

State of Iowa Department of Corrections Policy and Procedures

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Applicability: Institutions

Policy Code: Public Access

Iowa Code Reference: N/A

Chapter 6: Health Services

Sub Chapter: Infection Control

Related DOC Policies: HSP-907, HSP-907A, HSP-901, HSP-904, HSP-905, HSP-906, HSP-911

Administrative Code Reference: N/A

Subject: HIV Infection

ACA Standards: 5-ACI-6A-16

Responsibility: Dr. Michael Riley

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Authority:

1. PURPOSE

To ensure the proper management and treatment of a patient with HIV infection.

2. POLICY

To facilitate the identification and most effective treatment/management of patients with HIV infection. Additionally, this policy addresses infection control measures which serve to reduce the risk of spreading infection with HIV within the Iowa Department of Corrections (IDOC) correctional setting.

3. PROCEDURE

A. General Information

1. HIV infection, a serious disease of viral etiology is caused by the human immunodeficiency virus (HIV). The virus has a major destructive effect on the CD₄T-cell, which provides cellular immunity. This in turn reduces the infected person's capacity to fight infection. The end result is debilitating and usually fatal infections or malignancies which would normally not occur in healthy individuals. The Acquired Immunodeficiency Syndrome (AIDS) represents the most serious stage of the disease.

2. HIV antibodies may be found in persons infected by HIV after seroconversion (usually three weeks to six months after exposure.) Persons positive for HIV antibodies are considered infectious and can transmit HIV infection to others.

B. Identification

IDOC health services staff complete a health screen on all patients entering the prison system. Periodic reappraisal examination and screening is conducted during the patient's incarceration. Infectious disease screening including screening for HIV antibodies is a component of the initial patient health screening.

C. Initial Assessment of Confirmed Positive HIV Ab Testing

Unless documented data indicates otherwise, the following tests/procedures should be completed on all newly identified HIV positive patients (not previously identified as HIV positive):

1. CBC with differential.
2. Urinalysis.
3. Serology for syphilis, (VDRL or RPR), GC and Chlamydia testing.
4. CD₄ testing and percentage.
5. HIV RNA viral load (quantitative).
6. Vital signs and weight.
7. Fasting Lipid, Fasting CMP, Amylase, Lipase.
8. Viral hepatitis screening.
9. Toxoplasma gondii IgG screen.
10. Tuberculosis screening, PPD is positive if >5 mm induration.
11. Chest x-ray.
12. Pap Smear for female patients.

13. HAV and HBV vaccinations should be administered if no Ab detected.
14. Pneumococcal polyvalent vaccine should be given.
15. Infectious disease counseling per IDOC staff.
16. A referral to Iowa Public Health Department for partner notification, etc.
17. Oral Health assessment by a dental practitioner.
18. Eye Exam by Optometrist.

D. Management

1. Patients positive for HIV antibodies but free of clinical signs and symptoms of AIDS should present at health services every three (3) months for medical practitioner review/examination. A complete blood count with differential, CD₄ testing, quantitative HIV viral load, lipid testing, a complete metabolic profile should be obtained every six months.
2. Patients on antiretroviral medication require periodic laboratory studies (as determined by a medical practitioner) to monitor for medication adverse effects. Once stable and HIV VL of "not detectable" is achieved patients should be tested every 3 to 6 months.
3. Patients with HIV infection and a deteriorating clinical state and patients with a confirmed diagnosis of AIDS (CD4 Count less than 200 cells/ml) will be treated and monitored by IDOC health services staff consistent with clinical signs and symptoms. A major problem of "AIDS" is entered on the patient's problem list when the diagnosis of AIDS is confirmed. Patients should be monitored for opportunistic infections (OI) and started on appropriate prophylactic medications.
4. Appropriate consultation and recommendations will be secured from the University of Iowa Hospitals and Clinics if patient's health record documentation reflects that the patient's HIV infection is not responding as expected to currently applicable management and treatment guidelines.
5. Health Services staff will ensure that appropriate information is entered into the DOC Infectious Disease database.

6. IDOC considers HIV to be under:

a. Good Control

- 1) Patient is asymptomatic.
- 2) Viral load undetectable
- 3) CD4 count is stable.
- 4) Weight is >90% of normal BMI

b. Fair Control

- 1) Patient is asymptomatic.
- 2) Viral load is detectable.
- 3) CD4 count is 200-350.
- 4) Weight is >85% of normal BMI

c. Poor Control

- 1) Patient is symptomatic (wasting, thrush, fever).
- 2) Viral load >100,000
- 3) CD4 count <200

7. Tuberculosis screening must be done yearly on all patients who have HIV infection. A chest x-ray and sputum studies for Acid Fast Baccilli (AFB) should be obtained (even with a non-reactive PPD) if tuberculosis is clinically suspected. An induration of >5mm on PPD screen is considered positive.

8. Weight and vitals are to be recorded monthly. Influenza vaccine should be offered yearly. A retinal examination by an optometrist or

ophthalmologist is to be performed at least annually for patients with a diagnosis of AIDS. HIV positive patients with a normal CD4 count and a non-detectable VL should have a dilated eye exam every 3 years.

9. Dental examinations are recommended on an annual basis for all HIV positive patients.

10. Pap smear screening

- a. Initiated within one year of the onset of sexual activity, but no later than age 21.
- b. Women ages 21 to 29 should be screened annually using liquid based cytology. Co-testing is not recommended.

If three consecutive annual cytology test are normal then tests should be every three years.

- c. Women age 30 and over should be screened with liquid based cytology and HPV co-testing every three years.
- d. Should continue throughout a woman's lifetime.

11. Highly Active AntiRetroviral Therapy (HAART) should be considered at time patient is diagnosed if patient is appropriate for treatment. The selection of medications for the treatment naïve patient will be based on UIHC recommendations. Patients on antiretroviral medication require periodic laboratory studies (as determined by a medical practitioner) to monitor for medication adverse effects. General guidelines are to monitor for adverse reactions quarterly.

12. HIV patients in the Iowa DOC may qualify for 340B medication coverage:

- a. Prior to starting treatment under this program, patients will receive an IDPH approved sexual service within the scope of the IDPH STD grant (cooperative agreement) which will be documented in the ICON EMR. Examples include but are not limited to: conducting a sexual history with the patient (**HSP-908**), testing (and treating if appropriate) for STDs (e.g. chlamydia, syphilis, gonorrhea) or STD risk reduction counseling. IMCC and ICIW receive in-kind support from the CDC STD cooperative agreement via the provision of

chlamydia/gonorrhea test kits made available for patients at the two sites.

- b. Treatment will be ordered by IDOC Medical Providers under the supervision of the IDOC Medical Director/designee; the IDOC Medical Director is a medical provider with prescribing authority who has direct affiliation with the two STD 340B covered entities listed on the HRSA 340B OPAIS website - IMCC and ICIW.
 - c. Once documentation of the sexual health service and related HIV follow-up is made in the ICON EMR, all patient HIV medications will be provided by IDOC pharmacies from supplies ordered through the 340B PPV Program. 340B medication supplies will be maintained separately from all other IDOC medication inventories and used only for patients deemed eligible via the HRSA STD 340B designation.
13. Patients with HIV infection and a deteriorating clinical state and patients with a confirmed diagnosis of AIDS will be treated and monitored by IDOC health services staff consistent with clinical signs and symptoms. This is defined as patients exhibiting an AIDS defining illness or CD4 count <200. Patients with a CD4 count less than 200 should be placed on prophylactic therapy for prevention of opportunistic infections and monitored every 3 months for presence of OI.

E. Segregation

- 1. Segregation of the cooperative clinically asymptomatic HIV infected patient is unnecessary. Patients with confirmed AIDS or AIDS defining illness who require medical housing will be placed in an appropriate clinical setting.
- 2. Segregation for health reasons may be initiated if an infectious patient poses a risk to themselves or others. Segregation will be reviewed at routine health visits to determine continued need for segregation. Segregation for health reasons is to be terminated when the patient complies with appropriate infectious disease screening and no other documented health information warrants continuation of the segregated status for the immediate protection of the previously segregated patient or others.

F. Work Assignment

Patients with HIV infection should have a work assignment consistent with their overall health status.

G. Other Program Participation

1. Unless contraindicated by written data, patients should be allowed to participate in programs routinely available to all other patients.
2. HIV infected patients released to work release or parole will be encouraged to obtain regular medical evaluation and follow-up.
3. An HIV discharge plan will be completed by the nurse on all patients leaving the Department of Corrections. A copy of this will be provided to the Iowa Department of Health and Human Services.
4. Patients who are not currently infected with the HIV virus but may be considered "at risk" may also be provided with information on PrEP (pre-exposure prophylaxis) medication, which is available from the Iowa Department of Health and Human Services through their division of HIV, STI, and Hepatitis.