HIV IN JAILS AND PRISONS

Ank Nijhawan, MD, MPH
November 7, 2017
Outline

- Case presentation
- Incarceration in the US
- HIV Care Cascade in the Incarcerated and Recently Released
  - HIV epidemiology in corrections
  - HIV testing in jails/prisons
  - HIV care in jails/prisons
  - Continuity of care after release
Case presentation

- DL is a 54 yo African American man who presents to clinic as an ‘out of care’ patient.
- Released from jail 4 months prior.
- HIV positive, has been off meds for several months.
- Homeless off and on.
- Since release from jail, admitted for GSW to legs bilaterally, now in wheelchair; asking for hydrocodone for neuropathy and GSW pain.
Case- PMHx

HIV
- Diagnosed 1999
- Previously on AZT/ddI/3TC; ABC/3TC/EFV ;
- Genotype in 7/09 showed K103N mutation.
- OIs: thrush;
- Most recent regimen TDF/FTC, Darunavir, Ritonavir, Raltegravir

PMHx
- HTN, Hepatitis C, neuropathy, GSW to leg, syphilis,
- Depression
Additional history

- All- nkda

- Meds: (just restarted)
  - TDF/FTC, Raltegravir, Ritonavir, Darunavir,
  - Bactrim, Fluconazole,
  - Gabapentin, Hydrocodone, Wellbutrin

- Sochx. Homeless until 1 month ago, now with own apartment. Lives far away with no transportation. Prior cocaine use, alcohol, tobacco; +MSM, no current partner
Case – Physical exam

- Afebrile, P 100 R 16 BP 140/100
- Gen in NAD, sitting in wheelchair
- HEENT+ thrush
- Chest CTA bilaterally
- CV tachycardic, no m/r/g
- Abd soft nt nd nabs, no ascites
- Ext trace edema bilaterally,
- Neuro decreased strength in left lower leg 4/5, difficult to elicit reflexes; difficulty ambulating
<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Na</td>
<td>135</td>
</tr>
<tr>
<td>K</td>
<td>3.6</td>
</tr>
<tr>
<td>Cl</td>
<td>97</td>
</tr>
<tr>
<td>Cl</td>
<td>97</td>
</tr>
<tr>
<td>HCO3</td>
<td>23</td>
</tr>
<tr>
<td>BUN</td>
<td>29</td>
</tr>
<tr>
<td>Creat</td>
<td>2.3</td>
</tr>
<tr>
<td>Glu</td>
<td>86</td>
</tr>
<tr>
<td>WBC</td>
<td>3.4</td>
</tr>
<tr>
<td>HCT</td>
<td>41.3</td>
</tr>
<tr>
<td>Plt</td>
<td>104</td>
</tr>
<tr>
<td>CD4</td>
<td>17→31</td>
</tr>
<tr>
<td>VL</td>
<td>41K→12K</td>
</tr>
<tr>
<td>RPR</td>
<td>1:16</td>
</tr>
<tr>
<td>AST/ALT</td>
<td>88/51</td>
</tr>
<tr>
<td>GGT</td>
<td>162 Alkp 58</td>
</tr>
</tbody>
</table>
Where to begin?

Medical issues:
- Advanced AIDS
- Thrush
- AKI, elevated LFTs
- thrombocytopenia,
- Pain management
- Hypertension
- Hepatitis C
- Syphilis
- Depression

Social/Behavioral issues:
- Housing: paying for his apartment
- Transportation
- Drug addiction
- Keeping out of jail
- Social support
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Epidemic of Incarceration


2015: 1,476,847

Source: Bureau of Justice Statistics Prisoners Series.
Definitions

- **Jail**: where people go after they are arrested; stay there while awaiting trial or awaiting placement for drug treatment; short sentences (usually <1 year)
- **State jail**: unique to Texas, created to manage overburdened jail system
- **Prison**: can be state or federally run, longer sentences (years)
Dallas County Jail

- 7th largest county jail
- Average daily intake:
  - 275 new arrestees
- Average daily census:
  - 6200 inmates
- 77% Male, 23% Female
- Health care delivery:
  - Parkland Health & Hospital System
- Approx 125 (2%) known HIV+ inmates
Lifetime Likelihood of Imprisonment by Gender and Race/Ethnicity

**All Men**
- 1 in 9

**White Men**
- 1 in 17

**Black Men**
- 1 in 3

**Latino Men**
- 1 in 6

**All Women**
- 1 in 56

**White Women**
- 1 in 111

**Black Women**
- 1 in 18

**Latina Women**
- 1 in 45

Bonczar, Bureau of Justice Statistics, 2013
Substance Abuse, Mental Health Disorders and Hepatitis C in Correctional Populations

- % with Sub Abuse Problems: 80% In Corrections, 7.9% In U.S. Population
- % with Mental Health Problems: 55% In Corrections, 9.9% In U.S. Population
- % with Hepatitis C (chronic): 30% In Corrections, 1.3% In U.S. Population
Incarcerated population

- Large
- Minorities
- Co-morbidities (mental health, substance abuse, hepatitis C, HIV)
- No routine medical care
- Poor: > 30% grew up on public assistance; many homeless
- Vulnerable: history of physical, sexual abuse; 15-25% had drug-abusing parent
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U.S. National HIV/AIDS Strategy

1. Reducing the Number of New Infections
2. Increasing Access to Care and Optimizing Health Outcomes for People Living with HIV
3. Reducing HIV-related Health Disparities
4. Achieving a More Coordinated National Response
HIV Continuum of Care

Jail

Re-Engagement in Care

Retention in Care

HIV Diagnosis → Linkage to Care → ART Receipt → ART Adherence → Outcomes

Mugavero, 2012
HIV Care Cascade—Before, During and After Incarceration

Iroh, Mayo, Nijhawan, AJPH, 2015
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Releasees with an Infectious Disease as Proportion of
General US Population with the disease

Hammett, Am J Pub Health, 2002
Prevalence of HIV/AIDS in Corrections and in the US Population

- 1.8% in Corrections
- 0.31% in U.S. Population
- 0.5% in Corrections
- 0.15% in U.S. Population

Source: amfAR, HIV/AIDS in Correctional Settings, Congressional Briefing 2008
Prevalence by population:
- Women in prison: 2.5% (v 1.7% in men)
- African Americans in Prison: 2.0%
- Hispanics in Prison: 1.8%
- Whites in Prison: 1.0%
- Jails Inmates: 2.5%

Approximately 30-50% of inmates are unaware of their status.
HIV prevention behind bars

- Sex, drug use, tattooing occurs in jail/prison
- Condoms, bleach, clean needles-
  - Not available in vast majority of facilities
  - 2 state/federal and 3 city/county make condoms available to select populations

- Transmission of HIV during incarceration is relatively low: 0-2 seroconversions/690 person years (MA, RI)*
- Investigation in Georgia prison of 88 seroconversions from 1988-2005 (mandatory testing on admission, voluntary thereafter)

*Horsburgh, 1990; Macalino, 2004
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CDC Demonstration project: Rapid HIV Testing in Jails

- 2003-2006
- Florida, Louisiana, New York, Wisconsin
- 33,211 inmates tested (99.9 received test results)
- 440 (1.3%) reactive tests
- 409 (1.2%) confirmed positive
- 269 (0.8%) newly diagnosed
  - 40% for those reporting heterosexual risk only

MacGowan, STD, 2009
Percentage of male inmates screened for HIV infection during prison intake medical evaluation, by type of screening --- Washington, 2006-2010
Why Routine, Opt-out Testing may be best method

Voluntary Test

- <20% inmates test
- Prevalence lower than blinded surveillance, suggests that high-risk individuals not tested
- In MA, changing from voluntary to opt-out, testing 18% → 73%

Opt-out

- 90% inmates are tested
- From 1990-2000, 1/3 of all HIV diagnoses in RI occurred in prison
- Rapid tests feasible, acceptable, may lead to higher testing rates

➢ 19% of prisons, 35% of jails perform opt-out HIV testing

Liddicoat, J Urban Health 2006; Desai, AIDS Educ Prev 2002; Solomon, Health Affairs, 2014
Gilead’s FOCUS Program: Increasing Routine HIV and HCV Screening and Linkage to Care
Implementation of Opt-out HIV/HCV Testing at the Jail

HIV/HCV testing added to phlebotomy draw
HIV Diagnoses at Dallas County Jail through Gilead FOCUS program

- $\frac{41}{3155} = 1.3\%$
- 10 false positive Ag/Ab
- 5 new infections
- 7 unengaged $\rightarrow 6$ re-engaged
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Medical care in corrections

- Inmates have a “Right” to health care
  - Inmate was injured while incarcerated and on work duty, sued health care provider for improper care
- Violation of the 8th Amendment, “cruel and unusual punishment”, to deny, delay or interfere with a prisoner’s health care
HIV Care at Dallas County Jail

Identified as HIV infected:
- Positive on HIV test at the jail
- Inmate reports HIV positive at intake
- Flagged as positive from previous incarceration

Seen by general medical provider
- HAART may be prescribed at this time if confirmed

Seen by HIV provider
- Within 1-7 days, labs/CXR/PPD are done
- EPIC reviewed, outside records obtained,
- HAART and prophylaxis started, other medical issues treated
- F/U within 2 weeks
### Effectiveness of Antiretroviral Therapy among HIV-Infected Prisoners: Evaluation at time of Reincarceration

<table>
<thead>
<tr>
<th>Parameter</th>
<th>N</th>
<th>Change in value</th>
<th>p value</th>
<th>Undetectable HIV viral load</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL INCARCERATION &gt; 6 months long</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD4</td>
<td>1866</td>
<td>+74</td>
<td>&lt;0.01</td>
<td></td>
</tr>
<tr>
<td>HIV viral load (log)</td>
<td>1866</td>
<td>-0.93</td>
<td>&lt;0.01</td>
<td>59%</td>
</tr>
<tr>
<td><strong>REINCARCERATION after ≥ 3 months</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD4</td>
<td>292</td>
<td>-80</td>
<td>&lt;0.01</td>
<td></td>
</tr>
<tr>
<td>HIV viral load (log)</td>
<td>292</td>
<td>+ 1.14</td>
<td>&lt;0.01</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Springer, CID, 2004
Incarceration predicts virologic failure for IDUs receiving HAART

- 437 IDUs in Baltimore
- 40% incarcerated during 10 years of f/u
- Brief incarceration was assoc with virologic failure,
- Not if longer than 30 days
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Mortality Rates Among Former Inmates After Release

Binswanger, NEJM, 2007
Risk behavior after release

- Compared with visits when no incarceration had occurred in interim, those with recent incarceration:
  - 2x as likely to report sharing needles and syringes
  - 9x more likely to have attended a shooting gallery

- Sexual risk:
  - 106 prisoners interviewed 1 week, 6 mo after release
  - 36% reported unprotected intercourse with 2 or more female partners

MacGowan, Int J STD, 2003; Westergaard, CID, 2011
Linkage to medical care after release

- 1750 inmates released from TDCJ
- Returned to Harris County bet 2004-2007
- 20% enrolled in an HIV clinic within 30 days
- 28% within 90 days

Predictors of engagement:
- Age >30
- Schizophrenia
- On ARVs during incarceration
- Enhanced discharge planning

Baillargeon, Pub Health Rep, 2010
Linkage to care

- HRSA SPNS: Special Project of National Significance
- 10 Demonstration projects in US
- 1270 inmates enrolled
  - 58% with HIV follow-up on first quarter
  - 47% with HIV follow-up in second quarter
  - 26% with undetectable viral load at 6 mo follow-up
- Predictors of linkage:
  - Assessment of medical care, case management in jail
  - Jail based education
  - Known release date
  - Stable housing

Althoff, AIDS and Behavior, 2012;
Spaulding et al, 4th Academic and Health Policy Conference on Correctional Health; Altanta, 2012
Randomized study
VL as primary outcome
Intervention:
• Motivational interviewing
• Care coordination
• Mobile phone-Adherence message
Accessing Antiretroviral Therapy Following Release From Prison

- Studied inmates released from TX prisons 2004-2007 receiving ART before release
- N=2115 inmates
  - 115 (5%) filled ART within 10d
  - 375 (17%) filled ART within 30d
  - 634 (30%) filled ART within 60d
- Predictors of filling ART: having undetectable VL before release, non-minority, received assistance with Texas ADAP

Baillargeon, JAMA 2009
LINCS project

- Multicenter study- MA, RI, NC, CA, PR, TX
- Linking client level data from Ryan White with jail release data
- Goals:
  - To develop a measure of linkage to HIV care for jail and prison releasees
  - To validate this measure using the electronic medical record and to define health care utilization and clinical outcomes after release from incarceration
eUCIs Protect Health Information by Removing Individually Identifiable Components

Name: John Doe, DOB: February 2, 1964, Male

UCI: JHDE0202641U

eUCI: 8417D5706B0B40E52BA8FE4F95460CB9DC2223AAU

How are we doing after release?

- 2473 HIV+ incarcerations
- 669 to prison
- 1804 Releases to community
- 173 outside clinics
- 1631 Dallas RW clinics

- 1631 HIV+ releases
- 491 Clinic visit w/in 90d (30%)
- 403 ART (25%)
- 274 VL <200 (6mo) (17%)
### Predictors of linkage to HIV care after jail

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Adjusted OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black vs. White Ethnicity</td>
<td>1.20 (0.88-1.62)</td>
<td>0.25</td>
</tr>
<tr>
<td>Hispanic vs. White Ethnicity</td>
<td>2.24 (1.51-3.34)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age (per 5 years in units)</td>
<td>1.09 (1.03-1.16)</td>
<td>0.003</td>
</tr>
<tr>
<td>Female Gender (vs. Male)</td>
<td>1.49 (1.13-1.96)</td>
<td>0.005</td>
</tr>
<tr>
<td>Days of Incarceration</td>
<td>1.004 (1.001-1.006)</td>
<td>0.003</td>
</tr>
<tr>
<td><strong>Socioeconomic/Structural</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever married</td>
<td>1.28 (0.97-1.68)</td>
<td>0.08</td>
</tr>
<tr>
<td>Stable housing (vs. unstable/other)</td>
<td>1.32 (1.02-1.70)</td>
<td>0.03</td>
</tr>
<tr>
<td>Employed (vs. other)</td>
<td>0.74 (0.48-1.15)</td>
<td>0.18</td>
</tr>
<tr>
<td>Disability benefits (vs. other)</td>
<td>1.22 (0.92-1.62)</td>
<td>0.17</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Drug Use (her, coc, crack, meth)</td>
<td>0.72 (0.56-0.92)</td>
<td>0.009</td>
</tr>
<tr>
<td>Severe Mental Illness (bipolar, schizophrenia)</td>
<td>0.69 (0.52-0.90)</td>
<td>0.007</td>
</tr>
<tr>
<td><strong>Prior HIV Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Prior Clinic for HIV</td>
<td>0.45 (0.34-0.59)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adherent to ART before incarceration</td>
<td>1.79 (1.39-2.30)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
## HIV/AIDS Re-entry Coalition (HARC)

### Group of local stakeholders
- Jail HIV medical providers
- Community HIV medical providers
- HIV prevention services
- Case management
- Substance abuse treatment providers
- Mental health providers
- HIV transportation
- HIV housing
- Re-entry services
- Researchers

### Meetings
- Meet every 3 months
- Discuss ways to improve cascade of care in incarcerated and recently released
- Working on increasing HIV testing and prevention in jail
- Increasing “in-reach” into jail
- Streamlining referral process
Summary

- There is an epidemic of incarceration in this country
- Rates of HIV are 5 times higher in inmates compared to the general population
- HIV testing is feasible in jails and prisons and is an important component of HIV prevention
- Incarceration is a unique opportunity to diagnose, link and re-engage HIV patients in care
HIV infected inmates generally have improvement in CD4 and viral loads while incarcerated.

These gains are frequently lost after release.

The period of time immediately following release from jail is extremely high risk for HIV/STI transmission, death.

Challenges to linkage to care are enormous, but have major impact on patients and their communities.
Patient follow-up

- Renal failure resolved after stopping diuretic
- Changed tenofovir to abacavir
- Back in jail several times since
- Engaged in care (most of the time)
- Viral load near undetectable
Questions?
## Infectious diseases among inmates

<table>
<thead>
<tr>
<th>Condition</th>
<th>Est. Prevalence Among Inmates, %</th>
<th>Est. # of Inmates w/ Condition, 1997</th>
<th>Est. # of Releasees w/ Condition, 1996</th>
<th>Total # in U.S. Population w/ Condition, 1996</th>
<th>Releasees w/ Condition as % of Total in U.S. Population w/Condition, 1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>0.5(^a)</td>
<td>8,900</td>
<td>39,000</td>
<td>229,000(^b)</td>
<td>17.0</td>
</tr>
<tr>
<td>HIV Infection</td>
<td>2.3–2.98(^c)</td>
<td>35,000–47,000</td>
<td>98,000–145,000</td>
<td>750,000(^a)</td>
<td>13.1–19.3</td>
</tr>
<tr>
<td>Positive RPR Serology (Syphilis)</td>
<td>2.6–4.3</td>
<td>46,000–76,000</td>
<td>202,000–332,000</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>Chlamydia Infection</td>
<td>2.4</td>
<td>43,000</td>
<td>186,000</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>GC Infection</td>
<td>1.0</td>
<td>18,000</td>
<td>77,000</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>HBV (HBsAg+)</td>
<td>2.0</td>
<td>36,000</td>
<td>155,000</td>
<td>1,000,000–1,250,000(^f)</td>
<td>12.4–15.5</td>
</tr>
<tr>
<td>HCV (anti-HCV+)</td>
<td>17–18.6(^g)</td>
<td>303,000–332,000</td>
<td>1,300,000–1,400,000</td>
<td>4,500,000(^h)</td>
<td>28.9–32.0</td>
</tr>
<tr>
<td>TB Disease</td>
<td>0.04(^i)</td>
<td>1,400</td>
<td>12,000</td>
<td>34,000(^k)</td>
<td>35.3</td>
</tr>
<tr>
<td>TB Infection (PPD+)</td>
<td>7.4</td>
<td>131,000</td>
<td>566,000</td>
<td>N/A</td>
<td>—</td>
</tr>
</tbody>
</table>

Hammett, Am J Pub Health, 2002

- Increase HIV serostatus awareness from 79% to 90%
- Increase linkage to care w/in 3 months of Dx from 65% to 85%
- Increase proportion of HIV Dx’d persons with undetectable VL by 20%
- Increase RW clients in continuous care from 73% to 80%

Adapted from Carlos Del Rio
Also lower numbers in youth
<table>
<thead>
<tr>
<th></th>
<th>eUCI match</th>
<th>No eUCI match</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confirmed HIV+</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inmate</td>
<td>TP 1160</td>
<td>FN 169*</td>
<td>1329</td>
</tr>
<tr>
<td><strong>Not HIV+</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inmate</td>
<td>FP 77</td>
<td>TN HIV-55938</td>
<td>56318</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TN HIV+303*</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1237</td>
<td>56410</td>
<td>57647</td>
</tr>
</tbody>
</table>

Sensitivity (TP/TP + FN) = 87%*
Specificity (TN/FP+TN) = 99.9%*
## Who is Getting Lost?

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Adjusted OR (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.98 (0.97 - 0.99)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Female v male</td>
<td>0.75 (0.57 - 0.97)</td>
<td>0.03</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black v White</td>
<td>0.74 (0.58 - 0.96)</td>
<td>0.03</td>
</tr>
<tr>
<td>Hispanic v White</td>
<td>0.51 (0.35, 0.75)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Unstable housing</td>
<td>1.09 (0.81 - 1.48)</td>
<td>0.56</td>
</tr>
<tr>
<td>Adherence (self-report)</td>
<td>0.67 (0.53 - 0.85)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Family aware of HIV</td>
<td>1.17 (0.92 - 1.49)</td>
<td>0.20</td>
</tr>
<tr>
<td>Substance use</td>
<td>1.20 (0.94 - 1.53)</td>
<td>0.14</td>
</tr>
<tr>
<td>Severe mental illness</td>
<td>1.68 (1.32 - 2.14)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>No prior HIV clinic</td>
<td>1.71 (1.33 - 2.21)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Ever married</td>
<td>0.73 (0.55 - 0.96)</td>
<td>0.02</td>
</tr>
</tbody>
</table>
Ongoing efforts to improve linkage to HIV care after release from jail/prison

- Combined treatment programs with ART, Buprenorphine
- Mobile health technology
- Peer navigation
- HIV testing in probation/parole setting
- Seek, Test, Treat, Retain models
- START together- START+ adherence counseling + Peer navigators
Of all Black adults in Dallas, only 44.8% are black men, 13,000 “missing”
Intensive case management

- RCT in North Carolina
- 104 patients
- Randomized to Strengths-based case management vs SOC (prison-administered program)
- Outcome: medical appt after release

<table>
<thead>
<tr>
<th></th>
<th>Bridging CM</th>
<th>SOC</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 week</td>
<td>65%</td>
<td>54%</td>
<td>0.3</td>
</tr>
<tr>
<td>12 week</td>
<td>88%</td>
<td>78%</td>
<td>0.2</td>
</tr>
<tr>
<td>48 week Mean # visits</td>
<td>5.23</td>
<td>4.07</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Wohl, AIDS Behavior 2011
### Predictors of Becoming Lost to Care After Incarceration

#### Demographic/Medical
- Younger age
- White race
- Men
- Severe mental illness

#### Self-reported
- Non-adherent
- No prior HIV clinic