

# Establishing Routine, Opt-Out Screening Policies for HIV, Viral Hepatitis, STDs & TB

## CORRECTIONAL FACILITIES

August 2023

### WHO is this resource for?

This resource was developed for state and local policymakers, public health decision makers, and correctional officials.

### WHAT does this resource offer?

This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (specifically chlamydia, gonorrhea, and syphilis), and tuberculosis (TB) in correctional facilities\* in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

*\*Includes state prisons, and excludes jails and federal prisons.*

In the United States, **people in correctional facilities are more likely to have or experience risk for HIV, viral hepatitis, STDs, and TB.** There is a higher prevalence of these diseases among people who are incarcerated than the general population:

HIV is  
**3X**

higher in state &  
federal prisons

TB is  
**6X**

higher in jails &  
federal prisons

Hepatitis C is  
**10X**

higher in jails  
& prisons

There are also **higher rates of chlamydia and gonorrhea** among people age 35 and younger in juvenile and adult detention facilities compared to the general population. [1]

**Routine, opt-out screening in correctional facilities** can help identify infections, link people to treatment, and prevent transmission in facilities.

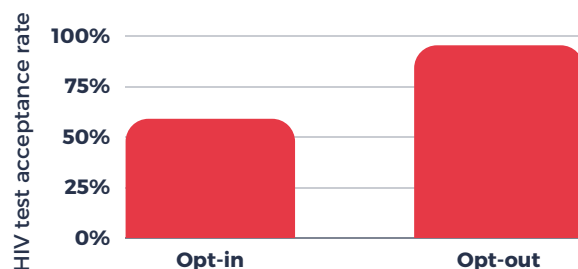
Screening can also prevent the spread of disease in the general population when people who were incarcerated return to their communities and prevent vertical transmission of infections from mother to child.

## WHAT IS ROUTINE, OPT-OUT SCREENING?

**Routine, opt-out screening** occurs when a healthcare provider screens all eligible patients (**routine**) instead of using an individualized risk-based assessment, and informs the patient that a test will be performed unless they explicitly decline the test (**opt-out**).

Alternatively, “opt-in” screening occurs when patients are asked if they want a test to be performed.

Results of a 2016 study showed a significant difference in **HIV test acceptance rates** through opt-in (59%) and opt-out (95%) screening methods **among people who were incarcerated**, as illustrated to the right. [2]



**Routine, opt-out screening can be cost-effective and highly effective in identifying undiagnosed infections, removing the stigma associated with infectious disease testing, facilitating earlier diagnosis and treatment, and reducing risk of transmission.** [3-7]

**Routine, Opt-Out Screening  
in Other High-Impact  
Settings**



Overview



Emergency  
Departments



Harm Reduction  
& Syringe Services  
Programs



Homeless &  
Houseless  
Services



Prenatal  
Services



Primary  
Care



School-Based  
Health Centers



STD  
Clinics

# Click [here](#) to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

→ Click [here](#) to view "*At-A-Glance: CDC Recommendations for Correctional and Detention Settings*," which includes screening recommendations at intake, during incarceration, and for pregnant persons. [8]

## HOW DO POLICIES DESCRIBE SCREENING?

### ROUTINE, OPT-OUT SCREENING

Policies that guide screening in correctional facilities may use "opt-out" language explicitly. [California law](#) states that people who are incarcerated are offered "screening tests based on the **Opt-Out screening method**."

Similarly, the [Illinois Department of Corrections](#) states that physical examinations include "HIV testing unless the offender **opts to not** receive the test."

In some states, "opt-out" screening is not mentioned explicitly, but policies indicate that tests may be "offered" as part of routine health screening unless an individual "declines" or "refuses" to be tested. This language **implies a routine, opt-out testing method**.

### OTHER SCREENING POLICIES

The following policy language does **not** *explicitly* indicate routine, opt-out screening:

Some policies "**require**" or "**mandate**" testing (that a person cannot decline). For instance, the [Georgia Department of Corrections](#) states that "offenders do not legally have the option to refuse [a HIV antibody] test."

Some policies describe tests as "**voluntary**" or "**encouraged**." The [Florida Department of Corrections](#) states that HIV testing is "to be encouraged to all inmates on a voluntary basis." The [Texas Department of Criminal Justice](#) permits HIV and hepatitis C antibody testing "upon request" at certain times.

### Notes from the Field



**One benefit [of routine, opt-out screening] that comes to mind immediately is linkage to care.** When we looked at the people who tested positive for HIV coming in through reception, a few of those individuals were not aware that they had HIV. And so the ability to link people to care for their own health benefit is huge.

**-Medical expert, California correctional facility**



## WHEN DOES SCREENING OCCUR?

State laws or departments of corrections' policies may implement certain disease screenings for people who are incarcerated **at intake, during incarceration, and/or before release.**

Screening frequency may be determined by **disease prevalence or the risk of disease transmission** (which differs by disease). For instance, while certain STDs may be more prevalent than TB, people may be screened for TB more frequently because of the higher likelihood of transmission and outbreaks of an airborne disease within a facility.

The **financial resources, availability of staff**, and the **frequency of staff turnover** within a correctional system also influence whether facilities can feasibly implement routine, opt-out screening and provide follow-up care to patients with positive test results.

The timing of screening (whether a person is screened at intake, during incarceration, or before release) has **significant public health effects**. It may impact **whether people can be effectively linked to treatment**, and early and regular screening may **decrease disease transmission** in correctional facilities and between correctional facilities and communities.

## Policy Examples

### Upon Intake/Reception

- According to California law, people who are incarcerated receive routine, opt-out HIV, viral hepatitis, STD, and TB screening tests during their reception center medical evaluation, which also includes a range of other physical and mental health screenings.
- The New York Department of Corrections states that people who are incarcerated are “screened for hepatitis C virus (HCV) infection at Reception Facilities.”

### During Incarceration

- The Georgia Department of Corrections and the Illinois Department of Corrections require people who are incarcerated to be tested for TB annually. The Florida Department of Corrections requires annual TB symptom screening.
- The Florida Department of Corrections states that people who are incarcerated are “encouraged” to be tested for HIV “upon intake or during incarceration,” and “may request another HIV test be performed in six (6) months” after receiving a negative HIV test result.

### Prior to Release

- Florida law requires people who are incarcerated to be tested for HIV within 60 days prior to their release.

### Upon Intake & Prior to Release

- In Texas and Georgia, people who are incarcerated are required by state law to be tested for HIV upon intake and prior to release. Georgia laws stipulate that testing must occur within 30 days of arrival and 30 days prior to release.

# KEY CONSIDERATIONS:

## ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

### 1 Tailor screening guidelines for correctional facilities to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out screening. Connect with your state or local health department to determine which screening protocols are supported by data that is reflective of the population, disease rates in the community, and available local resources.

→ Click [here](#) for more information about disease prevalence rates for HIV, STDs, viral hepatitis, and TB.



### 2 Identify current policies on routine, opt-out screening in correctional facilities in your state or jurisdiction.

Screening policies may be issued by various branches of government, such as state or local legislatures, administrative and regulatory bodies, or agencies like departments of corrections.



### 3 Consider who will perform screening, and when and where it will occur.

In many states, routine, opt-out screenings in correctional facilities are part of a comprehensive health examination performed at intake. The exam may include screenings for other communicable diseases, chronic diseases, cancer, psychological conditions, or pregnancy.



### 4 Ensure linkage to care after a positive test result.

A key to successfully implementing routine, opt-out screening is establishing a link to care after a positive test result is detected. Correctional facilities should collaborate with local health departments to ensure that people can continue to access treatment after being released from prison.



### 5 Correctional facilities can systematize and streamline screening orders.

Build automatic routine, opt-out screening orders into the facility's electronic records as part of general health screenings. Obtaining prevalence data through routine, opt-out screening also helps determine the scope of treatment programs within a correctional facility.



### 6 Consider the cost of operations and potential funding sources.

Consider what has allowed other states to implement routine, opt-out screening. If funding is limited and the need to provide treatment to people with positive tests is a burden to implementing routine, opt-out screening, correctional facilities can consider Medicaid 340b and direct manufacturer discounts on medication to reduce the cost of treatment and alleviate the overall costs of a routine, opt-out screening program.



### 7 Champions can help advance routine, opt-out screening programs.

Nurses, doctors, and other personnel can integrate screening into their workflow and serve as advocates, or champions, of screening programs and explain why correctional facilities are important settings to conduct screening. This could increase institutional buy-in and bolster the effectiveness of the program.



# SCREENING POLICIES\* FROM THE SIX STATES WITH HIGH DISEASE PREVALENCE: HIV, VIRAL HEPATITIS, STDS, & TB

## CALIFORNIA

### State Regulation:

- [Cal. Code Regs. tit. 15 § 3999.305: Reception Center Health Care](#)

### Department of Corrections and Rehabilitation:

- [Health Care Department Operations Manual 3.1.8: Reception Center](#)
- [Health Care Department Operations Manual 3.8.7: Tuberculosis Surveillance Program](#)

## FLORIDA

### State Law:

- [FLA. STAT. ANN. § 945.355](#): HIV testing of inmates prior to release
- [2022 Florida Statutes, Title XXIX, Chapter 392](#): Tuberculosis Control

### Department of Corrections Office of Health Services:

- [Bulletin # 15.03.08](#): DC Policy on Human Immunodeficiency Virus Disease and Continuity of Care
- [Bulletin # 15.03.23](#): Syphilis Treatment Protocol
- [Bulletin # 15.03.18](#): Identification and Management of Latent Tuberculosis Infection and Tuberculosis Disease

## GEORGIA

### State Law:

- [GA. CODE ANN. § 42-5-52.1](#): Submission to Hiv Test; Separate Housing for Hiv Infected Persons
- [GA. CODE ANN. § 42-5-52.2](#): Testing of Prison Inmates for Hiv; Consolidation of Inmates Testing Positive

### Department of Corrections:

- [Policy # 507.04.61](#): HIV Antibody Testing
- [Policy # 507.04.21](#): Health Assessment and Medical Diagnostics
- [Policy # 507.04.36](#): Periodic Physical Examinations

## ILLINOIS

### State Law:

- [730 ILCS 5/3-8-2: Social Evaluation; physical examination; HIV/AIDS](#)
- [730 ILCS 125/17.10: Requirements in connection with HIV/AIDS](#)

### Administrative Code:

- [Ill. Admin. Code tit. 20 § 2415.30](#): Medical and Dental Examinations and Treatment
- [Ill. Admin. Code tit. 77 Part 696](#): Control of Tuberculosis Code, Subpart A: General Provisions

### Department of Corrections:

- [Administrative Directive No. 04.03.101](#): Offender Physical Examinations

## NEW YORK

### State Law:

- [Public Health Law § 206, subsection 26](#)

### Department of Corrections:

- [Eliminating Hepatitis C: Corrections and Community Supervision](#)

## TEXAS

### State Law:

- [Tex. Gov't Code § 501.054](#): Aids and Hiv Education; Testing
- [Tex. Health & Safety Code § 89.051](#): Inmate Screening Required

### Administrative Code:

- [37 Texas Admin. Code RULE § 380.9197](#): Health Care Services
- [25 Texas Admin. Code RULE § 97.173](#): Tuberculosis Screening for Jails and Other Correctional Facilities

### Department of State Health Services:

- [090.020](#): Model Policies for Handling, Caring, and Treating Persons Infected with a Sexually Transmitted Disease (Including HIV/AIDS) while in Custody, Supervision or Care of Correctional, Law Enforcement, and/or Emergency Service Entities
- [Tuberculosis Standards for Texas Correctional and Detention Facilities](#)

### Department of Criminal Justice:

- [Inmate Health Services Plan](#)

\*Links direct to policies on government websites unless such websites link to external legal databases.

## ADDITIONAL REFERENCES:

- [1] Centers for Disease Control and Prevention (US). National Center for HIV, Viral Hepatitis, STD, and TB Prevention. CDC recommendations for correctional and detention settings [Internet]. 2022 Apr 18 [cited 2023 Aug 1]. Available from: [https://www.cdc.gov/nchhstp/dear\\_colleague/2022/dcl-041822-correctional-health.html](https://www.cdc.gov/nchhstp/dear_colleague/2022/dcl-041822-correctional-health.html)
- [2] Rosen DL, Wohl DA, Golin CE, Rigdon J, May J, White BL, Leone PA, Hudgens MG, Bowling JM. Comparing HIV Case Detection in Prison During Opt-In vs. Opt-Out Testing Policies. J Acquir Immune Defic Syndr [Internet]. 2016 Mar 1 [cited 2023 Aug 1];71(3):e85-8. Available from: <https://pubmed.ncbi.nlm.nih.gov/26536318/>
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