Provision to diagnose, treat and prevent HIV in secure facilities of incarceration across the United Kingdom

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Introduction

• The UK has made excellent progress towards getting to zero transmissions of HIV by 2030, through both prevention and treatment strategies.
• However, there is limited data on if 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 increased risk factors for HIV acquisition and barriers to accessing services in the community.
• There is limited national data on what services are available.
• We aim to determine what services are available to prisoners across the UK and identify where improvements can be made.

Method

• A cross sectional survey was 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.

Results

• The answers reported by the facilities on aspects of healthcare related to HIV care and prevention are detailed below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV test offered on arrival</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathway for managing new positive HIV result</td>
<td>94</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Pathways for managing those with known HIV diagnosis</td>
<td>96</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Linkage into local HIV services on discharge</td>
<td>96</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Third sector Involvement available within facility</td>
<td>22</td>
<td>60</td>
<td>18</td>
</tr>
<tr>
<td>Peer Support available within facility</td>
<td>7</td>
<td>80</td>
<td>13</td>
</tr>
<tr>
<td>Medications ordered and available on admission</td>
<td>53</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Prison medical staff able to counsel on HIV testing/results</td>
<td>54</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>Prison medical staff can recognise HIV indicator conditions</td>
<td>37</td>
<td>16</td>
<td>47</td>
</tr>
<tr>
<td>Sexual Health Education provided to staff to reduce stigma</td>
<td>27</td>
<td>29</td>
<td>45</td>
</tr>
<tr>
<td>Condoms available</td>
<td>90</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>PEPSE available</td>
<td>87</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Prep need assessed</td>
<td>59</td>
<td>30</td>
<td>11</td>
</tr>
<tr>
<td>Prep provided</td>
<td>61</td>
<td>24</td>
<td>14</td>
</tr>
<tr>
<td>Prep available within prison</td>
<td>46</td>
<td>46</td>
<td>8</td>
</tr>
</tbody>
</table>

• Excellent HIV opt out testing rates reported
• Majority of facilities have established links with centres providing HIV care
• Gaps in PEPSE provision
• 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 lacking

Discussion

• Acceptable response rate given substantial questionnaire.
• Useful snapshot provided on available services.
• Potential bias in what prisons issued 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

• 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 with third 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

Acknowledgements

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• Thanks to Joseph Heskin and Jon Dunn for their expertise in assisting drafting the questionnaire.