

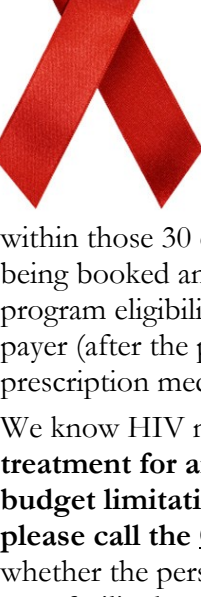


Minding the Gap

December 2012

HIV, STD, TB, VIRAL HEPATITIS PROGRAM, OREGON HEALTH AUTHORITY

CAREAssist (Oregon's AIDS Drugs Assistance Program)



The mission of the CAREAssist program is to improve the health of HIV+ Oregon residents by paying for insurance premiums and co-pays for prescriptions and medical services. Although persons who become incarcerated in a state or federal prison are terminated from CAREAssist because they are no longer eligible, **inmates who are being housed in a city or county correctional facility can remain enrolled in the program for up to 60 days from their booking date.** This is true regardless of their expected release date. An additional 30 days (for a total of 90 days) may be negotiated if the inmate will be released within those 30 days. As long as a client is 1) a member of CAREAssist prior to being booked and 2) is able to maintain their health insurance and CAREAssist program eligibility while incarcerated, CAREAssist can be billed as a secondary payer (after the primary insurance has been billed) for services and/or prescription medications distributed while in a county jail.

We know HIV medications can be very expensive. **If you are providing treatment for an HIV positive person in a county jail, and believe that your budget limitations may be a barrier for providing recommended treatment, please call the CAREAssist program (971-673-0144).** We will be able to verify whether the person is currently enrolled in CAREAssist and may be able to assist your facility by paying for medications for the first 60—90 days of incarceration.

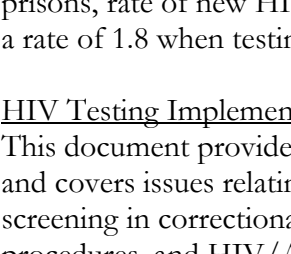
World AIDS Day

On December 1, people around the world came together for World AIDS Day in recognition of the continued HIV epidemic that infects millions and impacts all. In Oregon, we recognize the 6,673 People Living with HIV, including the 1,158 individuals who are HIV+ positive and yet unaware of their infection in this state. The 2012 theme for World AIDS Day is “Working Together for an AIDS-Free Generation”. We’d like to take this opportunity to thank you, corrections staff, for collaborating with us to work towards an AIDS-Free generation.

Here are 4 ways we can continue to work together to achieve this common goal:

1. Join the [Facing AIDS](#) Initiative.
2. Use World AIDS Day to increase awareness and provide education about HIV in your facility.
3. Refer inmates to testing and care services. Up to date resources statewide are available [here](#).
4. Provide risk screening for HIV and Hepatitis in a private setting for EVERY inmate. Here are example questions to include in your screening forms.

Screening for HIV in 6 questions



1. Have you ever been told you have HIV or AIDS?
2. In the last 5 years, have you had a sexually transmitted infection other than HIV, like syphilis?
3. Have you ever had vaginal or anal sex without a condom? If yes, when was the last time?
4. How many people have you had sex with (anal or vaginal) in the past 12 months? In the past 5 years?
5. Have any of your past sex or needle sharing partners told you they have HIV?
6. Where do you meet your sex partners (through a friend, at a bar or club, at a party, internet, bathhouse, in a park, at school or work, another way)?

Research and Reports

[HIV Screening of Male Inmates During Prison Intake Medical Evaluation—Washington, 2006—2010.](#)

After implementing opt-out HIV testing at the intake evaluation in Washington prisons, rate of new HIV diagnosis increased to 7.6 diagnoses per year (compared to a rate of 1.8 when testing was only available upon inmate request).

[HIV Testing Implementation Guidance for Correctional Settings](#)

This document provides background statistics on HIV/AIDS in correctional facilities and covers issues relating to inmate privacy and confidentiality, opt-out HIV screening in correctional medical clinics, HIV testing procedures HIV testing procedures, and HIV/AIDS case reporting.

Epi Update: HIV Transmission Route by Race or Ethnicity in Oregon (2006 -2010)

Likely Transmission Route	Hispanic	Black/African American	White
Among Men			
Men who have sex with other Men (MSM)	66% (136)	58% (35)	73% (582)
IDU	3% (7)	5% (3)	7% (52)
MSM & IDU	4% (9)	5% (3)	10% (78)
High risk heterosexual partner (e.g. Identified partner who was IDU)	2% (4)	15% (9)	2% (16)
Not reported/Risk unknown	20% (41)	13% (8)	7% (59)
Among Women			
IDU	17% (5)	8% (2)	24% (23)
High risk heterosexual partner (Identified partner who was MSM or IDU)	66% (19)	69% (18)	51% (49)
Presumed heterosexual (Male partner who had no identified risk)	10% (3)	19% (5)	21% (20)

In Oregon, Men who have sex with other men (MSM) account for 61% of all cases among all genders, and 70% of all cases among men. Cases with an unknown transmission route have increased in recent years; 10% of cases among men are missing information about transmission risk. Nineteen percent (19%) of all Oregon cases reported injection drug use either in addition to MSM or as a sole risk factor for HIV transmission. Delayed diagnosis (diagnosed with AIDS at time of or within 12 months of initial HIV test) is more prevalent among rural populations, PWID, persons of color, and men with unknown or unreported risk.

Questions? Contact us!

HIV Prevention: [Cessa Karson](#) P: 971-673-0153

HIV Care: [Christy Hudson](#) P: 971-673-0159

TB: [Heidi Behm](#) P: 971-673-0169

Viral Hepatitis: [Jude Lealby](#) 971-673-1130