Intravenous drug users (IVDUs), particularly those within the prison service, are at high risk of acquiring HIV and Hepatitis C.


71.1% felt this should be done using a mouth swab (figure 1).

Median length of time in prison was 3 months (range <1 to 48 months).

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).

54.3% individuals had previously tested for HCV, median time since last test was 3 years (range <1 to 11 years).

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.

Approximately half of attendees had not been offered HIV and HCV test in prison, respectively.

Only 2 individuals had tested for HIV and HCV in prison.

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.

Uptake of HIV/HCV testing was very low despite good publicity and testing in clinics twice a week at Brixton 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.

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.

Only 2 individuals had tested for HIV and HCV in prison.

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 obtain client advice to improve HIV testing in prison and prison discharge settings.

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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.

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.

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:

3. Harrison Wing, St Thomas’ Hospital, London and Lorraine Hewitt House, Brixton, London, UK
4. HPA data available at www.hpa.org.uk

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