

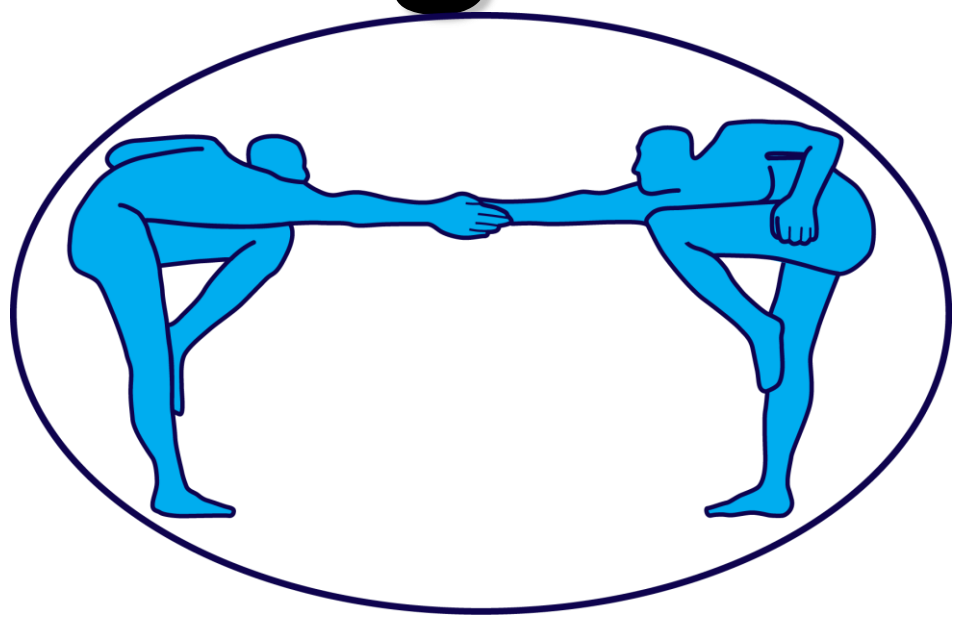
An investigation into HIV prevalence in individuals leaving prison and entering drug and alcohol treatment services in the area of highest HIV prevalence in the UK

P164

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Project background:

- Intravenous drug users (IVDUs), particularly those within the prison service, are at high risk of acquiring HIV and Hepatitis C (HCV)¹
- Such individuals often do not access mainstream medical care, decline blood tests, and have poor venous access²
- Barriers to HIV testing in prison are well described³ and primarily relate to issues around stigma and confidentiality. For those diagnosed HIV positive whilst in prison engagement with HIV services is low
- Low levels of HIV / HCV testing are reported in prison inmates and this group may represent an undiagnosed pool of infection. Testing individuals as they leave the prison service is a unique opportunity for testing
- By using oral swabs, difficulties of venous access can be avoided
- Lambeth has the highest prevalence of HIV in the UK⁴ and it is estimated that 15–20% of inmates at HMP Brixton are HIV positive⁵

Project aims and objectives:

- To determine HIV and HCV prevalence in intravenous drug users leaving prison
- To investigate missed opportunities for HIV testing in the previous 12 months
- To investigate barriers to HIV and HCV testing in this high-risk population
- To obtain client advice to improve HIV testing in prison and prison discharge settings

Demographics and HIV Testing History

- N=35 individuals tested for HIV and HCV and were 80% male. 74.3% UK born, 48.6% White and 77.1% heterosexual. 37.1% were IVDU, median age was 36 (range 22–74)
- 57.1% individuals had previously tested for HIV, median time since last test was 4 years (range <1 to 15 years)
- 54.3% individuals had previously tested for HCV, median time since last test was 3 years (range <1 to 11 years)
- Median length of time in prison was 3 months (range <1 to 48 months)
- 48.6% and 51.4% of attendees had never been offered an HIV or HCV test in prison, respectively
- Only 2 individuals had tested for HIV and HCV in prison

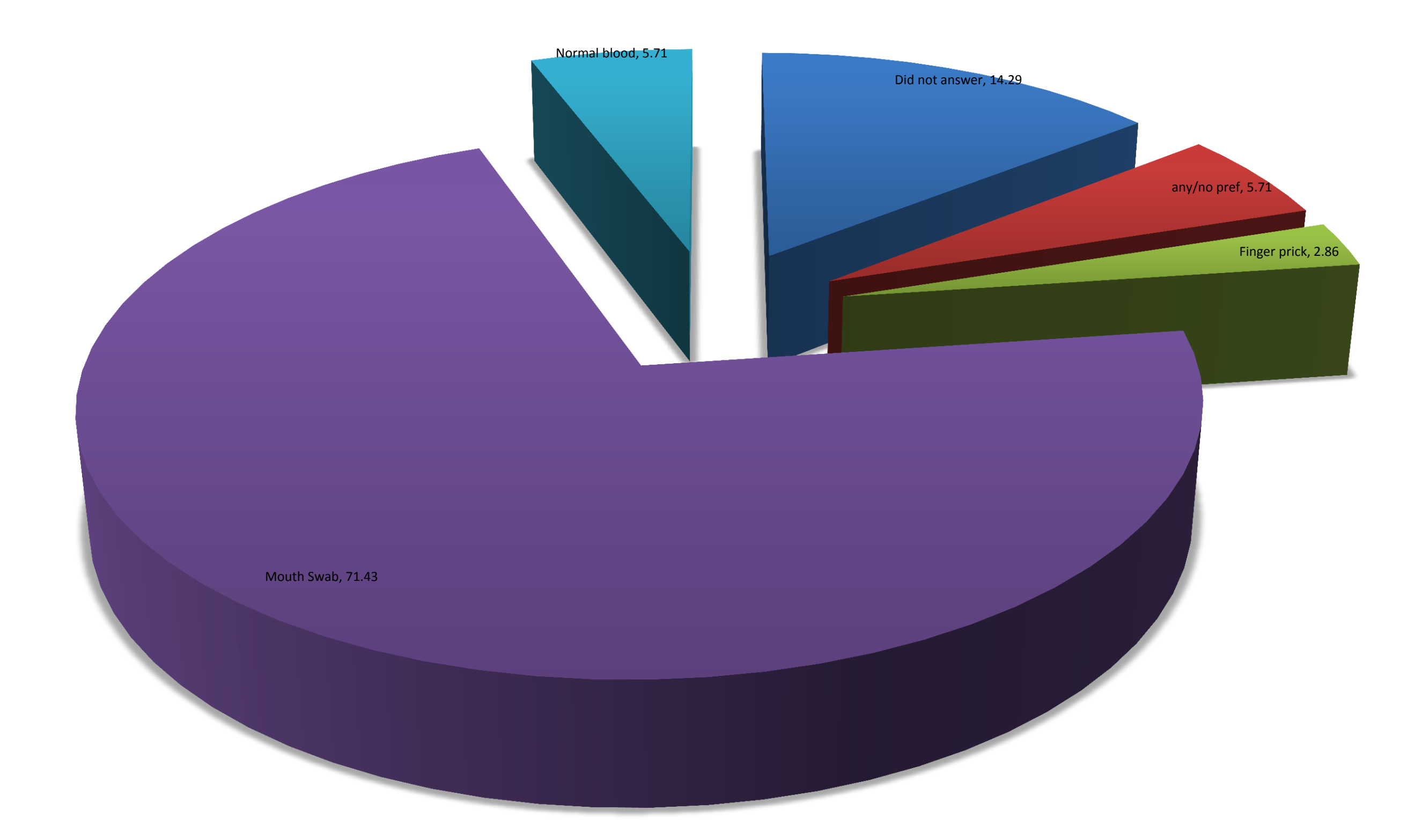


Figure 1 Preferred Method of HIV and Hep C Testing

Key learning points:

1. HIV prevalence was zero in this group. This suggests that this method is not a cost-effective approach to HIV testing but may be for HCV testing.
2. Uptake of HIV/HCV testing was very low despite good publicity and support from the drug services
3. Approximately half of attendees had not been offered HIV and HCV testing in prison. This is concerning and will be the subject of future work

Methods:

- GUM staff from St Thomas’ delivered 26 walk-in clinics twice a week at Lorraine Hewitt House drug rehabilitation unit, Brixton, from 3/11/10 to 11/3/11
- The service was developed in close liaison with the drug and alcohol team and publicised using posters and education of reception staff
- Oral swab testing for HIV and HCV was offered along with NAAT testing for chlamydia and gonorrhoea
- A simple questionnaire was completed by attendees which covered testing history and risk practice

HIV and HCV Prevalence

- 14.3% individuals were already known to be HCV positive
- 5.7% (N=2) individuals were newly diagnosed HCV positive but none tested HIV positive
- All tests for chlamydia and gonorrhoea were negative in this group

Attitudes towards HIV testing

- 82.9% felt HIV/HCV testing should be offered in prison
- 71.1% felt this should be done using a mouth swab (figure 1)

Concerns regarding testing

- 35% had no concerns regarding HIV/HCV testing (figure 2) but, in those who did, dislike of needles, receiving a positive result and confidentiality were the commonest barriers to testing

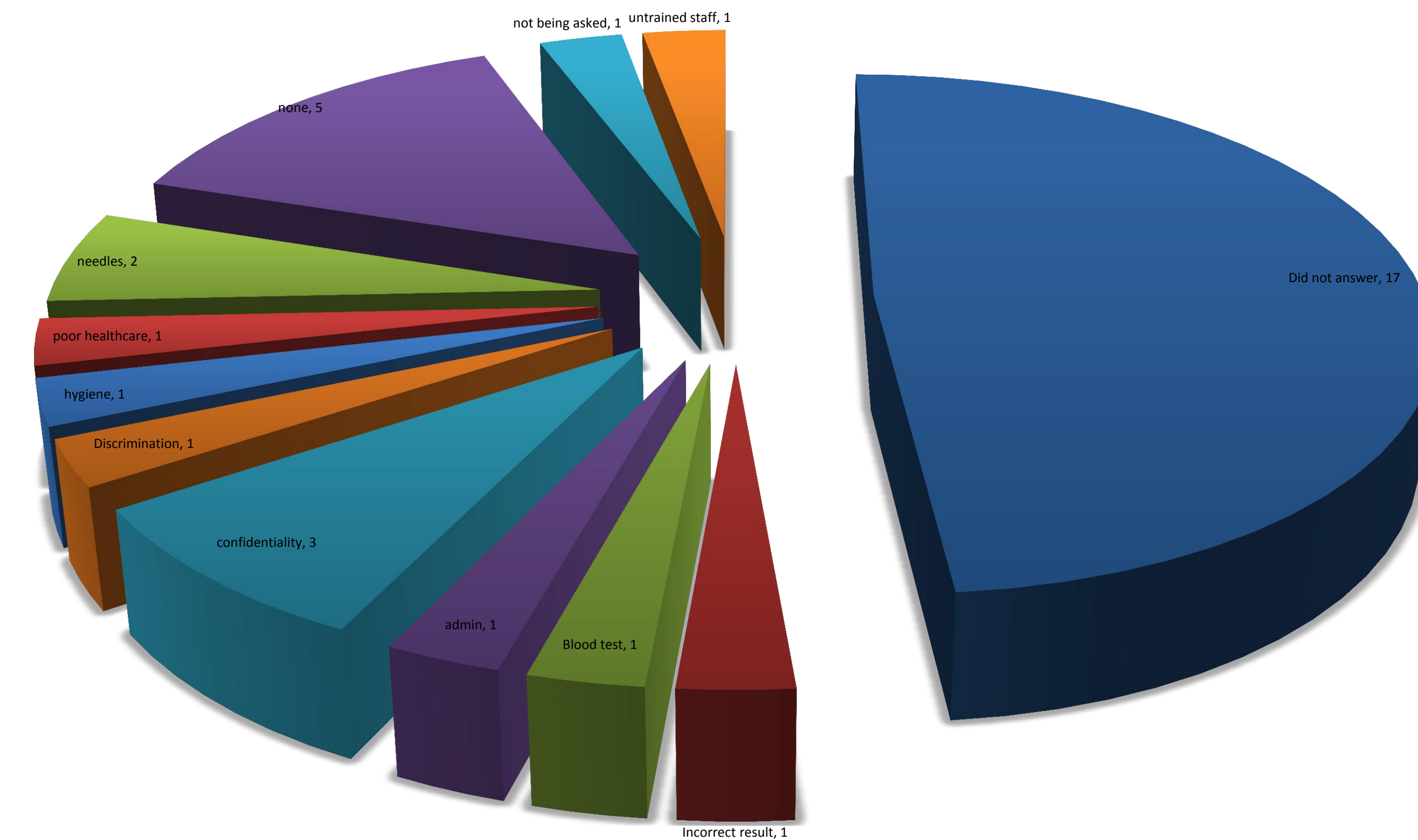


Figure 2 Concerns regarding HIV and Hep C Testing

Conclusions and recommendations:

- HIV and HCV testing of high-risk individuals within prison services needs to be increased
- Oral swabs represent a well-accepted mode of testing in intravenous drug users
- Testing in drug rehabilitation services does not result in high uptake of testing or detection of undiagnosed HIV

References:

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Acknowledgements

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