

Welcome to the winter bulletin!

Hello and happy new year to all our members! In this first issue of the year we are excited to bring you an issue dedicated to HIV and the health and justice system. The global prison population is approximately 11.5 million, with over 30 million people moving through prisons each year. Prisoners face high rates of physical and mental health issues, compounded by overcrowding, outdated facilities, and resource constraints. These factors result in inconsistent care, delays, stigma, and poorer health outcomes, including higher mortality rates. Those in the justice system often experience significant health inequalities and social exclusion. As reducing health inequalities is a core principle of global public health policies, it is essential to address the complex health needs of those using prison services.

We would like to thank all those that have contributed and hope you enjoy the content, and invite you to share your thoughts with us on the HIVPA bulletin. If you have any feedback or want us to include any of your amazing work in a future issue, please email: bhavna.halai@nhs.net



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University of Liverpool HIV Drug Interactions – Updates:

September 2024:

New addition: **Dolutegravir, lamivudine, tenofovir-DF (TLD)** has been added to the interaction checker as a new antiretroviral combination.

TLD is formulated as a fixed-dose combination tablet and is one of the fixed-dose ARV combinations on the WHO Essential Medicines list. TLD is only available in low or middle-income countries or in some high-income countries where there are a high percentage of people living with HIV. TLD is not available in Europe, the UK or the US as dolutegravir is still under patent in most high-income countries.

October 2024:

There have also been some **changes in the Prescribing Resource** sections below:

- ***New - Interactions with lenacapavir***
- *Updated - Interactions with hormone therapy for gender affirmation*
- *Updated - ARVs for patients with swallowing difficulties*
- *Updated - ARVs and food requirements*
- *Updated - Dosing of ARVs for patients with renal impairment*
- *Updated - Interactions with FTC/TDF PrEP and long-term use medications*

These resources can be found under **[Prescribing and Dosing Guidance](#)**.

Dates for your diary

[32nd Conference on Retroviruses and Opportunistic Infections \(CROI\)](#) – 9th to 12th March 2025; San Francisco, California, USA

[19th Children HIV Association \(CHIVA\) Annual Conference](#) – 4th April 2025; London, UK

[British HIV Association \(BHIVA\) Spring Conference](#) – 23rd to 25th April 2025; Brighton Dome, UK

[British Association for Sexual Health and HIV \(BASHH\) Annual Conference](#) – 9th to 11th June 2025; Edinburgh International Convention Centre, UK



ROSETTA-registry: Identification of Resistance Patterns to Second-Generation INSTIs Miranda et al. (Abstract O31)

- Second-generation integrase inhibitors (2nd-gen INSTI), e.g. dolutegravir, bictegravir and cabotegravir are globally recommended for treatment of people living with HIV. Although treatment failure may occur, selection of drug resistance is rare. The **ROSETTA registry aims to systematically analyse 2nd gen INSTI therapy failure on a global scale**
- 125 cases of virological failure to 2nd gen integrase strand transfer inhibitor (INSTI) (failure defined as 2 consecutive plasma VL>50 copies/mL or one VL>200copies/mL)
- Major INSTI resistance mutations selected in 33 cases out of 125. Median VL in cases without resistance was not statistically different from those with resistance
- **Resistance mutations G118R and R263K were not observed in cases with previous 1st gen INSTI exposure**, suggesting different resistance pathways based on past exposure



Once weekly islatravir plus lenacapavir in virologically suppressed PWH: week 48 safety, efficacy and metabolic changes Colson et al. (Abstract O21)

- **Islatravir (ISL)**, a nucleoside reverse transcriptase translocation inhibitor **and lenacapavir (LEN)**, a capsid inhibitor, have potent HIV-1 activity with pharmacokinetic profiles supporting **once weekly oral dosing**
- Virologically suppressed adults on bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) were randomized 1:1 to receive weekly oral ISL 2mg + LEN 300mg or to continue daily B/F/TAF
- At W48, 94.2% of ISL+LEN and 92.3% of B/F/TAF had VL<50copies/mL. Adverse effects occurring >10% in the ISL+LEN group were upper respiratory tract and COVID infection and diarrhoea
- Through **W48, weekly oral ISL+LEN maintained high rate of virological suppression without significant changes in CD4, lymphocyte count or weight**

Abstract supplement of HIV Glasgow 2024 can be found [here](#).

Prison healthcare: a call for better provisions



In the UK prisoners have the right to access free healthcare and the National Prison Healthcare Board aims to ensure that prison healthcare is equivalent to healthcare received by the general population. However, despite this research suggests prisoners tend to experience poorer health than the general population This spotlight article shines a light onto the key findings from the Nuffield Trust '*Injustice? Towards a better understanding of healthcare access challenges for prisoners*' report 2021 – to read more click [here](#).

What's the current picture?



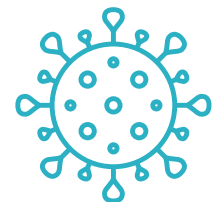
Prisoners typically face poorer health and complex healthcare needs compared to the general population. Addressing these health inequalities is a key policy goal, but challenges such as overcrowding, staffing shortages, and funding cuts since 2010 hinder progress. Security concerns also impact healthcare delivery.

Since 2013, NHS England has managed prison healthcare, but from April 2022, responsibility may shift to integrated care systems. Prisons provide various on-site healthcare services, including primary care and mental health support, though the availability of services varies widely.



Upon entering prison, individuals receive a healthcare assessment and should have access to primary care. For off-site appointments, at least two escorts are required, and inmates should participate in public health programs like the general population.

Despite these provisions, there are ongoing concerns about the quality and accessibility of healthcare for prisoners, exacerbated by the Covid-19 pandemic, which has revealed significant disparities in experiences related to healthcare access and quality.



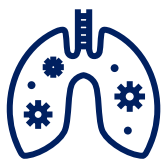
Prison healthcare: a call for better provisions

Key findings of the Nuffield Report



42% of missed appointments

In 2019/20, prisoners missed 42% of outpatient appointments, compared to 23% for the general population, which increases their risk of serious illness and complicates ongoing health management.



Many prisoners arrive with significant health issues

For example, 22% have a history of chronic obstructive pulmonary disease (COPD), and 11% have diabetes. However, data on how ethnicity affects access to health services is lacking, with one-third of prisoner patient care activity missing ethnicity information, compared to 13% in the general population.



Hospital admissions fell to 1,019

Early data indicates that Covid-19 has further limited prisoners' access to hospital services, exacerbating existing unmet healthcare needs. In March 2020, hospital admissions for prisoners in England dropped to 1,019—the lowest in a year—while emergency admissions fell by 16%, with only urgent cases like cancer and dialysis proceeding.



1 in 5 admissions due to injury/poisoning

Over the four years leading up to 2019/20, one in five hospital admissions among prisoners was due to injury or poisoning, underscoring the impact of poor living conditions and the toll of violence and self-harm on health services. Better utilisation of hospital data is essential for planning to meet healthcare needs upon prison entry, particularly regarding drug use, mental health, and alcohol-related disorders.

Pank Sethi: *Breaking the Silence – Confronting Sexual Health in Prisons*



My journey into the field of sexual health and HIV is something I never anticipated.

It's still a little surreal to say, "I work in sexual health and HIV," because it wasn't a career path I'd ever envisioned. But life has a way of steering us down roads we hadn't considered, and now I can't imagine being anywhere else.

My name is Pank Sethi, and I'm the Prevention and Testing Manager for the GMI Partnership, which includes Positive East, Metro Charity, and Spectra CIC. Together, we're responsible for the London HIV Prevention Program, a citywide initiative providing HIV and STI testing services across all of London's boroughs.

I came to this field through an unexpected journey. For about 25 years, I was a photographer, lucky enough to work with talented clients in film, music, and the arts. That chapter ended abruptly when I received a prison sentence. During the 15 months I spent incarcerated, two experiences marked my time there. First, I found meaning in helping younger

inmates with their education—sometimes simply teaching them to read. The second was more personal: my HIV status was disclosed without my consent. I didn't realise it then, but that disclosure would set the stage for my future.

When I was told there were safety concerns for me as someone living with HIV, I chose not to be relocated. Instead, I asked to speak directly with those who had an issue with my diagnosis. With some hesitation, the prison governor allowed it, and that conversation proved life-changing. I found that when people were given accurate information and felt heard, attitudes shifted—from hostility to empathy.

This encounter showed me how possible it is to reshape deep prejudices, especially in LGBTQ+ individuals & those living with HIV.



Motivated by this experience, I decided to work on changing the system once I was released. I began leading awareness sessions in prisons, educating both inmates and staff about HIV, and saw gradual shifts in understanding. This outreach led to further opportunities—participating in research on HIV in prisons, co-authoring standards of care for sexual health and HIV for the British Association of Sexual Health and HIV, and eventually collaborating with leading organisations.

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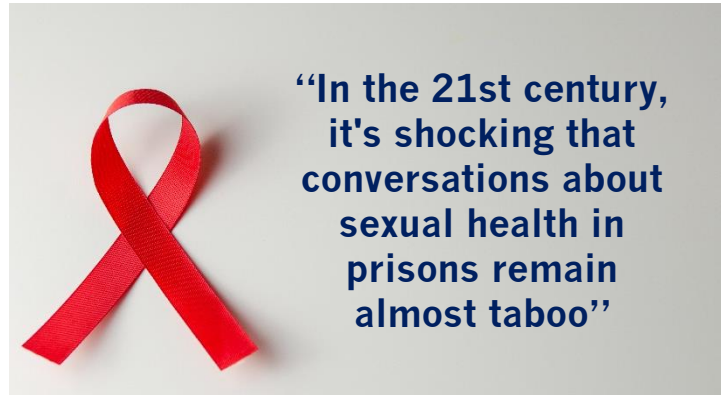
The momentum grew, and soon, I was working with the Health & HIV in Justice Partnership—a coalition I helped found alongside Ci2 Bureau, the Sophia Forum, Terrence Higgins Trust, and the National AIDS Trust. Our mission: to raise awareness, support those living with HIV, and advocate for systemic change throughout the criminal justice system.

As I became more immersed in this work, my desire to make a difference only intensified.

When Positive East offered me the opportunity to join as the Prevention and Testing Manager, I embraced it wholeheartedly. Over the past two and a half years, this role has provided me with access to the latest data and insights, as well as a network of dedicated professionals in medicine and public health, each working to improve the lives of those affected by HIV.

One of my main motivations remains the stark healthcare inequalities in prisons. Many of the services available in the community are not easily accessible to inmates. From missed appointments due to staff shortages to inconsistent medication access, healthcare in prison often feels secondary to logistical concerns. When a person's health depends on staffing levels, it's a serious concern.

These missed opportunities for care deeply impact the mental health of people living with HIV. Prolonged gaps in medical care, delayed test results, and a lack of support contribute to anxiety and depression—issues already heightened in a prison environment. The denial of a full range of healthcare services simply exacerbates these challenges.



The assumption that sex simply "doesn't happen" behind bars—or occurs so rarely that it's not worth discussing—is deeply entrenched but entirely misguided. In reality, sexual activity is far more common in prison than many believe, and much of it involves men who identify as heterosexual engaging in sexual encounters as a release. Yet the stigma surrounding these interactions is so severe that they remain a largely unspoken reality within prison walls.

This stigma has tangible consequences. Many inmates are too ashamed or fearful of judgment to take basic precautions, like using condoms, which means sexually transmitted infections (STIs) and other health risks are alarmingly prevalent. The fear of being labelled as "gay" or a "batty boy" discourages individuals from seeking the protection they need, resulting in higher STI rates and, eventually, a larger health crisis within the prison population.

A sexual health nurse once recounted how new inmates would often endure untreated symptoms of STIs rather than seek medical help. The underlying worry? That simply asking for treatment would imply they were

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sexually active in prison, sparking rumours and potential ostracism. Ignorance of preventative options like PrEP is also widespread, and even those who are informed about it are often reluctant to take it for fear of discovery and the associated stigma. In these cases, concerns over safety and common sense are sidelined by the overwhelming fear of judgment.

Determined to change this cycle, I've dedicated myself to improving sexual health and HIV awareness within the prison system.

My efforts have included conducting research for Public Health England on the unique challenges faced by people living with HIV in prisons, as well as co-authoring national standards for the management of sexual health and HIV through BASSH and BHIVA. Whether presenting at conferences, staging awareness exhibitions, or leading workshops in correctional facilities, my mission has always been clear: to bring attention to an urgent issue and advocate for meaningful change.

Looking forward, I am working to establish a peer-led program where inmates will receive ongoing education and support related to HIV and sexual health, giving them the tools to support each other. This approach will help create a culture of awareness, where people are informed and empowered to prioritize their health without fear of stigma.

There's no question that the prison system needs a complete overhaul to address its many flaws, and that task is daunting.

But my work over the past six years has shown me that progress is possible, and I'm entering the next phase with more passion and determination than ever. For me, failure is simply not an option. Change may be slow, but it is already happening, and I am committed to seeing it through.

