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HIV/AIDS
in
Prisons

2004/2005

HIV Transmission in Prison

This info sheet presents some of the evidence of the extent of HIV transmission behind bars. It shows that outbreaks of HIV infection have and will continue to occur in prisons unless HIV prevention is taken seriously. This raises important questions about the moral and legal obligations of prison systems to prevent the further spread of HIV in prisons (see info sheet 12).

This is one of a series of 13 info sheets on HIV/AIDS in prisons.

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2. High-Risk Behaviours behind Bars
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Until recently, few data were available on how many prisoners become infected in prison. The data that were available suggested that “transmission does occur in correctional facilities, but at quite low rates.” This was sometimes used to argue that HIV transmission in prisons is rare and that there is no need for increased prevention efforts.

However, most of the studies that have reported relatively low levels of HIV transmission in prison were conducted early in the HIV epidemic and sampled long-term prisoners who would have been at less risk of infection than short-term prisoners. The extent of HIV infection occurring in prisons may have been underestimated. In recent years, a growing number of studies undertaken in Scotland, Australia, Lithuania, and Russia have shown how frighteningly quickly HIV can spread behind bars. Two of these studies are summarized in more detail here.

Outbreak of HIV Infection in a Scottish Prison

Taylor investigated an outbreak of HIV in Glenochil prison in 1993. Before the investigation began, 263 of the prisoners who had been at Glenochil at the time of the outbreak had either been released or transferred to another prison. Of the remaining 378, 227 were recruited into the study. Recruitment ranged from 26 to 51 percent across 11 subunits at Glenochil. Anecdotal reports suggest that many prisoners who were not recruited were injectors from one subunit where injection was prevalent. Of the 227 prisoners recruited, 76 reported a history of injection and 33 reported injecting in Glenochil. Twenty-nine of the latter were tested for HIV, with 14 testing positive. Thirteen had a common strain of HIV, proving that they became infected in prison. All those infected in prison reported extensive periods of syringe sharing.

Outbreak in a Lithuanian Prison

During random checks undertaken in 2002 by the state-run AIDS Center, 263 prisoners at Alytus prison tested positive for HIV. Tests at Lithuania’s other 14 prisons found only 18 cases. Before the tests at Alytus prison, Lithuanian officials had listed just 300 cases of HIV in the whole country, or less than 0.01 percent of the population, the lowest rate in Europe. It is believed that the outbreak at Alytus was due to sharing of drug injection equipment.

HIV TRANSMISSION IN PRISON

Canadian Prisons

Springhill, Nova Scotia

In 1996 two HIV- and HCV-positive prisoners at Springhill Institution, a federal institution in Nova Scotia, informed health-care staff that they had shared needles and injection equipment with a significant number of other prisoners. A disease outbreak containment intervention was initiated, and 17 contacts of the two men were tested. However, no attempt was made to prove that, as a result of sharing needles and injection equipment with the known positive inmates, the contacts had contracted HIV or HCV while in prison.

Joyceville, Ontario

In 1997 a prisoner who had been sharing injection equipment with fellow drug users at Joyceville Penitentiary, a medium-security federal prison for men, revealed that he was HIV-positive. This caused concern among the large number of prisoners who had shared injection equipment with him. The prisoners were reluctant to seek HIV testing from the prison's health-care staff for fear of self-identifying as injection drug users. The prison's inmate committee therefore requested that an HIV-seroprevalence study be carried out as a way of providing prisoners with access to anonymous testing.

The study showed that risk behaviours and rates of infection in the prison had increased substantially since a previous study that had been undertaken at the same prison in 1995. In addition, the researchers who undertook the study "saw individuals with equivocal test results who were likely in the process of seroconverting." Since the study was completed, they became aware of one individual, negative for HIV in March 1998, who is now positive, and one individual who has contracted HCV.

Additional Reading

Correctional Service Canada. *Springhill Project Report*. Ottawa: CSC, May 1999. A report on the outbreak intervention at Springhill Institution.

K Dolan. Evidence about HIV transmission in prisons. *Canadian HIV/AIDS Policy & Law Newsletter* 1997/98; 3(4)/4(1): 32-35. An excellent summary of the evidence as of 1997, at www.aidslaw.ca/Maincontent/otherdocs/Newsletter/Winter9798/26DOLANE.html.

PM Ford et al. HIV and hep C seroprevalence and associated risk behaviours in a Canadian prison. *Canadian HIV/AIDS Policy & Law Newsletter* 1999; 4(2/3): 52-54. A summary of the study at Joyceville Institution. Available at www.aidslaw.ca/Maincontent/otherdocs/Newsletter/spring99/prisons.htm.

A Taylor et al. Outbreak of HIV infection in a Scottish prison. *British Medical Journal* 1995; 310: 289-292. The first documented outbreak of HIV infection in prison. See also A Taylor, D Goldberg. Outbreak of HIV infection in a Scottish prison: why did it happen? *Canadian HIV/AIDS Policy & Law Newsletter* 1996; 2(3): 13-14. The account of why the outbreak of HIV infection occurred. Available at www.aidslaw.ca/Maincontent/otherdocs/Newsletter/April1996/14avrilE.html.

Third, revised and updated version, 2004. Copies of this info sheet are available on the Network website at <http://www.aidslaw.ca/Maincontent/issues/prisons.htm> and through the Canadian HIV/AIDS Information Centre (email: aidssida@cpha.ca). Reproduction of the info sheet is encouraged, but copies may not be sold, and the Canadian HIV/AIDS Legal Network must be cited as the source of this information. For further information, contact the Network (tel: 514 397-6828; fax: 514 397-8570; email: info@aidslaw.ca). **Ce feuillet d'information est également disponible en français.**

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