



Rapid HIV Testing in Correctional Facilities



Questions

What is the potential need for rapid HIV testing in correctional facilities?

What type of testing (opt-in, opt-out, voluntary, mandated, standard, rapid) does the literature suggest?

What are the benefits of rapid HIV testing in these settings?

Key Take-Home Messages

- HIV rates are particularly high in correctional settings. In the U.S., HIV prevalence is five times higher in state and federal correctional systems than in the general population¹.
- In Canada, HIV prevalence is also higher among persons in prison than in the general population. In 2006, 1.64% of people in Canadian federal prisons were reported to be HIV positive vs. 0.3% in the general adult population².
- The Centers for Disease Control and Prevention (CDC) advocates for voluntary and routine testing in all correctional settings and suggests that testing be conducted through opt-out rather than opt-in procedures^{3,5}.
- As a result of many prisoners leaving jail before standard HIV test results can be given or follow-up blood work can be collected, rapid testing in correctional facilities should be used⁴.
- The CDC recommends: conventional blood testing or rapid testing with conventional confirmation in prisons and rapid testing with conventional confirmation in jails⁵.

The Issue and Why It's Important

Given that the prevalence of HIV/AIDS is significantly higher among those in correctional settings¹ and that these individuals represent a large and diverse group, these facilities offer an ideal setting for public health interventions and research⁶. The rate of incarceration is higher among minority races and

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy.

In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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ethnicities – as a result, HIV testing in correctional settings can reduce HIV/AIDS health disparities experienced by these populations⁷. It is important for individuals to become aware of their HIV serostatus as soon as possible as it greatly improves their capacity to seek and access medical care, which can result in improved quality of life and prevent the spread of the virus⁷.

The literature indicates a need for more HIV testing in correctional settings. In a 2002 survey, only 21.6% of inmates reported that they received an HIV test after admission⁷. Another study noted that fewer than 5% of correctional facilities offer HIV testing at all⁶.

What We Found

The literature shows that while prisoners in correctional facilities often welcome HIV testing⁸, the procedure is not consistently available.^{6,7} For a 12-month period in 2008, three large correctional facilities in the U.S. implemented a rapid HIV testing program. As a result of the program, HIV testing increased more than six fold. All three facilities continued to provide care during incarceration periods and the program costs were integrated into existing budgets⁹. In another rapid testing program, 98% who were offered testing completed it. Of these individuals, an overwhelming percentage favoured rapid testing to venipuncture¹⁰. In one study, 88% of respondents preferred rapid testing to the standard HIV testing method¹¹. A qualitative study demonstrated that most participants had their first HIV test while incarcerated, with one stating: “I’m doing nothing else, might as well get tested.”⁸

According to the literature, opt-out testing was widely viewed as preferable to opt-in testing.^{6, 10, 12} The opt-in testing approach is one in which “a person is offered an HIV test that he or she may elect to accept, decline, or defer,” while in the opt-out approach “a person is notified that an HIV test will be performed unless he or she declines or defers testing”¹³. After a comprehensive review of the Rhode Island Department of Corrections (RIDOC) HIV testing program, routine opt-out testing was supported by the researchers.¹⁰

Such programs would improve the health of the correctional population and serve as examples for future research and cost analyses.⁶ In North Carolina, opt-out testing programs have resulted in much higher participation rates than opt-in programs. Among prisoners, opt-in programs resulted in 60% being tested while opt-out programs resulted in 90% being tested.¹²

According to key stakeholders and correctional staff in one study, rapid HIV testing was consistently preferred over conventional testing methods¹⁰. In another study involving health care workers in New York City, 90% of respondents believed that HIV testing in correctional settings was important and 87% were confident in recommending rapid HIV testing¹⁴. According to a survey of 154 prisoners involved in the RIDOC testing program, 98% reported that, if possible, they would like their HIV test results sooner rather than later.¹¹

Although results from rapid testing are available in 10-30 minutes, additional tests are sometimes required. Results are reported as reactive, non-reactive, or invalid. A reactive result (also called a preliminary positive) has to be confirmed with a blood or oral fluid test before an HIV-positive diagnosis can be made.⁵

For prisoners with short incarceration periods, collecting follow-up blood work after a preliminary positive can be challenging as they may be in court, bonded out, or released.¹⁵

In the U.S., jail sentences tend to be significantly shorter than prison sentences, creating a stronger need for rapid HIV testing in jails. Quick delivery of rapid HIV test results will allow prisoners to learn their HIV status sooner and may motivate them to seek HIV care.⁴

RIDOC reviewed its HIV testing program among prisoners from 2000 to 2007, who were tested within 24 hours of incarceration. Results showed that if testing had been delayed for seven days, 43% of detainees would not have been tested. If it was delayed for 48 hours, 29% would not have been tested.¹⁶ In another study, all participants who underwent rapid HIV testing received their results while fewer than 30% who did a follow-up visit received results from their standard HIV test, supporting the use of rapid HIV testing in correctional settings.⁴

According to a 2009 CDC report, the organization recommends conventional blood testing or rapid testing with conventional confirmation in prisons and rapid testing with conventional confirmation in jails.¹⁵

Factors That May Impact Local Applicability

The literature discussed dealt exclusively with HIV testing in jails and prisons in the United States. While these findings may be relevant to correctional facilities in Canadian setting, these two countries have different correctional systems, penalties, HIV infection rates and populations. Therefore findings should be interpreted with caution as they may not be generalizable.

What We Did

We searched PubMed using a combination of text terms (HIV AND test* AND prison*) and limited the search results to English articles published in the US, Canada, UK, and Australia from 2007 to present. We also searched the Cochrane Library and DARE using the following text terms: HIV AND test* AND prison* and scanned the HIV and Acquired Immune Deficiency Syndrome categories on HealthEvidence.ca for any potentially relevant systematic reviews. Lastly, we reviewed the references in the studies found.

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