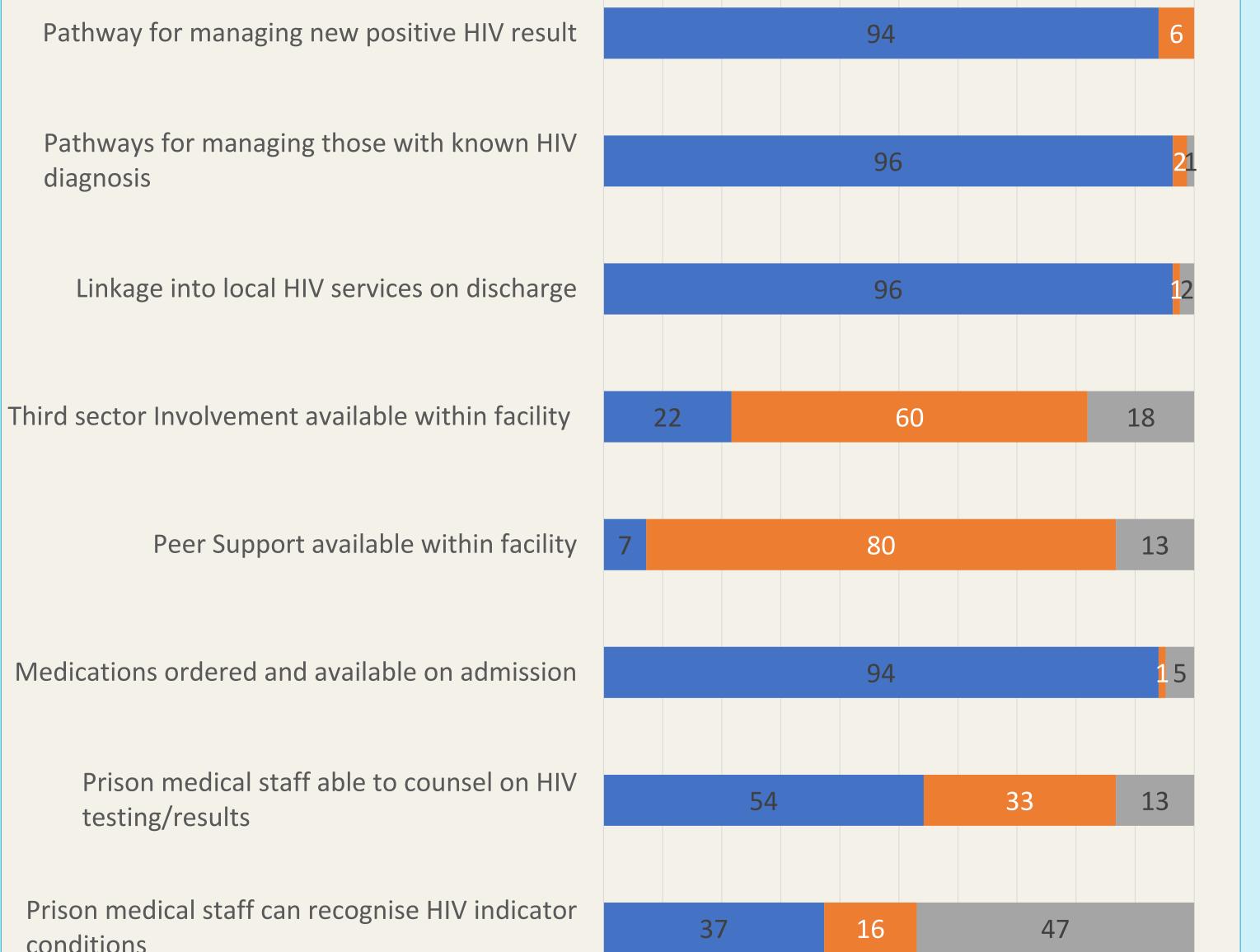
## Provision to diagnose, treat and prevent HIV in secure facilities of incarceration across the United Kingdom Dr K. Humphries<sup>1</sup> Dr N. Bell <sup>2</sup> Dr S. Chan <sup>3</sup>

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Introduction	Results		Discussion
<ul> <li>The UK has made excellent progress towards getting to zero transmissions of HIV by 2030,</li> </ul>	<ul> <li>The answers reported by the facilities on aspects of healthcare related to HIV care and prevention are detailed below.</li> </ul>		<ul> <li>Acceptable response rate given substantial questionnaire.</li> <li>Useful snapshot provided on</li> </ul>
through both prevention and treatment strategies.	HIV test offered on arrival		<ul> <li>available services.</li> <li>Potential bias in what prisons issued</li> </ul>

 However, there is limited data on it same goals being achieved in the incarcerated populations.

- Healthcare available should be at least equivocal to that in the community, however data suggests that is not the case.
- This population potentially have  $\bullet$ increased risk factors for HIV acquisition barriers to and services the accessing in community.
- There is limited national data on  $\bullet$ what services are available.
- We aim to determine what services  $\bullet$ are available to prisoners across



responses to the questionnaire, and in answers given, as self reported.

- No response from any immigration • removal center's – highlights potential concern.
- Difficulties highlighted directly from prison healthcare staff on lack of staffing and resource.
- Lack of awareness as to what is available by principal healthcare care personnel illustrated by frequency of 'unknown' in answers.

**Areas for future** development

UK identify where the and be improvements can made.

## Method

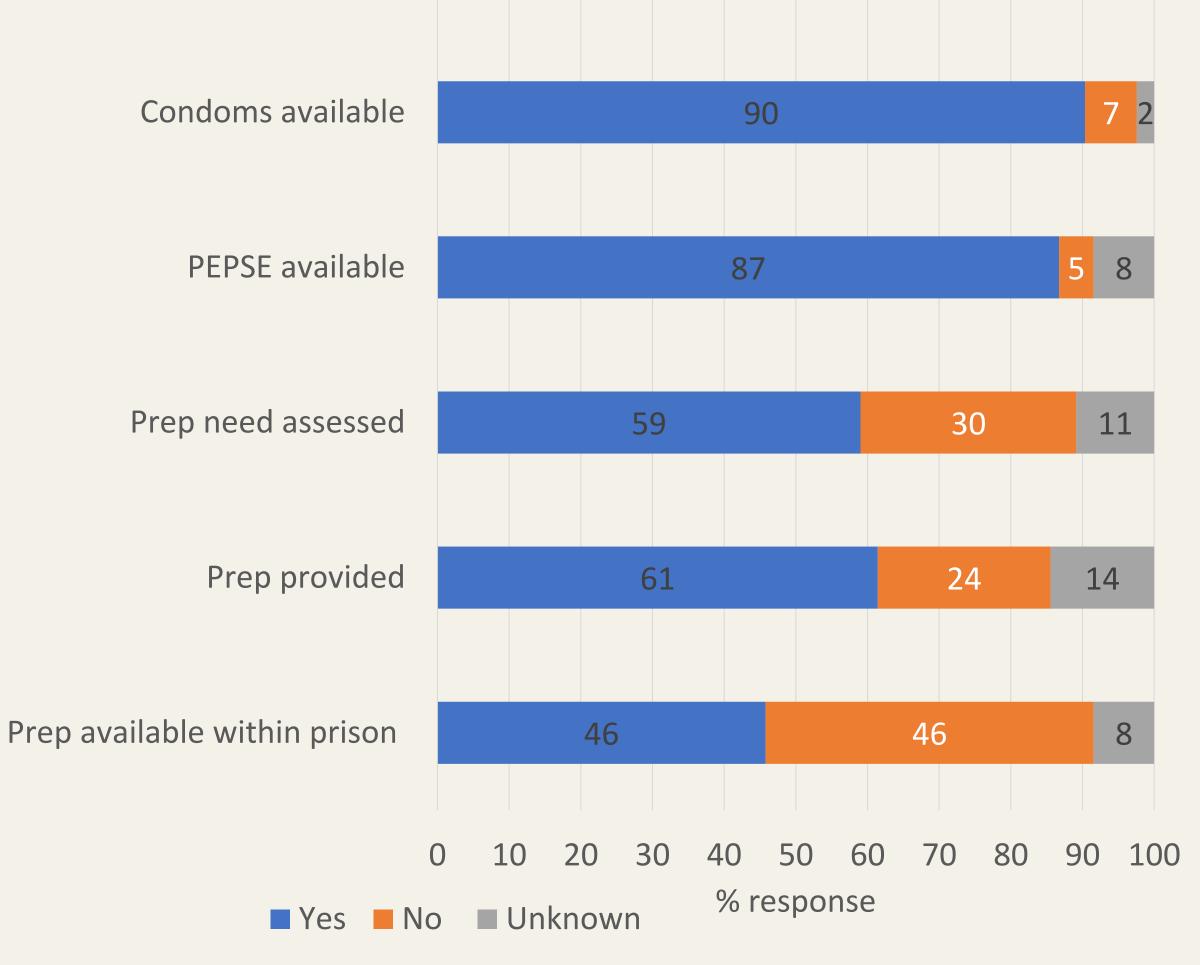
- sectional survey was Cross conducted of the 150 secure facilities of incarceration in the United Kingdom from December 2021 to March 2022
- A questionnaire was emailed to the healthcare team which contained various questions on HIV prevention and management.
- Answers were self reported by the team and emailed back.

## Responses

Sexual Health Education provided to staff to reduce stigma

diagnosis

conditions



27

29

45

• Excellent HIV opt out testing rates reported

- Combine with the remaining sexual health data from survey to identify all areas that can be optimized.
- Need assessment of current rates of HIV within prisons and testing rates.
- Assessment on inmate's perspective
- on what services available and barriers to access.
- Engagement third with sector organizations to increase support.
- Engage with the local sexual health services to reach out to IRC's.
- New BASHH standards are awaited, reaudit following distribution

Contact established with 144/150

secure facilities

- .83/150 completed and returned questionnaire
- All Scottish 15/15 and N.Ireland 3/3 prisons responded.
- 64/120 responses from England/ Wales
- 3/4 Secure Hospitals responded
- 0/8 Immigration Removal Centres

- Majority of facilities have established links with centres providing HIV care
- Gaps in PEPSE provision

lacking

- Gaps in PrEP provision, less than half can offer within the prison
- Low levels of peer and third sector support available
- Prison healthcare staff training around HIV / Sexual Health appears to be

## Acknowledgements

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(IRC's)

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