



HIV IN PRISONS AND JAILS

HIV AND CORRECTIONAL SETTINGS

People with HIV sometimes have to spend time in a jail or prison. Jails are usually operated by counties. Prisons are state or federal institutions.

- The rate of HIV among prisoners is 5 to 7 times that of the general population. HIV rates are highest among African American prisoners.
- In 2006, 16.9% of all PLWH in the US were in a correctional facility at some point.
- In 2008, there were about 20,449 people with HIV in state and federal prisons. The rate of HIV infection is higher among female inmates (1.9%) than among male inmates (1.7 %).

HEALTH CARE IN PRISONS AND JAILS

Medical care in a prison or jail depends on the local facility. In general, prisoners do not receive health care that meets public health standards.

Each year, many Americans with chronic diseases are jailed. This includes:

- about 25% of HIV-infected Americans
- 33% of those infected with hepatitis C virus (HCV, see fact sheet 507)
- 40% of Americans with active tuberculosis (see fact sheet 518)

Among these inmates, up to 50% have mental disorders. As many as 75% have alcohol or other substance abuse disorders. These inmates need more than just physical health care.

In the United States, prisoners have a constitutional right to healthcare that meets community standards. The Supreme Court case "Estelle v. Gamble" established this right. Failure to provide care that meets these guidelines might be considered "cruel and unusual punishment."

However, prisoners may need to advocate for their own care. They should understand their illness and make sure they get appropriate care in jail or prison.

PRISONERS WITH HIV INFECTION

Like the general population, many prisoners may not know if they are infected with HIV. Not all prisons and jails offer HIV testing. In others, testing is required. About 15 state

prisons require testing at entry. A few require it during custody. Others require testing before release.

Testing positive in a prison or jail facility may cause problems based on the rules of the facility. Prisoners with HIV have almost no privacy regarding their HIV status. They may be housed separately from non-infected inmates. They may be blocked from some work assignments.

At some institutions there are inmate peer educators. They might be a good resource and can provide a support network for HIV+ inmates.

HIV CARE FOR PRISONERS

Some facilities have no health care provider who knows about HIV care. Others have some access to HIV specialists. Fortunately, prisoners have been helped by overall advances in HIV treatment. AIDS-related deaths in state prisons decreased 82% from 1995 to 2004.

Basic principles of HIV therapy are the same inside or outside of a correctional system. The goals of therapy are the same (see fact sheet 404):

- reduce viral load as much as possible for as long as possible
- restore or preserve the immune system
- improve the patient's quality of life
- reduce sickness and death due to HIV

HIV treatment in prisons and jails is influenced by many factors, including:

- Prior treatment history
- Current viral load (see fact sheet 125) and CD4 (see fact sheet 124) levels
- Resistance to medications (see fact sheet 126)
- Other health issues, such as injection drug use (see fact sheet 154) mental health problems, liver disease, and diabetes
- Patient preferences
- Length of prison term
- Medication timing relative to inmate activities, food requirements, and refrigeration

IMPROVING YOUR HIV TREATMENT

Prisoners can improve their chances of getting good HIV health care if they **bring information with them**. This includes:

- What HIV medications they are currently taking or have taken in the past
- Current CD4 cell counts and viral load
- **Any HIV-related illness they have had (opportunistic infection, see fact sheet 500.) These may require monitoring or preventive medication.**
- Details on any serious side effects they have had from HIV treatments

Even when an inmate provides good information, there can be a delay in getting their HIV medications. Prisoners cannot bring their own medications with them. This delay or interruption in treatment increases the risk of resistance (see fact sheet 405.)

RISK FACTORS WHILE INCARCERATED

Several studies have found that most HIV-positive inmates are infected before they enter prison. HIV risk behaviors often continue inside the institution. These include injecting drug use, tattooing, body piercing, and consensual and nonconsensual sexual activities. The lack of sterile drug paraphernalia leads to needle sharing in prison. Needle sharing among soon-to-be released prisoners is high.

Incarcerated people face several additional health risks. Rates of hepatitis C (see fact sheet 507) are very high in prisons and jails. Hep C is transmitted very easily in blood, or through tattooing or sexual activity. Tattoos received in prison are linked with increased risk for hepatitis B and C. Condoms are not allowed in most jails or prisons.

WHAT HAPPENS WHEN HIV-POSITIVE PRISONERS ARE RELEASED?

An inmate's health is a critical factor in how well they make the transition to life back in their community. Getting a referral to an AIDS services agency is very important. Prisoners may need help finding housing, employment, and support services. If you are a prisoner who is getting ready to be released, consider visiting the library or asking a friend or family member to send you the address of a local AIDS service organization. They may be able to help you get set up with some referrals before your release.

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