



## Minding the Gap (Dec. 2011)

### **HIV Care in Jails - Lara Strick, MD, MSc** **Northwest AIDS Education and Training Center (AETC)**

#### **Medication Administration**

Caring for HIV-infected patients in the jail setting can be challenging. Below are some general guidelines to follow.

##### **Patients Already on Antiretroviral Therapy**

For HIV patients already on medications, **it is extremely important to avoid a significant lapse in therapy upon incarceration.** Taking HIV medications regularly minimizes the likelihood that drug resistance will develop. Ideally there should be no delays in getting patients their medications at intake. Although missing a day or two will likely not have a large impact on treatment success, repeated lapses or longer lapses in antiretroviral therapy (ART) can result in the medications not working anymore. **There is no reason a patient arriving in jail should ever**

**have to miss more than 2-3 days of medication.** Also important are timely medication refills during incarceration.

##### **Patients Naïve to Antiretroviral Therapy**

Deciding when to start ART for the first time can be complex for the clinician, however, it is important to remember that **jails can provide an excellent opportunity to engage patients in their health care.** If the patient will be incarcerated 3 months or more consider starting ART if appropriate criteria are met as outlined in the [DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents](#). In general, DHHS Guidelines recommend starting ART if the CD4 cell count is  $< 500$  cells/mm<sup>3</sup>, but consider if the CD4 cell count is  $>500$  cells/mm<sup>3</sup>. Pregnancy, HIV associated nephropathy, an AIDS defining illness or chronic Hepatitis B requiring treatment are all

reasons to start ART regardless of CD4 cell count. Additionally, patient interest and motivation should be considered. If the patient will be incarcerated for less than 90 days, then the practitioner needs to weigh the risks of waiting versus the benefits/risks of starting ART. The lower the CD4 cell count, the more urgent it is to start ART sooner, even if incarceration will only be short term (i.e. CD4  $< 200$  cells/mm<sup>3</sup>).

Some practitioners are comfortable prescribing one of the regimens for ART-naïve patients recommended by the DHHS Guidelines on their own. However, many resources are available to help you when initiating ART (see “HIV Treatment Resources,” page 2). **Regardless whether therapy is started, linking these patients to care upon release is essential.**



##### **Treatment Experienced Patient not Currently on Antiretroviral Therapy**

**Incarceration is an opportunity to reengage these patients in care,** educate them about the importance of adherence, and address mental health and addiction issues as appropriate. The decision to restart therapy and what to prescribe for these patients can be complex. It is recommended that these decisions are made in consultation with

an HIV-experienced provider. Consultations do not necessarily require an off-site trip, but often can be easily done by phone. Establish relationships beforehand so that you know your local resources and whom you can call for advice when it is needed. Upon release, **it is extremely important to refer and link these patients with their community provider.**

## Laboratory Monitoring & Routine Care

Patients in jail usually have short stays, but for those patients who are incarcerated for longer periods of time it is important to modify your treatment plan accordingly. Do not assume everyone will leave after a short stay and take no further action as this will likely lead to patients running out of medications and poor follow-up. Keep in mind the routine preventative screening guidelines for the long-termer as well as the need to regularly monitor the CD4 cell count and HIV viral load. Recommended lab monitoring is detailed in the [DHHS Guidelines](#).

## Prophylaxis for Opportunistic Infections

Whether or not a patient is on antiretroviral therapy, **it is important to ensure proper prophylaxis to prevent opportunistic infections (OI)**. Primary and secondary OI prophylaxis decrease the risk the patient will get sick while in your jail as well as after release. To determine if prophylaxis is needed, it is important to know the last or most recent CD4 cell count. The CD4 cell count can be drawn on-site or requested from old records. Refer to the [DHHS Guidelines](#) for detailed information on primary prophylaxis including alternative regimens (e.g. for the sulfa allergic patient), as well as secondary OI prophylaxis and OI treatment recommendations.



## Drug-Drug Interactions

Many HIV medications interact with other medications. This can result in either toxic drug levels or failure of the HIV therapy. Therefore, it is important to check for important drug-drug interactions when prescribing ANY medication for a patient on ART. Several psychiatric, tuberculosis and seizure medications need to be avoided or dose-adjusted, but even some more common medications like ranitidine, proton pump inhibitors, steroid inhalers and simvastatin can cause serious problems. So always check for drug-drug interactions when you are starting a new medication in a person on ART or initiating a new ART regimen.

## Barriers to Providing Medications

Here some hints to help you obtain the correct HIV medications quickly:

- Do intake in an area that allows for sharing of confidential information.
- Use pill charts to help patients identify their medications.
- Work with drug companies and your community resources to obtain affordable medications.
- Have procedures in place to rapidly verify regimens: use patient pill bottles from home, call the local pharmacy, call the community physician, get a signed release of information at intake to get records faxed.

## HIV Treatment Resources

WarmLine The National HIV/AIDS Clinicians' Consultation Center:  
1-800-933-3413

HIV/AIDS DHHS Guidelines:  
[www.aidsinfo.nih.gov/guidelines/](http://www.aidsinfo.nih.gov/guidelines/)

Northwest AIDS & Education Training Center:

<http://depts.washington.edu/nwaetc/>

Corrections Specific Resources:  
<http://depts.washington.edu/nwaetc/resources/corrections.html>

HIV Webstudy:  
<http://depts.washington.edu/hivaids/>

HIV Drug Interactions:  
<http://www.hiv-druginteractions.org/>

<http://hivinsite.ucsf.edu/InSite>

Local Oregon Resources:

[www.oregonaidshotline.com](http://www.oregonaidshotline.com)

## Questions? Contact us!

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