

Incarcerated and HIV Risk

The incarcerated population is at high risk for HIV because behaviors that lead to incarceration, such as drug-related behaviors, also put people at risk for HIV. Sexual, drug-related behaviors and tattooing during incarceration as well as mental health issues, poor decision making and poor coping skills also place incarcerated individuals at risk for HIV transmission.

In September 2007, the U.S. Department of Justice released a detailed report of HIV in Prisons. As of December 31, 2005, correctional authorities reported that 20,888 State inmates (1.8%) and 1,592 Federal inmates (1.0%) were infected with HIV or had confirmed AIDS. Over half of these cases were in the South, one-third were in the Northeast, and one-tenth were in the Midwest and West. Of the diagnosed HIV/AIDS cases among State inmates, 18,953 were males and 1,935 were females which represented 1.8% and 2.4% of the State prison population respectively. Two percent of cases among State inmates were among Blacks, followed by Hispanics (1.8%) and Whites (1.0%). Majority of those infected were 45 years old or older (2.6%), followed by 35-44 years old (2.5%), 25-34 years old (0.8%), and 24 years old or younger (0.3%). 5.1% of those infected reported sharing a needle for injecting drugs and 2.8% reported ever using a needle to inject drugs (Maruschak, 2007).

There are varying results from studies on high-risk behavior in prisons. Reported sexual behavior among men ranges from 2 – 65% and estimates of sexual behavior range from 0 – 40% (Okie, 2007). A recent study in the Georgia prison system found that, between 1988 and 2005, 88 men had a negative HIV test at entry into the prison system and a HIV seroconversion during incarceration. The primary transmission risk found was among men who had sex with another man (MMWR, 2006). Moreover, incarcerated men may have elevated risk when released from prison. A study conducted by the CDC, found that 51% of men engaged in unprotected sex on the first day of being released from prison and 86% had engaged in unprotected sex within the first week of being released (CDC, 2004).

National data shows that HIV-infection among the incarcerated population is four times higher than the general population (Okie, 2007).

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There is limited data available on HIV/AIDS among the incarcerated population in Virginia. In 2004, one percent (302 cases) of the incarcerated population in Virginia were HIV-infected or had a confirmed AIDS diagnosis. Reasons for HIV testing during incarceration in Virginia included: inmate request, clinical indication, or an incident that would necessitate a HIV test (Maruschak, 2007).

Some prevention strategies recommended by the World Health Organization (WHO) include: increasing condom availability among prisoners, providing access to bleach for cleaning injecting equipment, the availability of drug treatment and methadone maintenance programs if they are provided in the community, and to consider needle-exchange programs (Okie, 2007).

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