



HIV and Hepatitis C Services in the Wisconsin Department of Corrections

**Wisconsin
AIDS/HIV Program**
Public Health Perspectives
Focus Paper

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Preventing and controlling HIV and hepatitis C virus infection

Preventing and controlling HIV and hepatitis C virus (HCV) infection in correctional settings is a priority for public health.

Compared to the general population, prison inmates have disproportionately high rates of HIV and HCV infection. Nationally, the HIV infection rate among inmates is estimated to be 2½ times higher than that of the general population.¹ Estimates of inmate HCV infection range from 28-67% compared to a rate of 1-2% among the general population.²

Correctional health is public health -- it involves health care services that are a shared responsibility of correctional staff, governmental public health, and community-based agencies. Each sector -- corrections, public health, and other community partners -- has an important role in addressing the prevention or care needs of affected inmates and in transitioning services for inmates returning to the community.

Throughout the nation, many programs and strategies have been effective in reducing HCV and HIV infections (as well as other sexually transmitted diseases) in corrections.^{3,4} These include:

- HIV counseling and testing
- peer prevention education
- condom availability
- harm reduction programs (syringe exchange)
- substance abuse treatment
- mental health treatment
- sexually transmitted disease/HIV treatment
- transitional discharge planning
- housing
- alternatives to incarceration
- sentencing and parole reform

Correctional settings in Wisconsin include a diverse range of prisons, jails and community corrections programs managed by federal, state, or local agencies. Wisconsin correctional facilities include:

- one federal prison;
- 81 county/municipal jails; and
- 16 state correctional institutions, 13 correctional centers for adults, and six juvenile facilities managed by the Wisconsin Department of Corrections (DOC).

This focus paper reviews the health services for DOC prison inmates who are infected with or at risk for HIV and HCV infection. It does not address services in municipal or county jails where the average length of incarceration is short (usually less than 20 days) or the federal prison system which is outside the jurisdiction of the state.

Wisconsin Department of Corrections

The DOC is charged with overall responsibility of managing and coordinating state correctional facilities, activities, and programs. In March 2009, there were over 22,200 adults in a DOC facility and over 70,000 individuals in DOC community corrections (probation and parole) programs. The DOC oversees:

- health services, education, employment training and other offender programming for incarcerated offenders;
- administration of probation and parole programs;
- assignment of inmate security levels;
- placement and movement of offenders throughout the correctional system;
- management of electronic monitoring of offenders reintegrating in the community; and
- victim advocacy services.

Summary

In Wisconsin, correctional health services in state level correctional institutions are a shared responsibility of governmental and private agencies. Collaborative partnerships address the disproportionate impact of HIV and HCV infection in corrections. Over time, partnerships have been directed at ensuring inmate accessibility to HIV and HCV prevention services; related risk assessment and voluntary testing; linkage and follow-up services with HIV and HCV specialists; and monitoring and management of inmates with HIV and HCV infection by correctional health care staff. Specialized HIV case management for inmates ensures continuity of care and linkage to community-based services upon release. The Wisconsin Division of Public Health supports HIV and HCV prevention and care services through funding, ongoing consultation, and by facilitating HIV and HCV related communication between the DOC and other governmental and private agencies. Interagency collaborations address ongoing challenges and barriers to prevention and care.

The intake facilities for the DOC include the Dodge Correctional Institution (for males) and the Taycheedah Correctional Institution (for females). The correctional health services in the DOC prison system include medical; nursing; dental; pharmacy; and optometric, radiologic, and mental health services. On admission to the DOC, all inmates undergo a health evaluation which includes a nursing assessment; laboratory testing; optical, dental and mental health screening; and physical exam.

Every major DOC institution has a Health Services Unit (HSU) with staff responsible for providing routine ambulatory care services, management of minor injuries, routine monitoring of chronic diseases, and referral for specialty care. The physical facilities for each HSU include administrative and clinic offices for medical care, dental operatories, and a few have holding beds used for short term illnesses during day or evening hours. A twenty-four hour infirmary is located at the Dodge Correctional Institution where the DOC has recently implemented hospice services.

Laboratory, ambulance, prenatal care, and other specialty health care services are provided on a contractual basis with community-based providers and agencies. Correctional health physicians are employed either directly by the DOC or under contract. The physicians are all generalists and provide routine ambulatory care services.

Inmates diagnosed with HIV or HCV infection are referred to the University of Wisconsin Hospitals and Clinics for specialty medical management. The DOC has chronic disease management guidelines to assist clinicians in screening, evaluation and treatment of patients with hepatitis B, C, and HIV. The medical co-payment of \$7.50 is waived for health care related to chronic medical conditions such as HIV, TB, and hepatitis infections. There are no charges for medications, lab tests or special visits.

HIV and HCV screening

HIV testing is routinely offered to all inmates at intake and is available on request any time during incarceration. Testing is voluntary and requires written informed consent as required by law, the same as in the community. Historically, routine testing offered at intake resulted in a 90% acceptance rate. The prevalence of HIV in the Wisconsin prison system is 0.6% among inmates electing to be tested. The prevalence among inmates declining testing is estimated to range from 0.6-1.3%. While a small number of inmates may have been undergoing seroconversion (the window period) when tested at intake or may have acquired HIV while incarcerated, the DOC has not documented a case of inmate seroconversion.

Some states mandate HIV testing of inmates on admission to the correctional system or prior to release. The Wisconsin AIDS/HIV Program believes that testing should be voluntary to preserve inmate rights and to maintain a standard of care that is the same as that in the community. The AIDS/HIV Program further believes that all inmates should be aware of the option for voluntary pre-release testing. This should be offered early to ensure that results are received prior to release and to allow time to establish linkages for those individuals found to be in need of care.

The protocol for HCV screening in DOC is based on an inmate's positive risk history (past injection drug use, liver disease, hemodialysis, receipt of clotting factor, blood transfusion, HIV positive), physical exam, and elevated alanine transaminase (ALT) liver enzyme laboratory test results. The HCV screening protocol is based on a research study conducted by the State Laboratory of Hygiene, the Wisconsin Division of Public Health, and DOC. The study, which identified an HCV prevalence rate of 14% among Wisconsin inmates, demonstrated that limiting HCV screening to approximately 30% of inmates who met select screening criteria identified approximately 90% of all HCV infection among DOC inmates.⁵

Highlights

Correctional health is public health.

HIV testing is routinely offered to all inmates at intake and is available on request any time during incarceration.

HIV testing is voluntary and requires written informed consent as required by law, the same as in the community.

Routine HIV testing offered at intake results in a 90% acceptance rate.

HCV testing is based on an inmate's risk history and lab results suggesting liver disease.

Co-payments are waived for health care related to chronic conditions such as HIV, TB and hepatitis infections.

There are no charges for medications, lab tests or special visits related to management of chronic disease.

HIV medical and case management

Inmates diagnosed with HIV infection are followed by DOC providers at least every six months and more frequently if a condition warrants. In addition, all inmates with HIV are referred to the University of Wisconsin Immunology Clinic which advises the DOC on treatment management. Medical consultation services through the Immunology Clinic are provided onsite at the University of Wisconsin Hospital and Clinics in Madison as well as via telemedicine video-conferencing. As of April 2009, 110 inmates were currently receiving treatment for HIV infection.

The University of Wisconsin (UW) Immunology Clinic also provides short-term HIV case management and discharge planning, including a full case assessment when the inmate is released from a correctional facility. Because most inmates are scheduled for release within one year, discharge planning is started as soon as the inmate enters the corrections system. Release planning consists of multiple face-to-face sessions with the inmate to offer referrals and linkage to medical care and case management in the area where the inmate will be released.

The discharge plan coordinated through UW Immunology Clinic staff involves:

- meeting with a social worker;
- enrolling in Wisconsin AIDS/HIV Drug Assistance Program (ADAP);
- scheduling a medical appointment in the release area;
- providing the individual with take-home medications;
- establishing for the medications to be refilled;
- working with an ASO or CBO to establish a case manager in the release area; and
- providing medication adherence counseling.

Once an inmate is released, the Immunology Clinic conducts follow-up to ensure the former inmate has followed through with medical and case management appointments. The case manager is a vital component in helping the individual find employment, stable housing, and linking with necessary care to treat not only the HIV infection but also linking to care for other health issues, including mental health or substance abuse issues.

HCV medical management

Inmates initially diagnosed with HCV infection may be referred to the UW Gastroenterology Clinic if they appear to be potential treatment candidates based on guidelines agreed upon by UW Gastroenterology Clinic and the DOC. Medical management and treatment are based on HCV genotyping and other variables, including whether an inmate's sentence interferes with completing a course of treatment. Inmates with HCV infection are scheduled regular follow-up with DOC Health Services Unit staff. As of April 2009, 58 inmates were receiving treatment for HCV infection.

During intake at the Dodge Correctional Institution inmates are offered information about hepatitis B and hepatitis vaccine. Vaccination is offered at no cost and is supplied by the Wisconsin Immunization Program in the Department of Health Services. Inmates who initiate vaccination during intake continue their vaccination series at their next institution. In May 2008, the DOC started administering the Twinrix combination hepatitis A & B vaccination. The hepatitis vaccination program has been well received by inmates.

Highlights

All inmates with HIV are referred to the University of Wisconsin Immunology Clinic which advises the DOC on treatment management.

As of April 2009, 110 inmates were currently receiving treatment for HIV infection.

Inmates initially diagnosed with HCV infection are further evaluated through the University of Wisconsin Gastroenterology Clinic.

As of April 2009, 58 inmates were receiving treatment for HCV infections.

Discharge planning for all inmates includes medical management of chronic conditions, including referrals for follow-up care and medication management.

Partnerships dedicated to HIV and HCV efforts in corrections

The Wisconsin Division of Public Health (DPH) supports HIV and HCV prevention and care services for persons in corrections through funding of services and through partnerships.

Examples of services supported by the DPH include:

- HIV and hepatitis screening testing through fee exempt testing;
- provision of hepatitis B and Twinrix (A and B) vaccine;
- funding of HIV and STD partner services;
- funding of HIV inmate case management at the UW Immunology Clinic;
- funding of community agencies to provide HIV prevention education in select DOC facilities;
- funding of community agencies to provide HIV and HCV testing and prevention education in select jails; and
- short-term AIDS/HIV drug assistance (ADAP) for jail inmates.

The DPH actively partners with the DOC and academic and community agencies concerning HIV and HCV-related programs and activities, including collaboration with academic partners in promoting HIV-related behavioral research; collaboration with the State Laboratory of Hygiene in conducting HIV, HCV, and HBV epidemiologic research; and facilitation of workgroup meetings between DOC, State Laboratory of Hygiene, and Bureau of Communicable Disease staff.

Partnerships on research and evaluation at national levels have assessed the effectiveness of HIV and HCV-related interventions in corrections. The Center for AIDS Intervention Research (CAIR) at the Medical College of Wisconsin, the DOC, the UW School of Medicine and Public Health, and other community partners participated in a national multi-site research study (Project START) comparing the efficacy of two HIV, STD, and hepatitis prevention interventions focused on young men recently released from prison. The study demonstrated that a multi-session, community reentry intervention can lead to lower rates of sexual risks among young men released from prison.⁶

Ongoing challenges to prevention and care in corrections

While there have been positive developments in implementing effective HIV and HCV prevention and intervention efforts in DOC correctional settings, several challenges and barriers to prevention and care exist:

- Stigma associated with HIV and HCV infections continues, resulting in some inmates declining testing for fear of identifying risk behaviors or fear of a diagnosis being disclosed to correctional staff or other inmates.
- Inmates are currently required to travel to Madison for the majority of medical management of HIV infection. Some inmates are reluctant to receive care in a setting with the general public where their identity as an inmate is obvious and immediately known. Some inmates are also reluctant to travel for an appointment outside the correctional facility since it may compromise their confidentiality as others become aware of the reason care is sought outside the institution.
- Condoms and injection drug equipment are considered contraband in corrections and therefore condoms distribution and needle and syringe exchange is currently prohibited in DOC institutions even though both are prevention interventions with proven effectiveness in the community.
- Many inmates re-initiate HIV and HCV-related risk behaviors within the first month of release, especially when they are unable to successfully address basic needs such as food, housing, health care, and employment.
- Inmates with HIV and/or HCV infection frequently have multiple diagnoses such as mental health or substance abuse problems that require complex care and coordination both within the correctional facility and after release.
- The demand for mental health services in corrections far exceeds resources available to meet these needs.
- The health care needs of aging inmates are increasing as chronic and co-morbid health conditions develop in this population.

Highlights

HIV and HCV services supported by the DPH include:

- *HIV and hepatitis screening testing through fee exempt testing;*
- *provision of hepatitis B and Twinrix (A and B) vaccine;*
- *funding of HIV and STD partner services;*
- *funding of HIV inmate case management at the UW Immunology Clinic;*
- *funding of community agencies to provide HIV prevention education in select DOC facilities;*
- *funding of community agencies to provide HIV and HCV testing and prevention education in select jails; and*
- *short-term AIDS/HIV drug assistance (ADAP) for jail inmates.*

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In Wisconsin, correctional health services in state level correctional institutions are a shared responsibility of governmental and private agencies. Collaborative partnerships address the disproportionate impact of HIV and HCV infection in corrections. Over time, partnerships have been directed at ensuring inmate accessibility to HIV and HCV prevention services; related risk assessment and voluntary testing; linkage and follow-up services with HIV and HCV specialists; and monitoring and management inmates with HIV and HCV infection by correctional health care staff. Specialized HIV case management for inmates ensures continuity of care and linkage to community-based services upon release. The Wisconsin Division of Public Health supports HIV and HCV prevention and care services through funding, ongoing consultation, and by facilitating HIV and HCV related communication between the DOC and other governmental and private agencies. Interagency collaborations address ongoing challenges and barriers to prevention and care.

For further information regarding HIV and HCV services in the Wisconsin Department of Corrections contact the Wisconsin AIDS/HIV Program at 608-267-5287

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