HIV Care Cascade Among Individuals Diagnosed During Incarceration

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Paul J. Merville, MD[1], Sheena M. Knights, MD[1], Isabela Anawate, MS[1], Hanna Gedamu, MS[1], Jacqueline Naeem, MD[2], Alex Treacher, PhD[2], Barry-Lewis Harris II, MD [3], Sophia Culp, MPH[3], Robin T. Higashi, PhD[1], Timothy P. Hogan, PhD[1,4], Julia Marcus, PhD[5], Douglas Krakower, MD[5,6], Ank E. Nijhawan, MD, MPH, MSCS[1,3]

[1] University of Texas Southwestern Medical Center, Dallas, TX, USA, [2] Parkland Center for Clinical Innovation, Dallas, TX, USA, [3] Parkland Health, Correctional Health, Dallas, TX, USA, [4] Veterans Affairs Bedford Healthcare System, Bedford, MA, USA, [5] Harvard Medical School, Boston, MA, USA, [6] Beth Israel Deaconess Medical Center, Boston, MA, USA

BACKGROUND

- Individuals passing through the criminal legal health system are at an increased risk of HIV.
- HIV screening and linkage to care in the carceral system is an important setting to address the HIV epidemic.
- Limited data exists on the HIV care cascade for individuals newly diagnosed while incarcerated.

METHODS

- Retrospective chart review of all individuals newly diagnosed with HIV within the Dallas County Jail (DCJ) between 01/2015 and 12/2023.
- Constructed a HIV care cascade (*Figure 1*) using medical records from the DCJ and community health systems.
- Documented the location where each component of the care cascade was achieved (community health system versus jail health system)
- Missing data considered failure to achieve care cascade step.
- Viral load and CD4 data analyzed 3-years beyond diagnosis.
- County-wide data was obtained from Dallas County Health and Human Services.

Diagnosed With HIV – Date of first positive HIV test in Dallas County Jail

Linked to Care – VL/CD4 count within 30 days of diagnosis

Received HIV Medical Care – ≥1 clinical or lab encounter within 12 months of diagnosis

Retained in Care – ≥2 clinical or lab visits ≥90 days apart within 12 months of diagnosis

Viral (VL) Suppression – Achieved a HIV viral load <200 copies/ml within 12 months of diagnosis

Figure 1: Definitions of Care Cascade Steps

While the criminal legal health system serves a critical role in the initiation of HIV care, this study highlights the need for improved systems for care transitions to maintain retention in HIV care.

RESULTS

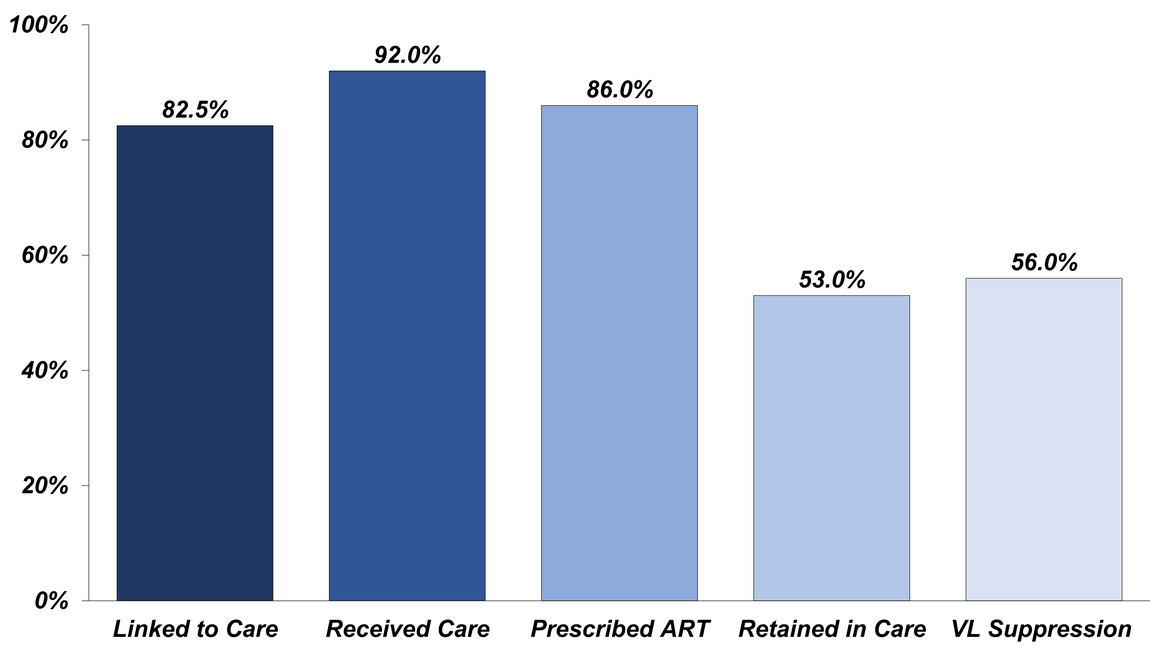


Figure 2: HIV care cascade for individuals newly diagnosed in the DCJ

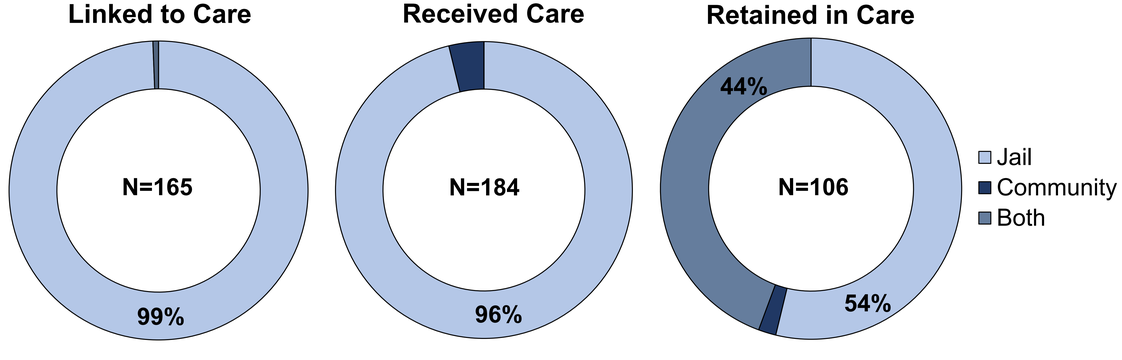


Figure 3: Setting where individuals were linked to HIV care, received care, and were retained in HIV care.

RESULTS

- 200 individuals were newly diagnosed with HIV at the DCJ.
- County-wide data: linkage to care rate of 74.4%-79.5% between 2018-2023. Across this same period, 61.4% were retained in care and 61.3% were virally suppressed.

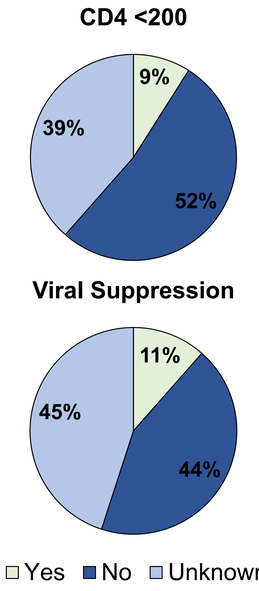


Figure 4: Percentage of individuals with a CD4 count <200 cells/mm^3 at least once in the three years after diagnosis, and percentage of individuals who maintained viral suppression for three years after diagnosis

LIMITATIONS

- Conducted in a single urban jail, limiting generalizability; however, the DCJ is the 8th largest jail in the USA
- Missing data is substantial with a lack of access to comprehensive medical records (notably the Veterans Affairs and prison system)

CONCLUSIONS

- Individuals diagnosed with HIV in the DCJ have a higher rate of linkage to care but lower rates of retention in care and viral suppression compared to county-wide data.
- A substantial drop-off persists in care engagement and virologic suppression after jail release.
- Strategies connecting individuals to community-based services are vital to improving access to HIV care for this population.