



# HIV CARE IN THE TDCJ

David Paar, M.D.

Director, Clinical Virology

UTMB-CMC

# PREVALENCE OF HIV IN THE U.S. (2006)

## General Population

1,106,400 HIV +

0.37 %

1 in 278 people  
are HIV +

## State Prisons/FBOP

29,985 HIV +

1.7 %

1 in every 59 inmates  
are HIV +

# Texas Department of Criminal Justice (TDCJ) Contracts Two Universities to Provide Health Care for TDCJ Inmates



Geographical Areas of Responsibility

# HIV TESTING IN THE TDCJ

- Policy B-14.11 in *Correctional Managed Health Care Infection Control Manual*.
- Mandatory Routine Testing at intake although about 2 % opt out.
- Mandatory Testing
  - If inmate exposes a staff member to blood or body fluids.
  - At release if the offender has not had a positive HIV test or has not been tested at least 6 months prior to release.
- At inmates request at 6 month intervals.

# HEALTH CARE RESOURCES

- Viral load (bDNA); vl < 75.
- Resistance Testing (VircoType); phenotype when clinically necessary.
- Trofile.
- All antiretroviral agents on formulary or available by non-formulary process when recommended by an HIV Specialist.
- Don't have: Trizivir, Epzicom, Combivir.
- Clinical Pharmacists (adherence monitoring and counseling).
- All medical and surgical subspecialty care available through UTMB.
- Telemedicine.

# TDCJ HIV Statistics

January – December 2010

**Table 2. Offender Population and Known HIV (+) Offender Population by Month, 2010**

Month	Population	HIV (+)	Month	Population	HIV (+)
January	153,537	2419	July	154,517	2382
February	153,943	2376	August	154,799	2382
March	153,951	2365	September	155,022	2408
April	<u>154,047</u>	<u>2367</u>	October	155,814	2417
May	152,474	2374	November	156,063	2385
June	154,463	2390	December	155,892	2394

February 2011

**Table 7. Male/Female Ratio of Current HIV (+) Offender Population**

CDC Classification	Male	Female	Total (%)
A1, A2 (Asymptomatic)	1298	188	1486/62
B1, B2 (Symptomatic)	110	2	112/5
A3, B3, C1 – C3 (AIDS)	739	49	788/33
Total	2147	239	2386/100

# FEBRUARY 2011 TDCJ HIV + POPULATION

**Table 5. Age Group by Race/Ethnicity of Current HIV (+) Offender Population**

Age Group	White	Black	Hispanic	Other	Total
<19	0	7	1	0	8
20-29	46	163	53	0	262
30-39	157	331	111	1	600
40-49	294	588	125	0	1007
>49	122	344	43	0	509
<b>Total</b>	<b>619</b>	<b>1433</b>	<b>333</b>	<b>1</b>	<b>2386</b>

**1776 out of 2386 = 75 % MAI**

# ANTIRETROVIRAL THERAPY IN TDCJ

- About 67.5 % of HIV positives in TDCJ are on ART.
- Of those on ART, 94.3% have an undetectable vl.
- Multiple studies have shown that prisoners do well on treatment while in prison, the challenge is continuing medical care as they transition to the community.

# HIV Positive Releases from the TDCJ

## December 2010 Report

**Table 3. Offenders Tested for HIV, Newly Identified with HIV or AIDS, and Released with HIV(+) by Most Recent Month 2010 with Comparative Data for 2009**

	2010 [This Month]	2009 [Same Month]	2010 Year to Date	2009 Year to Date
HIV (+) , known at intake	125	NA	809	NA
HIV screens, intake	6092	NA	64423	NA
HIV (+), intake	55		579	
HIV screens, offender- and provider-requested	1003	NA	11353	NA
HIV (+), offender- and provider-requested	1	NA	22	NA
HIV screens, pre-release	3291	3798	38308	44366
HIV (+), pre-release	2	3	22	29
HIV (+) released	116	105	1339	1376
AIDS, newly diagnosed	3	4	76	86

An average of 112 HIV + inmates released per month

# WHERE ARE TDCJ INMATES RELEASED TO?

January 2011

**Table 4. HIV (+) Offenders by Legal County of Residence, Incoming and Outgoing**

County of Residence	Incoming		Outgoing	
	Number	%	Number	%
Harris	800	34	2	2
Dallas	444	19	4	4
Tarrant	132	6	0	0
Travis	78	3	1	1
Bexar	126	5	3	3
Remainder	790	33	85	89
<b>Total</b>	<b>2370</b>	<b>100</b>	<b>95</b>	<b>100</b>

February 2011

**Table 4. HIV (+) Offenders by Legal County of Residence, Incoming and Outgoing**

County of Residence	Incoming		Outgoing	
	Number	%	Number	%
Harris	805	34	9	11
Dallas	439	18	2	2
Tarrant	136	6	1	1
Travis	83	3	2	2
Bexar	127	5	1	1
Remainder	796	33	70	82
<b>Total</b>	<b>2386</b>	<b>100</b>	<b>85</b>	<b>100</b>

# The UTMB-CMC Discharge Planning Process

- Meet with offender within 3-6 months of their projected date of release.
- Assist offender with completing the Texas Department of Health (TDH) AIDS Drug Assistance Program (ADAP) Application.
- Provide offender with Community Based Organization (CBO) contact information.
- Provide offender medical records to the CBO.

Baillargeon J, Giordano TP, Rich JD, Wu HZ, Wells K, Pollock BH, Paar, DP  
**Accessing Antiretroviral Therapy Following  
Release from Prison.** JAMA. 2009;30(8):848-857

- Retrospective cohort study of all 2115 HIV-infected inmates released from TDCJ between January 2004 and December 2007 who were on ART at time of release.
  
- ADAP prescription for ART filled by
  - 5.4 % at 10 days
  - 17.7 % at 30 days
  - 30 % at 60 days
  
- Those released on parole were more likely to receive a prescription at 30 days
  
- Those who were assisted with ADAP applications were more likely to receive a prescription at 10 days.

Baillargeon JG, Giordano TP, Marzke AJ, Baillargeon, G, Rich, JD, Paar, DP. **Enrollment in Outpatient Care Among Newly Released Prison Inmates with HIV Infection.**

Public Health Reports/2010 Supplement 1/Volume 125

- Retrospective cohort study of 1750 HIV-infected inmates who were released from the TDCJ and returned to Harris County between January 2004 and December 2007
- Only 20 % of released inmates enrolled in an HIV clinic within 30 days of release and only 28 % did so within 90 days.
- Age greater than 30 years, those on ART at release, and those who received assistance with ADAP application were more likely to begin care at both time points.



# THE INITIAL VISIT

## Forms to be filled out

- ❖ HIV AUTHORIZATION FOR USE & DISCLOSURE OF PERSONAL HEALTH INFORMATION - (PHI)
- ❖ ADAP APPLICATION/SUPPORTER STATEMENT
- ❖ MEDICAL CERTIFICATION FORM

## A copy of all paperwork is:

given to the offender  
mailed to the ASO/Clinic  
sent to the Texas Medication Assistance  
Program

# THE SECOND VISIT

- ❖ When is this visit scheduled?
- ❖ Form utilized to ensure offender has all information needed for a successful appointment
  - “ Continuity of Care Form ”
- ❖ What is discussed:
  - ASO appointment date/time
  - Importance of showing up for the appointment
  - What to bring to the appointment
  - How to activate the ADAP if on HIV medications
- ❖ Questions answered

# THE THIRD VISIT

- ❖ When is this visit initiated?
- ❖ How is this visit accomplished- DMS
- ❖ What is discussed with the Offender?
  - Appointment with the ASO
  - What to bring to the appointment
  - How to activate the ADAP
  - The Supporter Statement
  - What is "Your" plan?