



U.S. Department of Justice
Office of Justice Programs
National Institute of Justice

Executive Summary: Issues and Practices

1996–1997 Update: HIV/AIDS, STDs, and TB in Correctional Facilities



National Institute of Justice



Centers for Disease Control and Prevention



Bureau of Justice Statistics

HEALTH AND JUSTICE

Executive Summary

At midyear 1998, more than 1.8 million people were in prisons and jails in the United States, and 6 million were under some form of criminal justice supervision. Inmates have disproportionately high rates of infectious disease, substance abuse, high-risk sexual activity, and other health problems. Thousands of former correctional inmates return to the community each month. Because prisoners are part of the community and because correctional health and public health are increasingly intertwined, health care and disease prevention in correctional facilities should be based on the collaborative efforts of correctional, public health, and community-based health care and social service organizations.

This 1996–1997 Update reports on the extent of HIV/AIDS, STDs, and TB among correctional inmates and on the policies and practices being implemented to prevent and control these diseases in correctional settings. In this report, statistics on the prevalence of HIV infection and AIDS in correctional populations are derived primarily from surveys conducted by the Bureau of Justice Statistics (BJS) in 1996 and 1997. Findings regarding policies and practices and legal and legislative issues are based primarily on the ninth national survey of HIV/AIDS, STDs, and TB in correctional facilities, sponsored by the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) and conducted between December 1996 and August 1997.

Findings on HIV-testing policies presented in chapter 5 of this report are from BJS' 1996 National Prisoner Statistics and the 1997 NIJ/CDC survey. Statistics on other policies are based primarily on the NIJ/CDC ninth national survey and associated site visits. Although the report focuses on adult correctional systems, several examples of HIV prevention programs in chapter 3 were drawn from site visits to juvenile facilities. Key findings presented in this report are summarized below.

HIV/AIDS: Burden of Disease Among Inmates

- The overall prevalence of HIV infection and AIDS among inmates has been quite stable since 1991, but some systems have experienced declines in HIV seroprevalence.

- There have been some declines in AIDS deaths among inmates since 1995.
- Nevertheless, HIV infection and AIDS continue to be far more prevalent among inmates than in the total U.S. population.
- The Northeast region has the largest number and percentage of inmates with HIV infection and AIDS.
- The prevalence of HIV and AIDS is higher among Hispanic and black inmates than among white inmates.
- The prevalence of HIV and AIDS is higher among female inmates than among male ones.

Sexually Transmitted Diseases and Hepatitis: Burden of Disease Among Inmates

- Available data on STDs and hepatitis B and C among inmates are very incomplete, reflecting the relative rarity of routine screening for these conditions in correctional facilities.
- However, behavioral profiles and anecdotal evidence suggest that inmates are disproportionately affected by STDs and hepatitis.

HIV and STD Education and Behavioral Interventions

- HIV and STD education programs are becoming more widespread in correctional facilities.
- However, few correctional systems have implemented comprehensive and intensive HIV prevention programs in all of their facilities.
- Peer-based education and prevention programs offer important advantages, such as cost-effectiveness, credibility, flexibility, and benefits to peers themselves.

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- Although few HIV/STD prevention programs in correctional settings have been rigorously evaluated, anecdotal evidence suggests that programs can be successful in reaching this extremely high-risk population with practical risk-reduction messages.

HIV Transmission and Risk Factors, Precautionary and Preventive Measures

- High-risk behaviors for HIV transmission—sex, drug use, sharing of injection materials, and tattooing—occur in correctional facilities.
- HIV transmission among correctional inmates has been shown to occur.
- Comprehensive and intensive education and prevention programs represent the best response to these facts, although the precise content of such programs is controversial.
- Rape and coerced sexual activity also occur in correctional facilities but require a different response, one based on inmate classification, housing, and supervision.
- The implementation of “universal precautions” represents the heart of a correctional infection-control program and the first line of defense against the occupational transmission of HIV.
- Condom distribution and other harm-reduction strategies have not been widely adopted in American correctional systems.
- Experience with harm reduction in correctional facilities in Europe and elsewhere may warrant the attention of U.S. correctional administrators.

Counseling and Testing, Confidentiality, and Disclosure

- Most correctional systems provide HIV antibody testing, although testing policies differ widely.

- Seventeen State correctional systems and the Federal Bureau of Prisons had policies for mandatory HIV-antibody testing of inmates at intake and/or release.
- Few correctional systems have mandatory or routine pregnancy testing of female inmates.
- Ongoing assessment of HIV-antibody and pregnancy-testing policies is warranted in light of changing community standards for treatment of HIV/AIDS.
- Very few correctional systems have policies for notification of correctional officers regarding inmates’ HIV status.
- Few correctional systems routinely screen inmates for STDs.

Housing and Correctional Management

- Only a small number of correctional systems segregate inmates with HIV disease, and the number of systems with segregation policies has declined sharply since the late 1980s.
- Some correctional systems still limit the work assignments for which inmates with HIV are eligible.
- Few correctional systems permit conjugal visits for any inmates, and even fewer allow such visits for inmates with HIV.
- Policies for the early or compassionate release of inmates with terminal illness, including end-stage AIDS, are quite common, but relatively few inmates are actually being released under such policies.

Medical Treatment and a Continuum of Care

- Protease inhibitors and combination therapies have brought dramatic improvements in the medical condition and survival of people with HIV, at least over the relatively short term that has been available for study to date.

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- The new therapeutic combinations pose challenges for patient adherence, and failure to adhere consistently to the regimens may have serious public health consequences if drug-resistant strains are transmitted to others.
 - New drugs and reduced dosing currently under study offer hope of more “patient-friendly regimens.”
 - Clinicians must work closely with patients to make the best therapeutic decisions.
 - A continuum of services including early identification, timely and effective treatment, case management, discharge planning, and community linkages will make for optimal clinical and psychosocial outcomes for inmates with HIV disease.
 - Continuity of care and bridging to community services also contribute to positive patient outcomes.
 - Existing program models have not been rigorously evaluated but probably warrant replication based on anecdotal evidence.
 - Most State/Federal prison systems appear to be following CDC guidelines regarding TB screening, isolation and treatment, and preventive therapy, whereas adherence is lower among city/county jail systems.
 - Better collection and reporting of screening data would help to document the burden of TB infection and disease among inmates.
 - Improvements are also needed in the use of directly observed therapy, as well as in postrelease adherence to treatment for TB disease and TB infection.

Legal and Legislative Issues

- The U.S. Supreme Court has ruled that HIV and HIV-related discrimination are covered under the Americans With Disabilities Act.
 - There were few other major legal developments affecting HIV/AIDS in correctional facilities during the period covered by this Update report, although courts generally continued to uphold correctional systems’ policy responses to HIV/AIDS.
 - Some State legislatures have attempted to expand the requirements for HIV antibody testing of inmates and disclosure of inmates’ HIV status, but these efforts generally have been unsuccessful.
- ## Tuberculosis (TB)
- In recent years the incidence of TB has declined both in the overall U.S. population and among correctional inmates, although it remains much higher among inmates.