

DOH Review of Corrections HIV and HCV Policy and Procedures

2015 Status Report

New York State Department of Health
AIDS Institute
September 2016

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Background

In accordance with Public Health Law Section 206, the New York State Department of Health (DOH) AIDS Institute (AI) reviews HIV/AIDS and HCV prevention and treatment policies and procedures of New York State Department of Corrections and Community Supervision (DOCCS) facilities and county jails.

DOCCS Review

The AI has determined that DOCCS policies and practices related to HIV and HCV are consistent with generally accepted standards and procedures.

A multi-stage application of performance indicators to review and uniformly assess the quality of HIV and HCV care within DOCCS facilities was developed. This review process includes annual selection of a DOCCS hub for an independent performance review by an external review agent (IPRO) using a randomized sample of patient records. Each hub submitted a sample size large enough to achieve a 90% confidence interval or higher.

To date, four hubs have been reviewed. Review findings reflect generally high performance. Following is information on each review.

Public Health Law Section 206

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On September 16, 2009, L. 2009, Ch. 419 went into effect, adding a new subdivision 26 to Public Health Law Section 206. Under this new law, the Department of Health (DOH) is required to conduct annual reviews of policies and procedures of correctional facilities regarding HIV/AIDS and HCV prevention and treatment. DOH focuses on whether these policies and procedures are consistent with current, generally accepted medical standards and procedures used to prevent transmission and provide treatment. The requirement for local jails was instituted in 2011.

January 2013 – Oneida Hub

In January of 2013, IPRO reviewed medical records at the Oneida Hub for the 2011 review period using the following indicators.

2011 Indicators	
HIV Indicators	Hepatitis C (HCV) Indicators
1. CD4 Count Measurement	1. Confirmation of Newly Positive HCV Infection
2. Viral Load	2. HCV Genotype Subtype Testing
3. Viral Load Suppression	
4. HCV Screening	
5. Pneumocystis carinii pneumonia (PCP) Prophylaxis	

Review Sample and Findings

165 total cases were reviewed for HIV, Hepatitis C or both HIV and HCV 2011 quality performance.

The scores reflect generally high performance of HIV disease monitoring and treatment within the correctional setting reviewed.

In summary, following is information on the percentage of cases meeting the performance indicators:

- CD4 count measurement was 82%.
- Viral load measurement was 82%.
- Viral Load suppression was especially high at 90%.
- Within the larger Hepatitis C sample, 81% of newly positive patients had confirmatory testing within 2011. Of these, 12% had a Hepatitis C genotype subset documented in 2011. However, it was noted during chart review that this test often occurred prior to the 2011 review year.
- PCP Prophylaxis was 100%.

Oneida Hub Correctional Facilities

- Mohawk
- Walsh RMU
- Mid-State
- Hale Creek (ASACTC)
- Marcy

The performance outlier was:

- Hepatitis C screening performance was low (38%) for the HIV-infected group. However this review did not capture when HCV screening occurred, as it frequently did, before the 2011 measurement year.

November 2013 – Lower Hudson Valley (Green Haven) Hub

In November of 2013, IPRO reviewed medical records at the Green Haven Hub for the 2012 review period using the following indicators.

2012 Indicators	
HIV Indicators	Hepatitis C (HCV) Indicators
1. CD4	1. Confirmation of HCV Infection
2. Viral Load Monitoring	2. HCV Genotype Testing
3. Viral Load suppression	
4. HCV Screening	
5. PCP Prophylaxis	
6. Gynecology Care-Pap Test (6 months)	
7. Gynecology Care-Pap Test (Annual)	

Review Sample and Findings

249 total cases were reviewed for HIV, HCV or both HIV and HCV 2012 quality performance. The scores reflect generally high performance of HIV disease monitoring and treatment within the correctional settings reviewed. In summary, following is information on the percentage of cases meeting the performance indicators:

**Green Haven Hub
Correctional Facilities**

- Fishkill
- Bedford Hills
- Taconic (ASACTC)
- Sing-Sing

- CD4 measurement was 86.6%.
- Both Viral Load Measurement and PCP Prophylaxis measures scored 100%.
- Viral Load Suppression was also high at 97%, reflecting adherence to treatment guidelines and patient monitoring.
- Gynecology Care was 73.7% for all HIV-positive female patients 18 and older receiving a pelvic exam and Pap smear at 6 months, and the annual percent of cases meeting the indicator was 94.7%.
- Within the larger Hepatitis C sample, 99.5% of HCV antibody-positive patients had documentation, of an HCV RNA (Qualitative or Quantitative) test. Of these, a high 92.2% had a HCV genotype test documented. The 2012 sample HCV indicator was modified to include HCV RNA and genotype testing at any time, rather than just the review period; therefore, performance scores are higher than for 2011.

The performance outlier was:

- HCV screening performance during the period of review which scored a lower 47.8%, for the HIV-infected group. Chart documentation showed that Hepatitis C screening is determined at intake; however, annual retesting is not routine after initial negative screening. All cases without HCV screening in 2012 were checked by DOCCS infection control nurses (ICNs) for confirmation, and the finding was discussed at the exit conferences with Superintendents and representatives.

September 2014 - Wende Hub

In September of 2014, IPRO reviewed medical records at the Wende Hub for the 2013 review period using the following indicators.

2013 Indicators	
HIV Indicators	Hepatitis C (HCV) Indicators
1. Tobacco Use Screening and Cessation Counseling	1. Confirmation of HCV Infection
2. Viral Load Monitoring	2. HCV Genotype Testing
3. Viral Load Suppression (50 copies/ml and 200 copies/ml)	3. HCV RNA Testing before Initiating Treatment
4. PCP Prophylaxis	
4. HCV Screening	
5. Gynecology Care-Pap Test	

The complete set of indicators listed above for HIV and HCV were applied to dual HIV/HCV infected cases. 'The Pelvic Exam with Pap Smear' indicator was only applied at Albion Correctional Facility, which houses female offenders. Note: Viral Load Suppression was reported using the <50 copies/ml. measure used within DOCCS, and the <200 copies/ml. eHIVQUAL standard measurement.

Review Sample and Findings

267 total cases were reviewed for HIV, HCV or both HIV and HCV 2013 quality performance.

The findings reflect generally high performance of HIV disease monitoring and treatment within the correctional settings reviewed. In summary, following is information on the percentage of cases meeting the performance indicators:

- Viral Load Suppression (<200 copies/ml) was high at 98%, with 100% performance at Albion, Groveland and Wende.
- Viral Load Suppression (<50 copies/ml) was 90%, with 100% performance at Albion and Wende.
- Viral Load Monitoring was 89%, with 100% performance at both Albion and Groveland.
- PCP Prophylaxis performance was 100% at all locations where applicable.
- Tobacco Use Screening was high at 95%, with 100% performance at Albion, Groveland and Wende.
- Tobacco Cessation Counseling for screened tobacco users was 100%.
- Hepatitis C Screening (% of HIV positive patients with HCV test documented based upon either an antibody status &/or RNA assay that was ever done) was high at 98.2%.
- Confirmation of HCV infection was high at 100%.
- HCV Genotype testing was 91.7% and HCV RNA Testing before Initiating Treatment was 96.4%.

Wende Hub Correctional Facilities
<ul style="list-style-type: none"> • Albion • Attica • Groveland • Wende

The performance outlier was:

- Gynecology Care – Pap test at 60%. The sample contained only 5 cases; an inmate refusal accounts for the performance result. The result would have been 100% without the refusal.

September 2015 - Sullivan Hub

In September of 2015, IPRO reviewed medical records at the Sullivan Hub for performance for the 2014 review period using the following indicators.

2014 Indicators	
HIV Indicators	Hepatitis C (HCV) Indicators
1. Tobacco Use Screening and Cessation Counseling	1. Confirmation of HCV Infection
2. Baseline Resistance Test	2. HCV Genotype Testing
3. Viral Load suppression	
4. HCV Screening	

Review Sample and Findings

280 total cases were reviewed for HIV, HCV or both HIV and HCV 2014 quality performance.

The findings again reflect high performance of HIV disease monitoring and treatment within the correctional settings reviewed. In summary, following is information on the percentage of cases meeting the performance indicators:

- Viral Load Suppression (<200 copies/ml), in inmates on Antiretroviral Treatment not refusing treatment, was high at 91.1%, with 100% performance at Sullivan and Walkkill correctional facilities.
- Baseline Resistance Testing was not applicable during this review. Zero HIV-positive inmates met the denominator definition: ‘One or more VL values recorded as >500 copies during the review period prior to ARV initiation, ARV naïve at the start of the review period, and initiated ARV therapy during the review period.’
- Hepatitis C Screening of HIV positive inmates showed 100% compliance with the indicator at every correctional facility.
- Tobacco Use Screening of HIV positive inmates was high at 94.8%, with 100% performance at Eastern, Sullivan and Walkkill correctional facilities.
- Tobacco Cessation Counseling for screened tobacco users was 100% at every correctional facility in the review hub.
- Confirmation of HCV Infection was not applicable during this review. Zero Hepatitis C positive inmates met the denominator definition: ‘Number of newly identified HCV antibody-positive patients during the review period.’ No cases were documented as newly identified with HCV during 2014.
- HCV Genotype Testing was performed in 100% of inmates diagnosed with chronic HCV prior to initiation of HCV treatment.

**Sullivan Hub
Correctional Facilities**

- Eastern
- Otisville
- Shawangunk
- Sullivan
- Walkkill
- Woodbourne

Overall, clinical performance of HIV and HCV related indicators was high for the 2014 calendar review period and showed consistency of care across all sites reviewed within the hub.

September 2016

The following indicators will be used for the 2016 IPRO review of 2015 records:

2015 Indicators	
HIV Indicators	Hepatitis C (HCV) Indicators
1. Tobacco Use Screening and Cessation Counseling	1. Confirmation of HCV Infection
2. Baseline Resistance Test	2. HCV Genotype Testing
3. Antiretroviral Therapy	
4. Viral Load suppression	
5. HCV Screening	

DOCCS and DOH Data-to-Care Initiative

New York State DOCCS and DOH are working together to:

- Assess the extent to which HIV-positive inmates are known to DOCCS medical staff and in HIV-related medical care in DOCCS and upon entry into the community; and
- Identify and link those out of care in DOCCS and in the community to HIV-related medical care.

A match of the DOH HIV surveillance data and DOCCS data was conducted to identify incarcerated and formerly incarcerated individuals living with diagnosed HIV infection who are out of care. Of the approximately 86,000 records submitted by DOCCS, 2,148 matches to the NYS HIV surveillance system were identified. About half of the matched cases (n=1,040) had already been released into the community. Among those still in DOCCS facilities (n=1,108), the vast majority of HIV-positive individuals (90%) were known to DOCCS Health Services. Among those known to DOCCS Health Services, almost all (99%) were in care for their HIV. Among those released, approximately 80% had evidence of being linked to care in the community (e.g. had HIV-related lab work following release). The community linkage to care rate was highest among those also in care within DOCCS facilities (91%).

Efforts to investigate the group of individuals thought to be potentially out of care began in the fall of 2015 and are ongoing.

In summary, the vast majority of HIV-positive inmates are known to DOCCS medical staff, are receiving care in DOCCS facilities, and are being successfully linked to HIV-related medical care upon release from prison. This is not the case in other state prison systems.

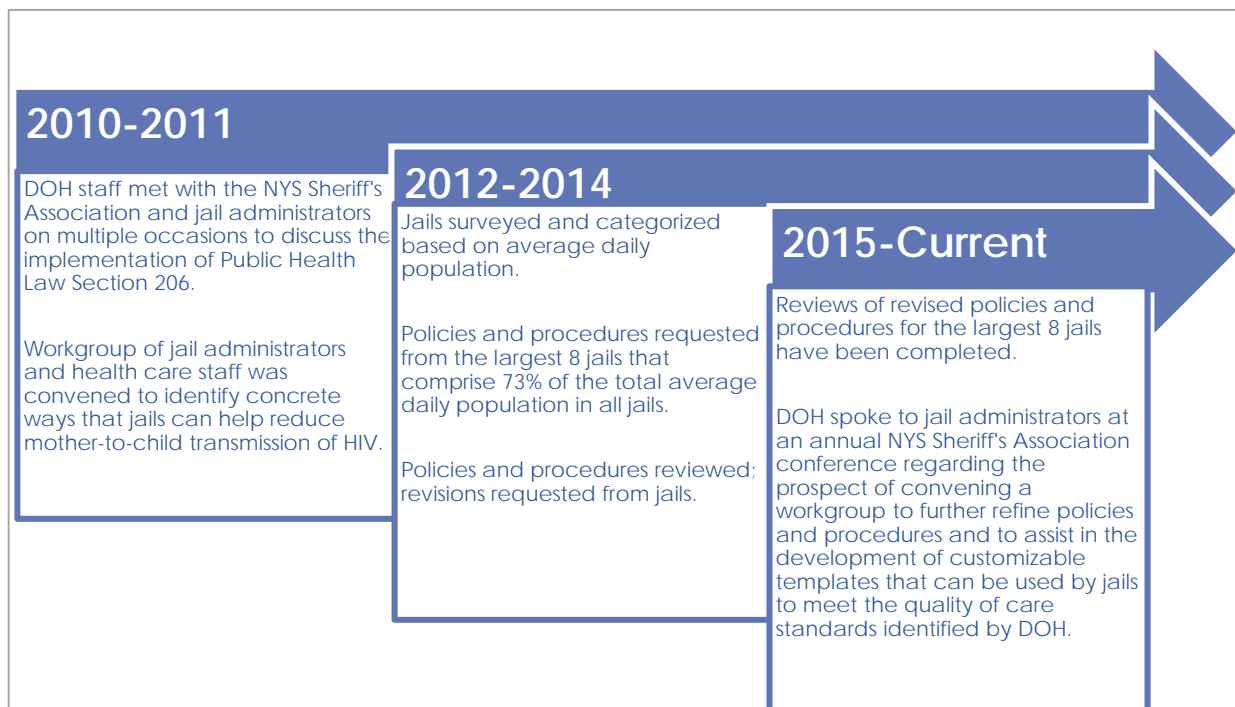
County Jails Review

Since 2012, DOH has completed several levels of policy and procedure reviews for the largest eight (8) county jails that comprise 73% of the total average daily population, 94% of total HIV-positive inmates, and 83% of total HCV-positive inmates. All eight jails were provided with comments to improve their HIV/HCV policies and procedures. The following eight (8) county jails participated in the review:

- Albany
- Monroe
- Nassau
- New York City
- Onondaga
- Orange
- Suffolk
- Westchester

Policies and procedures were reviewed using the documents that established the AIDS Institute's expectations with regard to HIV and HCV policies and procedures (Attachments 1 and 2), which were shared with local jail administrators. These documents were updated to reflect changes in NYS HIV Testing Laws.

County Jail Policy & Procedure Timeline



Jail and care provider policies and procedures for the eight jails were reviewed in 2012-2013, and comments and recommendations were submitted to the jail administrators. Revised policies and procedures were submitted by the jail administrators and reviewed subsequently, with additional comments and recommendations sent to the jail administrators in 2015.

Common Policy and Procedure Deficiencies

Although the 8 county jails were provided with comments and recommendations to improve their HIV/HCV policies and procedures, subsequent reviews of revised policies and procedures revealed that county jails and their care providers required additional technical assistance in order to adequately document their policies and procedures and integrate AI recommendations. Common deficiencies found in policies and procedures included:

- Outdated policies and procedures for HIV/HCV testing and treatment that did not reflect the current NYS HIV Testing Law.
- Some jail medical care providers were not using NYS standards of care.
- Some policies and procedures did not reflect current treatment and testing guidelines.
- Occupational exposure policies were either outdated or inadequate.
- Failure to adequately address the need for HCV/HIV treatment referrals for inmates upon release whenever possible.
- No protocol for reviewing and updating HIV/HCV policies and procedures.

These common deficiencies were shared with jail administrators during the September 2015 NYS Sheriff’s Association conference. Jail administrators expressed a need for customizable policy and procedure templates that adequately address HIV/HCV standards of care. Based on this request, DOH AI has established a jail policy and procedure workgroup comprised of representatives from the following county jails:

Jail Policy & Procedure Workgroup Counties
Chautauqua County
Fulton County
Ontario County
Orange County
Rensselaer County
Seneca County
Wayne County

During July 2016 through October 2016, workgroup members are responsible to review the specific draft policy and procedure provided by DOH prior to each focus group meeting. Workgroup members attend workgroup meetings, held once or twice a month, and provide revisions and suggestions for each policy reviewed. All revised policies and procedures are reviewed and vetted by subject matter experts in DOH.

County jail reviews will resume when policy and procedure templates are developed and disseminated. This will afford county jails the opportunity to reassess their existing policies and procedures, customize the recommended templates for their respective facilities, and ultimately meet NYS standards of HIV/HCV care.

Deliverables

The following local jail draft policies and procedures will be developed by the workgroup:

Policy and Procedure Item	Description
Education	Health education on HIV/AIDS and HCV is disseminated to every inmate prior to release. Policy will include mechanism for dissemination, type/quality of educational materials provided, etc.
HIV/AIDS and HCV Testing and Care	Care provided in accordance with community standards. Policy will include care providers attesting that they are aware of and are operating under current care standards and guidelines. Policy will also address HIV/HCV testing in accordance with NYS HIV and HCV testing laws.
Discharge Planning	Discharge planning, when possible, will include specific health related information on HIV/AIDS, HCV, STI's, PrEP, PEP, and syringe access programs. The policy will also specify that resources in the community for persons living with HIV/AIDS and/or HCV will be shared with inmates during discharge planning. In addition, insurance (ADAP, Medicaid) information, supportive services, discharge medical summaries and follow-up medical appointments will be provided. Condoms should be distributed when possible.
Medical Grievances Associated with HIV/AIDS and HCV	Policy will address practices related to medical grievances associated with HIV/AIDS and HCV. Policy will include practices associated with the collection and maintenance of grievances.
Occupational Exposure	Policy will address all aspects of occupational exposure including communication, treatment and follow-up care. Policy will include occupational exposure practices that are consistent with NYS guidelines related to occupational exposure of HIV/HCV.
Non-Occupational Exposure or Sexual Assault	Policies and practices will address all aspects of non-occupational exposure including communication, treatment and follow-up. Policy will include non-occupational exposure practices that are consistent with NYS guidelines related to non-occupational exposure of HIV/HCV.
Data Collection	Policy will delineate specific data elements related to HIV/HCV services that the jail will collect and report to DOH on an annual basis. Procedure will include how data will be collected and shared with DOH.

The following care provider policies and procedures will be developed by the workgroup:

Policy and Procedure Item	Description
HIV Testing	Policy will address initial health assessment and specific timeframes when HIV testing will be offered to inmates in accordance with NYS testing law.
HIV Reporting and Partner Notification	The policy will specify which information must be reported to DOH per the Public Health Law. The policy will describe reporting practices/procedures related to initial/new HIV diagnosis, previously diagnosed HIV infection (not AIDS), initial/new diagnosis of AIDS, and previously diagnosed AIDS for providers seeing a patient for the first time. The policy will also address practices related to

Policy and Procedure Item	Description
	Partner Services and options for informing sexual and needle-sharing partners of exposure to HIV.
Care for HIV-Positive Persons	The policy will address that current primary care practice guidelines are incorporated into the standard of medical care provided, including gynecological and pregnancy care for HIV-infected women. The policy will establish protocols to review and incorporate evolving primary care practice guidelines in HIV/AIDS.
HIV Counseling and Testing for Pregnant Women and Prevention of Mother-to-Child Transmission	Policy will incorporate practices regarding HIV counseling and testing for pregnant women, documentation, co-management by an OB and HIV experienced provider, initiation of appropriate treatment, transfer of medical information, infant feeding guidance, discharge planning and referral to care.
HCV Testing	The policy will include the expectations of HCV screening, education, linkage to diagnostic testing, and care upon release. Policies and procedures will be in accordance with NYS HCV Testing Law.
HCV Care and Treatment	Policy will incorporate current primary care practice guidelines related to HCV care and treatment. Policy will incorporate medication continuation protocols and contacting/documenting the treating physician.
Care for Persons Co-Infected with HIV and HCV	Policy will incorporate current primary care practice guidelines related to persons co-infected with HIV and HCV. Protocols will be established to review and incorporate ongoing and evolving primary care practice guidelines.
Quality Management	Policy will address quality management activities related to HIV and HCV. Policies and practices will include ART, diagnosis and monitoring of HIV, HCV screening and treatment, access to experienced HIV/AIDS and HCV providers, referrals to experienced providers when indicated on the basis of treatment failure or intolerance, referrals to experienced providers for the continuation and monitoring of HCV treatment, and continuity of and access to ongoing ARV therapy.
Occupational Exposure	Policy will address all aspects of occupational exposure including communication, treatment and follow-up care. Policy will include occupational exposure practices that are consistent with NYS guidelines related to occupational exposure of HIV/HCV.
Non-Occupational Exposure or Sexual Assault	Policies and practices will address all aspects of non-occupational exposure including communication, treatment and follow-up. Policy will include non-occupational exposure practices that are consistent with NYS guidelines related to non-occupational exposure of HIV/HCV.
Data Collection	Policy will delineate specific data elements related to HIV/HCV services that will be collected and reported to the jail on at least an annual basis.

The following outcomes are anticipated:

Date	Jail Policy Reviewed
July	<ul style="list-style-type: none"> ▪ Care Provider: HIV Counseling and Testing for Pregnant Women and Prevention of Mother-to-Child Transmission ▪ Jail Administrator and Care Provider: Occupational Exposure Non-Occupational Exposure or Sexual Assault
August	<ul style="list-style-type: none"> ▪ Jail Administrator and Care Provider: Data Collection ▪ Jail Administrator: Education

	<ul style="list-style-type: none"> ▪ Jail Administrator: Discharge Planning ▪ Jail Administrator: Medical Grievances Associated with HIV/AIDS and HCV
September	<ul style="list-style-type: none"> ▪ Care Provider: HIV Testing ▪ Care Provider: HCV Testing ▪ Jail Administrator: HIV/AIDS and HCV Testing and Care ▪ Care Provider: HIV Reporting and Partner Notification ▪ Care Provider: Care for HIV-Positive Persons ▪ Care Provider: HCV Care and Treatment ▪ Care Provider: Care for Persons Co-Infected with HIV and HCV
October	<ul style="list-style-type: none"> ▪ Care Provider: Quality Management ▪ Additional time for policy review on the above topics if needed
December	<ul style="list-style-type: none"> ▪ Jail and Care Provider policies disseminated to all jails through the NYS Sheriff's Association and the NYSDOH AI.

County Jail HCV Rapid Testing Pilot

The County Jail HCV Rapid Testing Pilot offered free HCV rapid test kits and controls to local county jails for six months during 2015. Initially, 18 jails expressed interest in participating in the pilot. Four jails were able to commit to the pilot: Allegany, Chautauqua, Ontario and Washington. The pilot concluded in December 2015. The total number of tests conducted was 184 with 30 rapid reactive results, a 16% reactivity rate. This rate is high, as the total reactive rate for the statewide screening program is generally around 10%, and only 1% for the general population. Preliminary findings of the reactive tests indicate 54% were in individuals age 20-29 and 40% were in individuals age 30-39. The primary risk history for the reactive tests was injection drug use.

Linkage to care was defined as attending a referral for RNA/diagnostic testing post-discharge or receiving RNA testing at the jail immediately following the rapid test. Of the 30 inmates with positive antibody tests, 26 (87%) were either offered an RNA test at the jail or were referred for RNA/diagnostic testing post-release. Of the persons offered testing or referred, 21 (81%) either received an RNA test while in jail or attended a medical appointment for HCV RNA testing post-discharge. The AIDS Institute is working with its funded care and treatment programs to establish linkages between jail nurses and patient navigators to facilitate linkage to HCV care and treatment evaluation post-discharge for detainees diagnosed with hepatitis C.

The four local jails that enrolled in this pilot have all decided to continue to offer HCV rapid testing within their facilities. Three facilities requested assistance with obtaining HIV Rapid Test kits to allow for integrated HIV and HCV testing to meet the NYS requirements for HIV and HCV testing in local jails. AI expanded the collaboration with Allegany, Chautauqua and Ontario through a new six-month pilot project co-sponsored by AI's Bureau of Hepatitis Health Care and Bureau of HIV/STD Field Services. NYSDOH will provide free OraQuick HCV and HIV Rapid Test kits and controls, as well as cost-free options for diagnostic HIV testing for individuals with reactive rapid test results.

The purpose of the pilot is to:

- (1) Determine and compare the seroprevalence of HIV and HCV in the county jail setting; and

(2) Determine changes in the acceptance rates of HIV and HCV testing when integrated point-of-care tests are offered during the medical evaluation.

Findings support the benefits of HCV testing in the jail setting including: identifying infection; providing education on HCV and steps individuals can take to prevent transmission of HCV to others; and linking individuals to health care and other supportive services upon release.

Through the AIDS Institute's hepatitis C screening program, HCV rapid antibody test kits are provided to programs serving at-risk populations, including county health departments. The AIDS Institute is working with other county health departments enrolled in the screening program in an effort to set up testing in their county jails.

Attachment 1

POLICIES AND PROCEDURES RELATED TO HIV/AIDS AND HEPATITIS C: LOCAL JAIL RESPONSIBILITIES

On September 16, 2009, L. 2009, Ch.419 went into effect, adding a new subdivision 26 to New York State Public Health Law Section 206. Under this law, correctional facility policies and practices regarding HIV/AIDS and hepatitis C prevention and treatment must be consistent with current, generally accepted standards and procedures used to prevent transmission and provide treatment among the general public. The law takes effect with regard to local jails in September 2011.

This document describes the policies and practices for which local jails are responsible.

EDUCATION

The jail provides health education and information on HIV and hepatitis C to every inmate, either directly or in conjunction with community-based providers. The jail also provides education and information on HIV and hepatitis C prior to release wherever possible. Included are basic facts and information on transmission, prevention, testing and treatment.

The attached materials are provided to every inmate. Additional educational material may be provided through electronic or written means. These additional materials must be available for review by the AIDS Institute.

Attachment 1: HIV and AIDS Facts

www.health.ny.gov/publications/9242.pdf

Attachment 2: Hepatitis C Facts

www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf

www.cdc.gov/hepatitis/HCV/PDFs/HepCIncarcerationFactSheet.pdf

Attachment 3: STD and HIV Facts

www.health.ny.gov/publications/9111.pdf

Attachment 4: Are You Thinking About Getting Pregnant? Think About Pre-Conception Care

The brochure is provided to every female inmate.

www.health.ny.gov/publications/0259.pdf

Attachment 5: I Might Have Been Exposed To HIV, What Should I Do? What Is PEP?

www.health.ny.gov/publications/9104.pdf

Attachment 6: PrEP FAQs

www.health.ny.gov/diseases/aids/general/prep/faqs.htm

Attachment 7: Expanded Syringe Access Program

www.health.ny.gov/publications/9405.pdf

PREVENTION

The jail has a policy in place to allow community-based organizations into the jail to conduct HIV/STD/hepatitis C prevention, especially those funded by the AIDS Institute to serve criminal justice populations. A list of such providers will be provided by the AIDS Institute annually.

HIV/AIDS AND HEPATITIS C TESTING AND CARE

The jail will inform the care provider(s) that with regard to HIV/AIDS and hepatitis C, care will be provided in accordance with community standards. The jail will provide standards and guidelines to care providers regarding testing and care. Care providers will sign an attestation to the effect that they have read and understand the standards and guidelines and they will provide services in accordance with the standards and guidelines. The jail will require care providers to submit such attestations annually.

With regard to HIV testing, testing must be offered and conducted in accordance with the New York State HIV testing law. Specifically, HIV testing must be offered by the care provider to every inmate no later than the time of the mandated medical evaluation within 14 days of incarceration, and persons who test positive must be provided an appointment for HIV medical care. The attestation signed by the care provider will include language stating that HIV testing will be provided in accordance with the New York State HIV testing law.

With regard to HCV testing, testing must be offered in accordance with the NYS HCV Testing Law (i.e., all persons born between 1945 and 1965), to those with risk factors associated with HCV (e.g. injection drug use, blood transfusion prior to 1992, etc.) and to those presenting with symptoms. HCV testing must be offered by the care provider to every inmate no later than the time of the mandated medical evaluation within 14 days of incarceration, and persons who test positive must be provided an appointment for HCV medical care.

With regard to HIV and hepatitis C care, care will be provided in accordance with New York State clinical guidelines. Care providers and appropriate administrative staff will register to receive change of practice alerts and guidelines from the web site hivguidelines.org by clicking on *Subscribe to hivguidelines.org* and entering the required information. The attestation signed by the care provider will include language stating that all care providers and appropriate administrative staff will sign up for change of practice alerts and guidelines. Where applicable, the jail will contractually require medical practitioners to sign up for the alerts and guidelines. Alternatively, the jail will provide the information required to subscribe to hivguidelines.org to the AIDS Institute for all care providers and appropriate administrative staff, and the AIDS Institute will register the providers and other staff to receive the alerts and guidelines.

DISCHARGE PLANNING

In local jails, inmates are released daily and without a schedule. Inmates can be released on bail or released by a court with no advance notice to the sheriff. Wherever possible, attempts will be made to provide the following at discharge planning:

- Condoms.
- Education and information on HIV/AIDS, STI's, PrEP/PEP, hepatitis C, and the Expanded Syringe Access Program (see above brochures).
- Information on services available in the community for persons living with HIV/AIDS and/or hepatitis C (see Attachment 8).
- Information on the HIV uninsured care programs (see Attachment 9).
- Discharge medical summaries and follow-up appointments (in their home community) for patients either with HIV or HCV + tests and/or treatment.

In addition, the jail has a relationship with the local department of social services with regard to Medicaid and other benefits for inmates upon release. Whenever possible, at discharge, the jail provides information to inmates about contacting the local department of social services to continue Medicaid coverage (if the inmate had Medicaid upon entry) or to apply for Medicaid and other benefits.

Attachment 8: HIV Patient Resource Directory

www.health.ny.gov/diseases/aids/resources/resource_directory/patient_resources_directory.htm

Attachment 9: ADAP Plus

www.health.ny.gov/publications/9211.pdf

MEDICAL GRIEVANCES ASSOCIATED WITH HIV/AIDS AND HCV

SCOC standards govern the policies and practices related to medical grievances associated with HIV/AIDS and hepatitis C. A log of medical grievances related to HIV and hepatitis C will be maintained and available for review by the AIDS Institute.

OCCUPATIONAL EXPOSURE

Policies and practices address all aspects of occupational exposure, including communication, treatment, and follow-up care. Policies and practices are consistent with New York State guidelines related to occupational exposure for HIV and hepatitis C (see Attachments 10 and 11).

Attachment 10: UPDATE: HIV Prophylaxis Following Occupational Exposure

www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-occupational-exposure/

Attachment 11: Prevention, Control and Post Exposure Prophylaxis for Blood Borne Pathogens

www.health.ny.gov/diseases/aids/providers/standards/post_exposure_prophylaxis.htm

NON-OCCUPATIONAL EXPOSURE OR SEXUAL ASSAULT

Policies and practices address all aspects of non-occupational exposure and sexual assault, including communication, treatment, and follow-up care. Policies and practices are consistent with New York State guidelines related to non-occupational exposure for HIV and hepatitis C (see Attachments 10 and 11).

Attachment 12: HIV Prophylaxis Following Non-Occupational Exposures

www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational-exposure/

Attachment 13: HIV Prophylaxis for Victims of Sexual Assault

www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-for-victims-of-sexual-assault/

DATA COLLECTION

The jail will collect data on HIV and HCV services being provided within their facilities. At a minimum, the jail will collect and report the following data on an annual basis:

- Number of HIV screening tests performed

- Number of inmates diagnosed with HIV infection
- Number of inmates with HIV/AIDS housed within the year
- Number of inmates receiving ART
- Number of HCV screening tests performed
- Number of inmates diagnosed with HCV infection
- Number of inmates with HCV housed within the year
- Number of inmates receiving HCV treatment
- Number of female inmates
- Number of pregnant inmates

Attachment 2 POLICIES AND PROCEDURES RELATED TO HIV/AIDS AND HEPATITIS C IN LOCAL JAILS: CARE PROVIDER RESPONSIBILITIES

On September 16, 2009, L. 2009, Ch.419 went into effect, adding a new subdivision 26 to New York State Public Health Law Section 206. Under this law, correctional facility policies and practices regarding HIV/AIDS and hepatitis C prevention and treatment must be consistent with current, generally accepted standards and procedures used to prevent transmission and provide treatment among the general public. The law takes effect with regard to local jails in September 2011.

This document describes the required policies and practices for health care providers that furnish services to inmates of local jails. Written policies and procedures will be made available to the local jail and the New York State Department of Health AIDS Institute upon request.

HIV TESTING

During the initial health assessment, HIV testing is offered to every inmate in accordance with New York State Law. The attached letter (Attachment 1) and update on New York State testing law (Attachment 2) describe the requirements associated with HIV testing. Specifically, HIV testing must be offered by the care provider to every inmate no later than the time of the mandated medical evaluation within 14 days of incarceration, and persons who test positive must be provided an appointment for HIV medical care.

Attachment 1: Public Health Amendments Dear Colleague Letter
www.health.ny.gov/diseases/aids/providers/testing/law/letter_2014.htm

Attachment 2: New York State Testing Law Update, May 2014
www.health.ny.gov/diseases/aids/providers/testing/law/docs/updates.pdf

HIV REPORTING AND PARTNER NOTIFICATION

In 1998, New York State (NYS) expanded existing AIDS case reporting regulations, PHL Article 21 (Chapter 163 of the Laws of 1998). The law took effect on June 1, 2000 and requires the reporting of persons with HIV as well as AIDS to the New York State Department of Health (NYSDOH). The law also requires that reports contain the names of sexual or needle-sharing partners known to the medical provider or whom the infected person wishes to have notified. A NYS reporting form, the Medical Provider Report Form (PRF) (DOH-4189, revised 8/05), must be completed for persons with the following diagnoses:

1. **Initial/New HIV diagnosis** - First report of HIV antibody positive test results.
2. **Previously Diagnosed HIV infection (non-AIDS)** - Infection previously diagnosed (including repeat/confirmatory test) but patient has not met criteria for AIDS. (Applies to a medical provider who is seeing the patient for the first time.)
3. **Initial/New Diagnosis of AIDS** - Including <200 CD4 cells/ μ L or opportunistic infection (AIDS-defining illness).

4. **Previously Diagnosed AIDS** - (Applies to a medical provider who is seeing the patient for the first time.)

Policies and practices address reporting of HIV/AIDS in accordance with State Public Health Law. Provider will complete the NYS Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF) for all reportable cases and submit to the NYSDOH as instructed on the form. (*Note:* Blank forms are available from the NYSDOH by calling (518) 474-4284. In order to protect patient confidentiality, faxing of reports is not permitted.)

Notifying Partners of HIV-infected Persons

NYS Public Health Law Article 21 (Chapter 163 of the Laws of 1998) requires that medical providers talk with HIV-infected individuals about their options for informing sexual and needle-sharing partners that they may have been exposed to HIV. The NYSDOH Partner Services program (formerly known as PNAP) provides assistance to HIV-positive individuals and to medical providers who would like help notifying partners.

Policies and practices address informing HIV-infected patients about their options for informing sexual and needle-sharing partners that they may have been exposed to HIV and the availability of assistance through the NYSDOH Partner Services program (formerly known as PNAP). The attached brochure (Attachment 3) provides information for patients about partner notification.

[Attachment 3: Partner Services: Patient's Guide](http://www.health.state.ny.us/publications/9593.pdf)
www.health.state.ny.us/publications/9593.pdf

(*Note:* Provider may call the local Partner Services office or the New York State HIV/AIDS Hotline at 1-800-541-2437 for assistance.)

CARE FOR HIV-POSITIVE PERSONS

Current primary care practice guidelines related to HIV/AIDS (see Attachments 4, 5, 6 and 7) are incorporated into the standard of medical care provided, including gynecological care for HIV-infected women. Protocols are in place to review and incorporate the ongoing and evolving primary care practice guidelines in HIV/AIDS. HIV/AIDS-related care will begin in the initial medical evaluation, which is mandated to take place within 14 days of incarceration. Successful HIV therapy requires there to be no interruption in antiretroviral (ARV) medications; ARV medications should be available to HIV-positive inmates immediately upon arrival and continued without interruption through release.

As required by the jail, all practitioners delivering services to inmates and appropriate administrative staff will register to receive change of practice alerts and guidelines from the web site hivguidelines.org by clicking on *Subscribe to hivguidelines.org* and entering the required information. Alternatively, as required by the jail, care providers and appropriate administrative staff will provide the information required to subscribe to hivguidelines.org to the jail for distribution to the AIDS Institute, and the AIDS Institute will register the providers and other staff to receive care alerts and guidelines.

Additionally, the Clinical Education Initiative (CEI) provides up-to-date clinical information and continuing education for clinicians. Clinicians in New York State can call this toll-free number, 866-637-2342, to discuss PEP, PrEP, HIV, HCV and STD management with a specialist. This line supports inquiries from clinicians only and is not intended for patient or consumer inquiry. CEI also provides free onsite training to clinicians as well as online training, tools, and resources. For additional information on the CEI program and onsite training, you can visit www.ceitraining.org or call 1-800-233-5075.

Attachment 4: Update: Primary Care Approach to the HIV-Infected Patient

www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/

Attachment 5: Antiretroviral Therapy

www.hivguidelines.org/clinical-guidelines/adults/antiretroviral-therapy/

Attachment 6: Diagnostic, Monitoring, and Resistance Laboratory Tests for HIV

www.hivguidelines.org/clinical-guidelines/adults/diagnostic-monitoring-and-resistance-laboratory-tests-for-hiv/

Attachment 7: Gynecological Care

www.hivguidelines.org/clinical-guidelines/womens-health/gynecological-care/

HIV COUNSELING AND TESTING FOR PREGNANT WOMEN AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Policies and practices incorporate:

- HIV counseling and testing for pregnant women (including informing the woman that if she is positive, transmission to her baby can be prevented);
- HIV testing in the first trimester and again in the third trimester of pregnancy, or for women in care, documentation of contact to the provider to determine that testing has already been done in this pregnancy, date of test and test result;
- Co-management by an OB and HIV-experienced provider, which involves consulting and coordinating with appropriate providers. If appropriate HIV providers cannot be located easily, the National HIV Perinatal Hotline provides expert consultation on all aspects of perinatal HIV management and is available 24 hours/7 days a week by calling 1-888-448-8765. Jails may also contact the AIDS Institute (Lyn Stevens, Deputy Director, Office of the Medical Director, at 518-473-8815; or Barbara Warren, Director, Maternal/Pediatric HIV Prevention and Care, at 518-486-6048) to obtain information on the availability of consultation by OB and HIV-experienced providers in the community;
- Access to ARV treatment for the woman for maternal indications and prevention of mother-to-child transmission, including immediate access upon arrival for HIV-positive pregnant women already on ARV treatment;
- Transfer of medical information securely and in accordance with HIPAA requirements, to the birth facility and planning for delivery so that ARV medication is available at the delivery site for both the delivering woman and her newborn;
- Early infant feeding guidance;
- Discharge planning for newborn/infant care so the newborn gets ARV prophylaxis and diagnostic testing; and
- Such policies and practices must address referral to care and treatment upon release for HIV-positive pregnant women and must be carried out wherever possible.

Policies and practices are consistent with current standards (see Attachments 8, 9, 10 and 11). A source of information is the National Perinatal HIV Consultation and Referral Service, which houses the National Perinatal HIV Hotline, at 1-888-448-8765. Web site address: <http://nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids/>

Attachment 8: Preconception Care for HIV-Infected Women

www.hivguidelines.org/clinical-guidelines/womens-health/preconception-care-for-hiv-infected-women/

Note: Section G includes information on perinatal HIV transmission, and Table 3 has information on HIV-related medications to avoid or use with caution during pregnancy.

Attachment 9: Care of the HIV-Exposed Infant with Indeterminate Status

www.hivguidelines.org/clinical-guidelines/infants-children/diagnosis-of-pediatric-hiv-infection-in-hiv-exposed-infants/

Attachment 10: Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States

<http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>

Attachment 11: HIV Testing During Pregnancy and at Delivery

www.hivguidelines.org/clinical-guidelines/perinatal-transmission/hiv-testing-during-pregnancy-and-at-delivery

HEPATITIS C TESTING

The expectation regarding hepatitis C relates primarily to screening (specifically HCV antibody testing), education, and linkage to diagnostic testing and care upon release for those that screen positive.

During the initial health assessment, HCV testing is offered to every inmate in accordance with New York State HCV Testing Law. The HCV Testing Law requires the one-time offer of an HCV screening test to all persons born between 1945-1965. Attachment 12 provides additional information on the law and its requirements. HCV screening should also be offered to those with an identified risk or symptoms and, as applicable, should take place during the mandated medical evaluation within 14 days of incarceration. Screening should also be done for those inmates requesting to be tested. Attachments 13 and 14 provide additional information on who should be tested for HCV. All inmates who test positive must be provided an appointment for HCV medical care.

Attachment 12: NYS Hepatitis C Testing Law

www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/testing_law.htm

Attachment 13: Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965

www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm

Attachment 14: Recommendations for Prevention and Control of Hepatitis C

www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm

Hepatitis C Care and Treatment

Current primary care practice guidelines related to hepatitis C (see Attachments 15 and 16) are incorporated into the standard of medical care provided. Protocols are in place to review and incorporate the ongoing and evolving primary care practice guidelines in hepatitis C.

If someone is actively undergoing hepatitis C treatment at the time of incarceration, treatment must be continued during incarceration. Efforts to contact the treating physician and to continue treatment must be documented.

Provider may contact the AIDS Institute (Colleen Flanigan, Director, Bureau of Hepatitis Health Care – 518-486-6806) to obtain information on hepatitis C testing and care, the availability of consultation, and care providers in the community.

Attachment 15: American Association for the Study of Liver Disease and Infectious Disease Society of America: Recommendations for Testing, Managing, and Treating Hepatitis C*

www.hcvguidelines.org/

Attachment 16: Federal Bureau of Prisons Interim Guidance for the Management of Chronic Hepatitis C Infection Clinical Practice Guidelines (June 2014)*

www.bop.gov/resources/pdfs/hepatitis_c_current.pdf

***Note:** These recommendations and guidelines change frequently due to the rapidly changing HCV treatment landscape. Be sure that the most current guidelines are being utilized.

CARE FOR PERSONS CO-INFECTED WITH HIV AND HEPATITIS C

Current primary care practice guidelines related to persons co-infected with HIV and hepatitis C (see Attachment 17) are incorporated into the standard of medical care provided. Protocols are in place to review and incorporate the ongoing and evolving primary care practice guidelines in HIV and hepatitis C co-infection.

Attachment 17: Hepatitis C Virus

www.hivguidelines.org/clinical-guidelines/adults/hepatitis-c-virus/

QUALITY MANAGEMENT

Policies and practices are in place related to quality management activities related to HIV/AIDS and HCV. Quality medical care is provided in accordance with New York State guidelines, and quality indicators are used for measurement. Such policies and practices include but are not limited to the areas of:

- Antiretroviral therapy and its complications;
- Diagnosis and monitoring of HIV disease and the basic primary care of persons living with HIV/AIDS;
- HCV screening and treatment;
- Access to qualified providers who are experienced in the treatment of HIV/AIDS and HCV and who are experienced in the use of antiretroviral therapy, HCV antiviral therapy, and how each therapy is monitored. (*Note:* Provider may contact the AIDS Institute for information on qualified providers. Re HIV/AIDS contact Lyn Stevens, Deputy Director, Office of the Medical Director – 518-473-8815; re HCV contact Colleen Flanigan, Director, Bureau of Hepatitis Health Care – 518-486-6806).
- Referrals to experienced providers when indicated on the basis of treatment failure or intolerance (*Note:* Provider may contact the AIDS Institute (see contacts above) for information on experienced providers);
- Referrals to experienced providers for the continuation and monitoring of HCV treatment (*Note:* Provider may contact the AIDS Institute (see contacts above) for information on experienced providers); and
- Continuity of and access to ongoing ARV therapy.

Quality management policies and practices are consistent with New York State quality of care guidelines (see Attachment 18). Quality improvement methods are used to improve the quality of care in areas where quality indicator data suggests improvements are needed.

Attachment 18: New York State Quality of Care Guidelines Related to HIV/AIDS

www.hivguidelines.org/quality-of-care/nys-hiv-quality-of-care-program/standards/

OCCUPATIONAL EXPOSURE

Policies and practices address all aspects of occupational exposure, including communication, treatment, and follow-up care. Policies and practices are consistent with New York State guidelines related to occupational exposure for HIV and hepatitis C (see Attachments 19 and 20).

Attachment 19: New York State DOH HIV Occupational Exposure Guidelines

www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-occupational-exposure/

Attachment 20: Occupational Exposure Guidelines for Hepatitis B and C

www.health.ny.gov/diseases/aids/providers/standards/post_exposure_prophylaxis.htm

NON-OCCUPATIONAL EXPOSURE OR SEXUAL ASSAULT

Policies and practices address all aspects of non-occupational exposure and sexual assault, including communication, treatment, and follow-up care. Policies and practices are consistent with New York State guidelines related to non-occupational exposure for HIV and hepatitis C (see Attachments 19 and 20).

Attachment 21: HIV Prophylaxis Following Non-Occupational Exposures

www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational-exposure/

Attachment 22: HIV Prophylaxis for Victims of Sexual Assault

www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-for-victims-of-sexual-assault/

DATA COLLECTION AND REPORTING

Policies and practices address the collection and reporting of data related to HIV and HCV services to the jail in order to comply with required reporting. At a minimum, the following data will be provided to the jail:

- Number of HIV screening tests performed
- Number of inmates diagnosed with HIV infection
- Number of inmates with HIV/AIDS
- Number of inmates receiving ART
- Number of HCV screening tests performed
- Number of inmates diagnosed with HCV infection
- Number of inmates with HCV
- Number of inmates receiving HCV treatment
- Number of female inmates
- Number of pregnant inmates

