**BACKGROUND**

- The burden of HIV is around four times higher and the HIV positivity rate is up to ten times higher in correctional settings compared to the general population.
- Incarceration provides a unique opportunity to perform HIV/HCV screening in high-risk and hard-to-reach individuals.
- The CDC recommends routine opt-out HIV testing in jails and prisons, however only 19% of prisons and 35% of jails offer this service.
- The WHO recommends that all inmates should be tested for HCV, however only 12% do so.
- Incarceration provides a unique opportunity to perform HIV/HCV screening in high-risk and hard-to-reach individuals.

**OBJECTIVES**

- To describe the results of an opt-out combined HIV and HCV testing program in a criminal justice setting.
- To determine the prevalence and demographic characteristics of HIV and HCV in this population.

**METHODS**

- Opt-out HIV/HCV testing was offered to individuals entering the Dallas County Jail between October 2015 and July 2016 at the time of a scheduled blood draw.
- HIV testing was performed using the 4th generation Ag/Ab test (LabCorp) Laboratories, Redmond, WA and HCV antibody assay (BioRad) was used to screen for HCV.
- Basic demographics were extracted from electronic health records.
- For those who tested HIV positive, risk factors, prior engagement in care (seen by HIV care during incarceration) were assessed.
- For those who tested HCV positive, prior seropositivity was determined by chart review.
- SAS statistical software, v9.4 (SAS Enterprises, Inc. Cary, NC) was used for all analyses.

**RESULTS**

**HIV OPT-OUT TESTING**

**Figure 1. Flow diagram outlining the HIV screening process.**

**Table 1. Baseline characteristics of the HIV-positive population**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>MSM</th>
<th>IDU</th>
<th>ALI</th>
<th>Engagement post jail (6 months after)</th>
<th>Engagement in care before jail (6 month before)</th>
<th>Engagement in care while in jail</th>
<th>HCV Ab positive</th>
<th>New Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>300</td>
<td>80</td>
<td>110</td>
<td>190</td>
<td>110</td>
<td>80</td>
<td>60</td>
<td>80</td>
<td>200</td>
<td>300</td>
<td>340</td>
<td>300</td>
<td>80</td>
</tr>
<tr>
<td>35-64</td>
<td>280</td>
<td>70</td>
<td>90</td>
<td>150</td>
<td>90</td>
<td>70</td>
<td>30</td>
<td>30</td>
<td>150</td>
<td>220</td>
<td>260</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

**Figure 2. HCV Ab positivity by race**

**CONCLUSIONS**

- Routine opt-out testing in a jail setting identified multiple HIV and HCV infections.
- New HIV diagnoses were relatively rare (6/3153), though above CDC recommended thresholds for testing (15.0% prevalence, 0.12 incidence); linkage to HIV care and re-engagement in care were high.
- The rate of HCV Ab positivity was high and one-third was already aware of this diagnosis.
- Testing only those in the baby boomer cohort would have missed approximately half of HCV infections, predominantly among whites.
- HCV Ab positivity was > 2X higher in Whites vs Blacks among those born after 1965, and nearly 2X higher among both Vs White baby boomers (born 1945-1965).

**LESSONS LEARNED/BEST PRACTICES**

- Opt-out HIV and HCV testing is feasible in the correctional health setting.
- Existing linkage to HIV care programs within the jail are robust, however, consider additional resources for this after release.
- HIV testing should be offered to all inmates, regardless of whether they are baby boomers or not.
- Need to add reflex HCV RNA testing to confirm HCV infection and increase HCV education and linkage to care programs.

**REFERENCES**

8. Acknowledgments: We would like to acknowledge Gilead Sciences, Inc. FOCUS program for funding of the opt-out HIV/HCV testing program.