

Performance of Rapid HIV Testing in the High Throughput Environment of County Jails

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NEED



- 9 million persons cycle through jail nationally an average of 1.4 times/year; median length of stay = 48 hours to 5 days.¹
- High turnaround, so conventional testing too slow for jail environment.²

- HIV prevalence 3x > among correctional populations than the general population.¹
- Atlanta has 5 mega-jails, each with daily populations > 2,000 and > 30,000 admissions per year.³

ISSUES

MODEL:

- Rapid testing provides results before release: results now available as soon as 60 seconds after testing (e.g. INSTI from BioLytical Laboratories).
- Staff nurses trained to provide testing 24/7, rather than rely on outside health department staff.



CONCERNS:

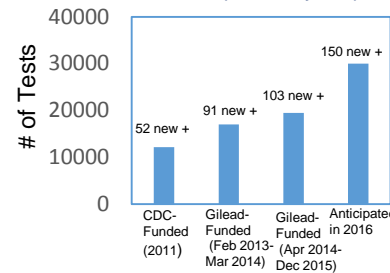
- Patient privacy may be perceived as limited in jail setting, but testing implemented in area with auditory privacy.
- Evidence shows that patients do not fully disclose HIV risk factors.
- Jail detainees may not be able to access care before release; therefore must engage in discharge planning. Post-release care has its own challenges.

PROJECT

- 2011, CDC Cooperative agreement: We implemented rapid opt-out HIV testing by jail nurses integrated into medical intake process at Fulton County Jail (FCJ).⁴
- 2012-2015: Sustained project by grant from Gilead Sciences/FOCUS Project.
- 2015: Success at FCJ led to GA Department of Public Health support for duplication at DeKalb County Jail (DCJ); FOCUS discussing replication at Cobb County, GA jail.
- 2016: Fulton County Department of Health and Wellness will underwrite FCJ program.

RESULTS

Expansion of Rapid HIV Testing in Atlanta Jails (Preliminary Data)



- March 2013-February 2014: 17,032 rapid HIV tests conducted at FCJ; 89 new cases identified.²
- In 2013, Fulton County diagnosed 771 new case county wide.⁵
- Thus, 12% (89/771) of all newly identified cases in county were from this FCJ program.

- In total this program has offered over 70,000 tests, conducted over 50,000 and found nearly 250 persons previously undiagnosed as positive.
- Risk factors for HIV for those in jail depend on how you ask --

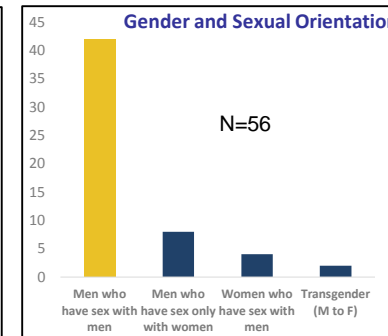
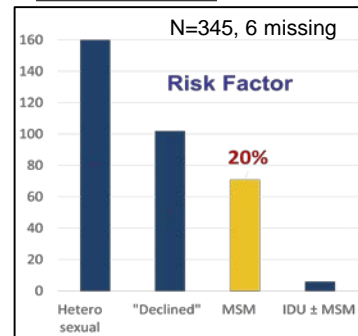
Face-to-face pen & paper, at HIV+ dx, FCJ FOCUS project, 2013-15.

Sex: 88% male
Race: 90% Black

vs.

Asking by ACASI in context of NIH Study: HIV + cohort baseline data, 2014-15.⁴

Sex: 89% male
Race: 79% Black



- When asked by staff, face-to-face in a clinical context, 20% of newly diagnosed inmates indicated their risk as being a man who has sex with other men (MSM). When asked by computer query in a research context 84% of cis-gender males indicated their risk as MSM.

CONTINUED CHALLENGES

- To improve linkage to care after discharge⁴
- SUCCESS – Sustained, Unbroken Connections to Care, Entry Services, and Suppression: Strength-based case management intervention in NIH funded feasibility trial.
- Preliminary data from feasibility study: 59% (29 of 49 releasees) linked to care (obtained HIV labs including a viral load, in clinical settings one year following release).

LESSONS LEARNED

- HIV epidemic intertwined with hyper-incarceration in the US Southeast.
- Implementation of our nurse-led model has been sustained and replicated in jails across the region.
- Jails here are an opportune setting for HIV testing, reaching predominantly black MSM: 12% of all HIV cases for the county.
- A program at FCJ aimed at linking HIV + detainees to community care is showing preliminary success.

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