The case for pre-exposure prophylaxis in prison settings

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Prison settings concentrate key populations who are at high risk for HIV, and this risk increases further as a result of cons

ensual or coerced unprotected sexual intercourse and sharing of inadequately sterilised needles or grooming equipment.[1–3] Furthermore, HIV-related stigma and punitive laws criminalising HIV exposure prevent disclosure of risky behaviours to prison officials. In response, pre-exposure prophylaxis (PrEP) is recommended as an additional prevention choice as part of combined HIV prevention approaches by WHO.[4] Implementing PrEP in prison facilities might be challenging due to the multiple reported barriers preventing optimum HIV prevention programmes.

In *The Lancet HIV*, Brianna Lindsay and colleagues[5] conducted a cross-sectional study describing PrEP implementation in 16 Zambian prison facilities. The study showed high rates of PrEP uptake among all age groups of men and women who are incarcerated. Of those who tested HIV negative and were eligible for PrEP (using a Ministry of Health guideline for high-risk behaviour), more than 90% initiated PrEP use. Lindsay and colleagues have provided the first evidence globally on the feasibility of PrEP implementation—despite the known challenges from similar settings[6,7]—and they provide a blueprint to be followed by prison facilities in the region. The article also highlighted the dearth of literature on PrEP implementation in many countries. Only two studies, both from outside sub-Saharan Africa, assessed willingness to choose PrEP as a HIV prevention option.[8,9]

The study by Lindsay and colleagues also shows the high acceptance of HIV prevention modalities within this population, suggesting that there is continued exposure to HIV while incarcerated, despite Zambia having a very conservative society, and condoms not being permitted for distribution in criminal justice facilities. This high rate of PrEP uptake highlights a very important issue of condom provision in prison facilities. Only 30% of nations around the world report condom provision in the prison system,[10] and even in countries that provide condoms, implementation is not consistent and condoms are often provided without lubricant. Yet, condom provision is one of the most effective harm reduction interventions to control sexually transmitted infections (including HIV/AIDS and viral hepatitis) in prisons.

In keeping with the reluctance of officials to admit to any additional HIV risks, in Lindsay and colleagues' study, a national tool was used to determine who was at high risk of HIV. Although this tool can identify those at high risk for HIV in general populations, it might be necessary to adapt such a tool with characteristics that could be more relevant in a prison setting. There is a very high uptake of PrEP in the young age group (15–24 years), which might indicate a higher perception of risk among this group. However, the risk assessment did not include young age as a criterion.

The cyclical nature of prison facilities and communities—with individuals moving in and out—warrants emphasis on continuation of care. If PrEP use is initiated in prison settings and follow up for completion is conducted in communities post-release, HIV transmission is likely to be interrupted. Future longitudinal studies are needed to assess completion and incident HIV infections in these settings and communities, post-release.

Although the population of women who are incarcerated in Zambian prison facilities is small (<5%), as is common in all criminal justice settings, studies have shown a higher prevalence of HIV among women living in prison than men living in prison.[1,3] Lack of access to HIV prevention due to known factors such as gender inequality, stigma, and poverty contribute to such disproportionate HIV prevalence. Strategies to prevent HIV transmission are particularly necessary for women living in prisons, and PrEP is a very important intervention in these settings.

Although people who are incarcerated are deprived of their liberties, governing authorities must ensure the provision of adequate health services to preserve their wellbeing. HIV control among populations who are incarcerated has intrinsic limitations; however, the implementation of effective HIV prevention strategies has been shown. The first step of providing condoms is crucial. Furthermore, feasibility and acceptability of screening people living in prisons for PrEP eligibility at entry, during incarceration, and at release have now been shown. Further research to support and provide guidance for PrEP implementation is encouraged.

We declare no competing interests.

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1 Dolan K, Wirtz AL, Moazen B, et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *Lancet* 2016; **388:** 1089–102.
2 Herce ME, Hoffmann CJ, Fielding K, et al. Universal test-and-treat in Zambian and South African correctional facilities: a multisite prospective cohort study. *Lancet HIV* 2020; **7:** e807–16.
3 Telisinghe L, Charalambous S, Topp SM, et al. HIV and tuberculosis in prisons in sub-Saharan Africa. *Lancet* 2016; **388:** 1215–27.
4 WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organisation, 2016.
5 Lindsay B, Nyirongo N, Mwango L, et al. Initial implementation of HIV pre-exposure prophylaxis for incarcerated people in Zambian correctional facilities: a cross-sectional observational analysis. *Lancet HIV* 2022; http://doi.org/10.1016/S2352-3018(22)00220-X.
6 Chimoyi L, Hoffmann CJ, Hausler H, et al. HIV-related stigma and uptake of antiretroviral treatment among incarcerated individuals living with HIV/AIDS in South African correctional settings: a mixed methods analysis. *PLoS One* 2021; **16:** e0254975.
7 Topp SM, Chetty-Makkan CM, Smith HJ, et al. "It's not like taking chocolates": factors influencing the feasibility and sustainability of universal test and treat in correctional health systems in Zambia and South Africa. *Glob Health Sci Pract* 2019; **7:** 189–202.
8 Rutledge R, Madden L, Ogbuagu O, Meyer JP. HIV risk perception and eligibility for pre-exposure prophylaxis in women involved in the criminal justice system. *AIDS care* 2018; **30:** 1282–89.
9 Brinkley-Rubinstein L, Dauria E, Tolou-Shams M, et al. The path to implementation of HIV pre-exposure prophylaxis for people involved in criminal justice systems. *Curr HIV/AIDS Rep* 2018; **15:** 93–95.
10 Moazen B, Bosworth R, Dolon K, Owusu P, Weissner P, Stover H. Availability, coverage and barriers towards condom provision in prisons: a review of the evidence. Frankfurt: Institut für Suchtforschung, Frankfurt University of Applied Sciences, 2019.