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## A follow-up program after prison release for HIV-positive patients

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## ABSTRACT

We designed a study to follow newly-released prisoners with HIV in the great prison of Tehran from October 2013 to May 2014. Among 34 patients, only 12 persons (35.3%) had a successful follow-up. Using encouragers, offering appropriate incentives and enabling patients to connect with healthcare services after release can be effective means to continue the treatment.

## 1. Introduction

A bio-behavioral survey in Iran during 2012–2014 showed the prevalence of HIV infection among prison inmates was 1.4%[1]. Given high prevalence of risky behaviors among HIV-infected ex-prisoner and increased risk of transmission by high viral loads[2], releasing from a prison stands at a serious moment in health of individuals and community. Thus, it would appear that newly-released HIV-positive patients are at their highest risk for giving up HIV treatment throughout the early stages of their release[3]. Following the release, inmates struggle to prioritize involvement in HIV-related care when confronted with insufficient access to health care, restricted health insurance, social profits, employment opportunities, widespread poverty, and poor housing. Mental illness and substance use lead to more complicated transition[4,5]. Moreover, stigma is regarded as an additional obstacle for accessing

health care services for HIV-infected released prisoners. Stigma and other dimensions associated with incarceration can reduce social supports from families for many HIV-infected inmates[6]. As a consequence, accessing to medical care is important for newly-released HIV-positive patients, and it would be expected that formerly incarcerated individuals receiving treatment will counter with further significant challenges when trying to obtain best health outcomes. We conducted a study to follow newly-released prisoners with HIV in the great prison of Tehran from October 2013 to May 2014.

## 2. Materials and methods

We designed a study to follow newly-released HIV-positive patients in the great prison of Tehran from October 2013 to May 2014. Institutional Review Board of Tehran University of Medical Sciences approved the study protocol. The released patients were followed up at least three times. Also, telephone number and address of the patients were referred to the local voluntary counseling and testing centers near their living place by written records and telephone.

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### 3. Results

In a follow-up after release from the prison, only 12 persons (35.3%) among 34 patients had successful follow-up. Here, a successful follow-up meant talking to the patient, his family or voluntary counseling and testing centers to obtain information about patient's status of reference to the counseling center. The most common barriers for the follow-up were the delay to call the patients due to their lack of accessibility to free lines outside the prison or busy line traffic especially in townships. Twenty-two persons (64.7%) had unsuccessful follow-up. Wrong address or telephone number (27.3%), homelessness (22.7%), lack of patients' telephone number (13.6%), unavailability of telephone number in communication network in consecutive periods (9.1%), obtaining no answer to call (9.1%), off-line mobile phone (9.1%), and patient's request to stop the follow-up (9.1%) were the frequent reasons for this.

### 4. Discussion

In our study, the success rate of follow-up after release program was 35.3% and this rate was low in other studies[7-10]. In a study conducted in Texas, just 20% of HIV-positive prisoners referred to a clinic outside the prison 30 days after release and 28% referred 90 days later to keep on the treatment[10]. Inappropriate treatment, drug dependence, mental health disorders which lead to the decrease in motivation and adherence to recommendations, homelessness with numerous movements and social instability, unemployment which cause inability to meet primary needs, concurrent diseases which make choosing the treatment difficult and interference of medications were barriers to make link with services outside the prison[8]. The finding of another study showed the mean number of days between the first medical care visits and after release was 10 days, and 54% were visited within two weeks after the release[11]. Also Scott and Dennis revealed that over 68% of the women relapsed to drug use or alcohol within the first 30 days post-release, 74% relapsed within 60 days post-release and 77% relapsed within 90 days post-release which represented the need for forceful linkages to community based treatment[12].

Prisoners usually are not imprisoned for a long time and when no healthcare services are received outside the prisons, not only they will be at higher risk of morbidity and mortality and may transmit the diseases to others, but also they will be at the risk of affecting to resistance species because of stopped or incomplete treatment. However, whatever the factors are, we should find an appropriate way to overcome it. Encouragement and giving appropriate incentives and enabling the patients to connect with healthcare services after release can be effective practices to continue the treatment program.

### Conflict of interest statement

We declare that we have no conflict of interest.

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