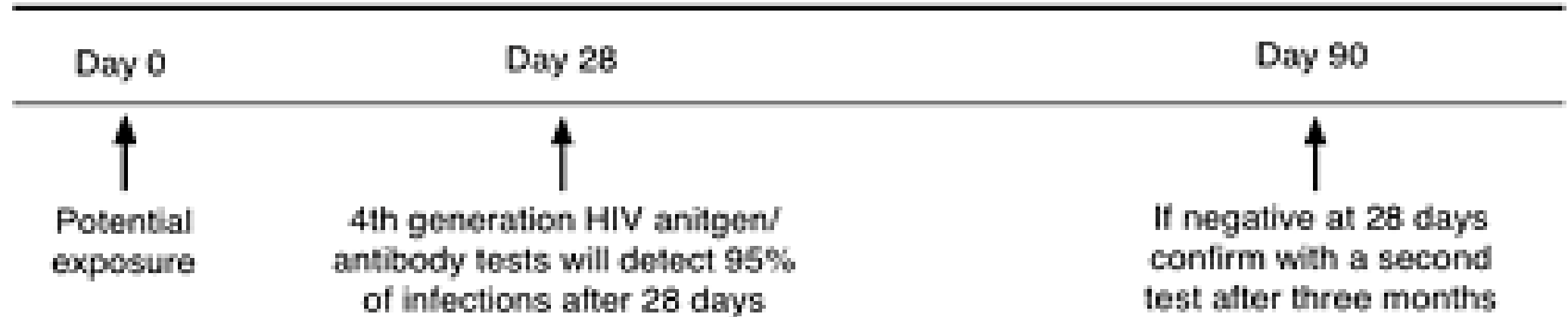
Confirmatory test:

- *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



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

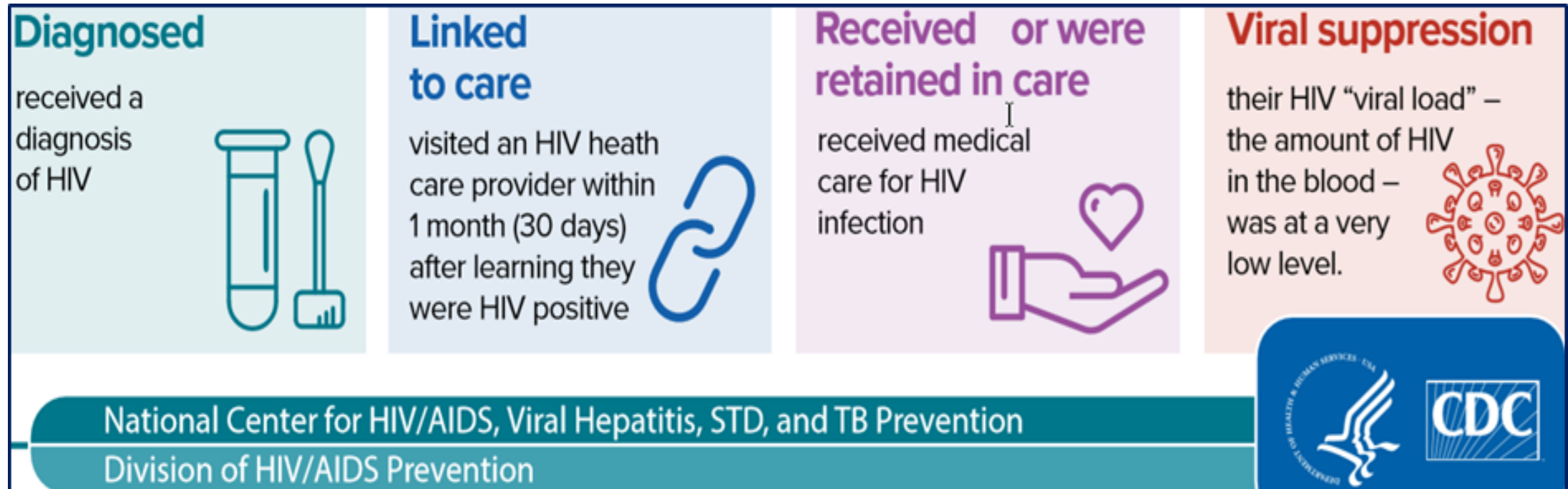
Priorities - Viral hepatitis

- HCV testing, treatment & risk reduction education
- HBV vaccination & risk reduction education
- HAV vaccination & managing potential outbreaks

Biggest Change in Clinical Care Guidelines for HIV

When ART treatment should begin...

- New guidelines: begin treatment within 30 days of diagnosis
- Old guidelines: when CD4 counts drop or symptoms are present



Most U.S. Prisons Offer ART to Inmates...

- 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.

HIV Outcomes as of July 2019

| Continuum Step |
|-------------------|
| Diagnosed |
| Receipt of Care |
| Retained in Care |
| Viral Suppression |

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...

| | |
|---|---|
| Splashes with body fluids |  Near zero, even if the fluids have blood in them. |
| Fluid splashes to intact skin or mucous membranes |  Extremely low risk, even if blood is involved. |
| Percutaneous (needle-stick) injury |  Less than 1%. |

-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.)

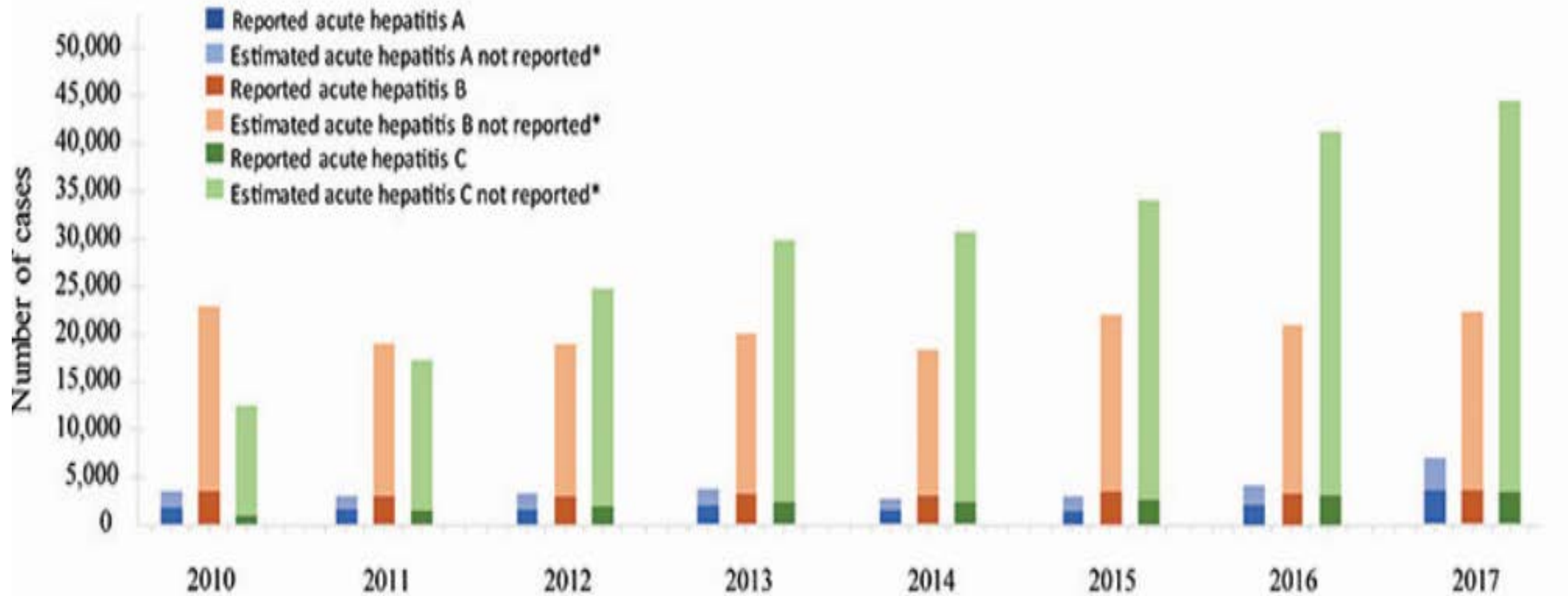
Common HIV Co-infections

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



| | Hepatitis A | Hepatitis B | Hepatitis C |
|-----------------------------|---|--|--|
| Transmission | Fecal-oral | Blood/Sexual | Blood |
| Vaccine | Yes | Yes | No |
| Risk factors | Contact HAV infected persons MSM IDU/other drug use Homelessness | IDU Sexual or household contact w/infected persons MSM | IDU Specific healthcare exposures HIV-positive |
| Chronic cases | N/A (acute) | 862,000 | 2.4 million |
| Reinfection possible | No | No | Yes |

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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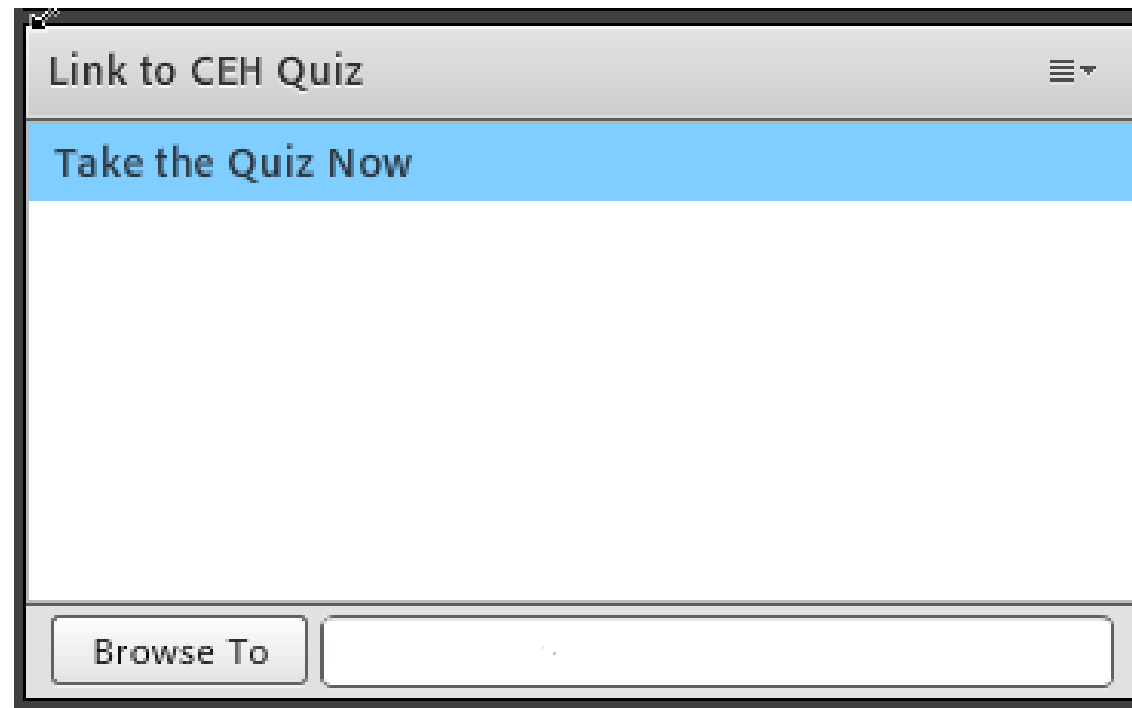
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