



The look and care of the HIV patient in people deprived of liberty: An integrative review

O olhar e cuidado ao paciente HIV em pessoas privadas de liberdade: Uma revisão integrativa

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ABSTRACT

This study aimed to analyze which look and care to the HIV patient in people deprived of freedom, through electronic research in the databases Virtual Health Library (VHL), BIREME, LILACS. To obtain the data, a crossing was made with the Boolean operators, and and or, using the following descriptors: AIDS, Care and Person Deprived of Liberty, in order to facilitate the search, where 59 articles were found. The inclusion criteria were: articles available for reading in full and published in Portuguese or English, in the period between 2012 and 2022. Literature reviews, editorial letters, theses and dissertations were excluded, as well as full texts with controlled access. For the study selection stage, after the searches, duplicate studies were excluded and an evaluation of the titles and abstracts of the selected studies was started in order to verify if they fit the pre-defined criteria. Finally, the search resulted in 29 articles, most of which reported the difficulty of care for inmates who receive freedom in continuing the AIDS treatment, in addition to the need for public policies for this public as well as a rigorous work of health education and testing in the population deprived of freedom.

Keywords: Person deprived of freedom, Care, AIDS.

RESUMO

O presente estudo objetivou analisar qual olhar e cuidado ao paciente HIV em pessoas privadas de liberdade, por meio de pesquisa eletrônica nas bases de dados Biblioteca Virtual em Saúde (BVS), BIREME, LILACS. Para a obtenção dos dados foi feito um cruzamento com os operadores booleanos, and e or, utilizando os seguintes descritores: AIDS, Cuidado e Pessoa Privada de Liberdade, de forma a facilitar as buscas, onde foram encontrados 59 artigos. Os critérios de inclusão foram: artigos disponíveis para leitura na íntegra e publicados no idioma português ou inglês, no período compreendido entre os anos de 2012 e 2022. Foram excluídos, os trabalhos de revisão de literatura, carta editorial, teses e dissertações além de textos completos de acesso controlado. Para a etapa de seleção dos estudos, após as buscas, foram excluídos os trabalhos duplicados e iniciada a avaliação dos títulos e resumos dos estudos selecionados a fim de verificar se encaixam nos critérios pré-definidos. Por fim, a busca resultou em 29 artigos, onde na sua maioria relatou a dificuldade do cuidado dos detentos que recebem liberdade em dar continuidade do tratamento da AIDS, além da necessidade de políticas públicas para esse público assim como um rigoroso trabalho de educação em saúde e testagem na população privada de liberdade.

Palavras-chave: Pessoa privada de liberdade, Cuidado, AIDS.



1 INTRODUCTION

1.1 AIDS HISTORY

The term AIDS was first adopted in 1982, when the causative agent of the disease was still unknown. Through the disclosure of the Centers for Disease Control (CDC), in the United States, the classification occurred to name the epidemic that was affecting the population of young homosexual men in the large urban centers of Los Angeles, New York and San Francisco (SANABRIA, 2016).

Initial research on the etiologic agent of the disease occurred in the early 1980s. Authors such as Forattini (1993), Duarte (1995) and Santos (1999) describe the first decade of the disease as essential in the discovery and formulation of initial responses to the AIDS epidemic in the world.

In the study by França (2008), the author presented how Brazil became an international reference in combating the AIDS epidemic in the early years of the disease. Consulting medical reports and other health professionals, along with literature searches, the author wove the trajectory of this construction of public policies in Brazil. The results were: the AIDS/HIV disease emerged at a time of political transformations in the country - post-military dictatorship period, which followed in the years 1984-1985 with the democratic transition of power, new structures and alliances emerging in the country, and in the state of São Paulo, in particular. These new scenarios benefited the appointment of big names of sanitarians, which corroborated the health reform and, consequently, the creation of the Unified Health System (SUS). Thus, public health policies to combat the AIDS epidemic were successful because they created shared links in the medical, political, educational and sociocultural spheres.

At the initial juncture, the activities articulated by important names in health science and government prioritized prevention. In the late 1980s, the creation of the Unified Health System (SUS) and, consequently, access to free public treatment became part of this control plan (BARROS; SILVA, 2016).

In Brazil, these data, based on the last ten years (2009-2019), portray this trend among adolescents, young people and adult males, in the age groups of 15 to 19 years, 20 to 24 years, 25 to 29 years and between 60 years or more (BRASIL, 2019).

According to data from the latest report of the United Nations Program to combat HIV/AIDS, by 2018, there were 37.9 million people living with HIV/AIDS in the world (UNAIDS, 2019). In Brazil, from 1980 to June 2020, 1,011,617 cases of AIDS were detected (BRASIL, 2020).

1.2 AIDS DEFINITION

The human immunodeficiency virus (HIV) is a retrovirus whose main property is to suppress the immune system by infecting blood cells. The virus mainly targets the body's CD4+ T lymphocytes to multiply, destroys them and spreads in the body, thus causing an increase in the circulating virus load and a decrease in the number of CD4+ T lymphocytes. Having the HIV virus is not the same thing as having



Acquired Immunodeficiency Syndrome - AIDS; AIDS is the disease caused by the HIV virus due to the progressive deterioration of the immune system, causing opportunistic infections, such as pneumonia, tuberculosis and meningitis, which can lead to death (PEREIRA *et al.*, 2012).

Studies have highlighted peculiar causes of repercussion on the quality of life of people living with HIV/AIDS, including: stigma, access to care in health services, relationships with health professionals, work and employment relationships, the experience of sexuality, body changes, perception of self-image, social support and family relationships (COSTA *et al.*, 2015).

The obstacles to the human immunodeficiency virus (HIV), the causative agent of Acquired Immunodeficiency Syndrome (AIDS), is a priority struggle for global health, since the epidemic mainly affects segments with risk behaviors, which often do not have access to health actions and services such as the prison system (PAULON; RAMAGNOLI, 2018).

The human immunodeficiency virus (HIV) is a retrovirus that spreads through body fluids, multiplying and affecting specific cells of the immune system, known as CD4+ T lymphocytes. Without antiretroviral treatment, HIV affects and destroys these specific cells of the immune system, lowering the body's immunity, making it unable to fight infections and other diseases (UNAIDS, 2016).

1.3 AIDS X PERSON DEPRIVED OF LIBERTY

AIDS (*Acquired Immunodeficiency Syndrome*) represents a threat to the health of the population that is deprived of liberty in Brazil, which the public health system often fails to reach. Health care, directed to this population is of crucial importance, since health is a right of every human being regardless of economic, cultural and social aspects, being a duty of the state to propagate measures that provide for a service based on the needs of such individuals, having as a relevant aspect the visibility of them in a holistic way (ABRAÃO *et al.*, 2014).

In Brazil, according to the 2019 Epidemiological Bulletin, 41,909 new cases of HIV and 37,308 cases of AIDS were diagnosed - notified on SINAN, declared on SIM and registered on SISCEL/SICLOM. Between 2007 and June 2020, 342,459 cases of HIV infection were reported on SINAN in Brazil, of which 152,029 (44.4%) were in the Southeast, 68,385 (20.0%) in the South, 65,106 (19.0%) in the Northeast, 30,943 (9.0%) in the North and 25,966 (7.6%) in the Midwest. In 2019, 41,919 cases of HIV infection were reported, with 4,948 (11.8%) cases in the North, 10,752 (25.6%) in the Northeast, 14,778 (35.3%) in the Southeast and 7,639 (18.2%) in the South. 3,802 (9.1%) in the Midwest. This infection rate is higher in vulnerable groups such as minorities, who do not have equal access to goods and services to the majority of the population, who are excluded from society and who suffer socially and psychologically. This group includes persons deprived of liberty (PPL). Every year, about 30 million people visit prisons worldwide, of



which more than 10 million are incarcerated for a period. These individuals suffer from the highest prevalence of HIV compared to the general population (BRAZIL, 2019).

In a survey by the National Penitentiary Department (DEPEN), the prevalence of HIV in the Brazilian prison system was 1,215.5 cases per 100,000. At the same time, the national figure for the whole population was 20 per 100,000, which means 60 times more contamination in prisons. In order to ensure the health rights of sentenced persons with HIV, in 2014, the Brazilian Ministry of Health (MoH) established the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) within the Unified Health System (SUS). In this policy, the prison units (UP) are reaffirmed as basic care points within the SUS Health Care Network, and provides, among others, comprehensive, resolute and continuous assistance to health demands, with control and reduction of the most prevalent diseases in the prison environment (BRASIL, 2014).

1.4 AIDS X ACCESS TO CARE

The construction of a line of care aimed at preventing HIV transmission in the prison setting permeates the possibility of realizing access to health, HIV diagnosis and health services when necessary.

Historically, health care for persons deprived of liberty in Brazil had been minimal, fragmented and verticalized, so much so that the policies developed were limited to individual health problems and specific diseases. In 2014, the Brazilian Ministry of Health formulated a national policy for comprehensive health care for people incarcerated in the prison system to organize prison health activities and services within the national primary health care model. This initiative expanded the reach of the Unified Health System (SUS) to this particularly vulnerable population, seeking to achieve the universality of the SUS through the constitutional guarantee of prisoners' right to health in a fair and comprehensive manner. Each Federal State is responsible for the organization of prisons in Brazil, with different profiles depending on the state administration (BRASIL, 2014).

According to the National Prison Control Bank of the National Council of Justice (CNJ), the Covid-19 pandemic may have led Brazil to the tragic mark of 919,651 prisoners. has the third highest number of prisons in the world, behind only China and the United States. In April 2020, two years after the pandemic that shook the world, there were approximately 885,195 people imprisoned in Brazil, which confirms a 7.6% increase in the prison population since the international spread of Covid-19 (BRASIL, 2018).

According to the most recent report of the National Penitentiary Department (DEPEN), the total population of prisoners in Brazil is 654,704 inmates distributed between state penal units and five federal prison units, approximately 95% men and 5% women. Since the expansion of the effective protection of SUS to Brazilian prisoners, the epidemiological profile of its public health system, considered one of the largest in the world, is alarming. The information available is scarce, fragmentary and related to certain



types of injuries, complicating the whole situation. Because they are deprived of the freedom to come and go, but still have all the other basic rights that freedom requires, the prison may have the necessary infrastructure to protect these rights: such as health, education, work and, in addition, to satisfy other needs and rights that have not been affected by punishment, needs that will contribute to social inclusion (leisure, spiritual assistance, etc.) (BRASIL, 2022).

After ten years of exhaustion of this model and as a result of matrix work in various technical areas of the Ministries of Health and Justice, with the active participation of the National Council of Health Secretaries, the National Council of Municipal Health Secretaries and the National Council of Criminal and Penitentiary Policy, this initiative was expanded in the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP), established by MS Ordinance No. 1/2014, which expanded the reach of the SUS to the entire population deprived of liberty. Most of the scientific production published on prison health in Brazil since 2002, when the SUS addressed the prison system, focuses on infectious diseases, especially tuberculosis and HIV/AIDS, as well as viral hepatitis and sexually transmitted diseases, which is in line with the trend in the literature. However, the situation of this population should be analyzed in more detail, as other health problems also appear, such as dengue, whose behavior at the peak of epidemics requires special approaches. The need to include violence, the use of psychoactive substances, chronic, degenerative and mental diseases, very common in those who have lost their freedom, cannot be omitted in the monitoring of health problems/illnesses (BRASIL, 2005).

2 METHODS

The present study is characterized as an integrative review that sought to present the review and critical analysis on the theme: **What look and care for HIV patients in people deprived of liberty?** (POMPEO; ROSSI; GALVÃO, 2009). This method seeks to gather and synthesize results of studies on a defined theme or question (SILVEIRA; ZAGO, 2006). The methods for conducting integrative reviews vary, however, with some standards to be followed. In this study, six steps were used: identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review, establishment of criteria for inclusion and exclusion of studies / sampling or literature search, definition of information to be extracted from the selected studies / categorization of studies, evaluation of studies included in the integrative review, interpretation of results and presentation of the review / synthesis of knowledge (MENDES; SILVEIRA; GALVÃO, 2008). Thus, the present work carried out a bibliographic research in the databases: Virtual Health Library (VHL), BIREME, LILACS, in addition to considering the list of references of the works consulted. To obtain the data, a cross-reference was made with the Boolean operators, and or, with the following descriptors: AIDS, Care and Person Deprived of Liberty, in order to facilitate the searches, where 59 articles were found. The inclusion criteria were: articles available for



reading in full and published in Portuguese or English, in the period between 2012 and 2022. Literature review papers, dissertations and full texts of controlled access were excluded. For the selection stage of the studies, after the searches, duplicate works were excluded and the evaluation of the titles and abstracts of the selected studies was initiated in order to verify if they fit the pre-defined criteria. Finally, the search resulted in 29 articles.

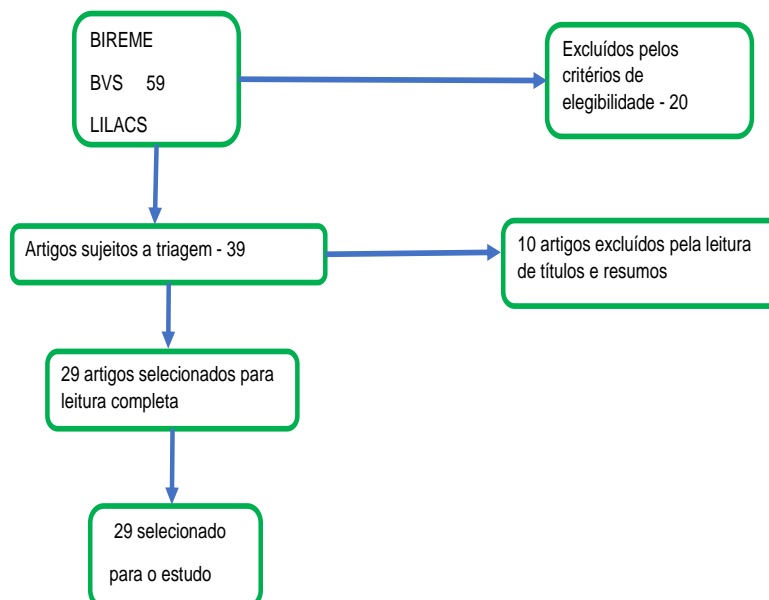
The relevant information from the selected publications was extracted and summarized in a table called "Identification and description of the article content". The results will be presented and discussed in the following order: title of the article, authors, journals/year of publication, location of the study, study design, objective, population and type of care.

3 RESULTS

After searching the databases, the authors obtained a total of 59 articles identified from the search strategy adopted. After exclusion of titles by eligibility criteria (20), 39 were selected for reading the titles and abstracts, leaving twenty-nine articles for full reading.

The excluded studies included editorials, reports and reviews, as well as studies that did not address the central theme of the integrative review. The studies included in this research were published from 2012 to 2021, carried out in jails and/or prisons in the USA, Canada, South Africa and Brazil.

Figure 1- Flowchart of study selection



Source: prepared by the authors



The characteristics of these studies are shown in Table 1 in Appendix A.

The articles by Belenko *et al.* (2017) and Simonsen *et al.* (2015), report the importance of routine testing in prison for people with or without symptoms.

It is possible to see reports of inclusive public policy needs in the studies by Pillay *et al.* (2021) and Trigueiro *et al.* (2016). In addition, the importance of health education among inmates was also reported, addressing the topic in the studies by Woznica *et al.* (2021) and Subramanian *et al.* (2016).

The studies by Takat *et al.* (2020); Avery *et al.* (2018) and Wang *et al.* (2015) also reported the importance of the approach to continuing treatment.

A large majority of studies have reported that inmates after being released have difficulty continuing AIDS treatments (SPAUDING *et al.*, 2018; LOELIGER *et al.*, 2018; EASTMENT *et al.*, 2017; NASRULLAH *et al.*, 2016; VAGENAS *et al.*, 2015).

Research by Rothman *et al.* (2018) reported on the importance of palliative care in patients with advanced AIDS.

4 DISCUSSION

Worldwide, HIV prevalence among people deprived of liberty is found to be higher than among the general population. In countries where sexual transmission is most common, the HIV rate in prisons is twice as high as in the general population. In countries where injecting drug use is the most frequent means of HIV infection, the prevalence of HIV in prisons is up to 20 times higher than in the population at large (BRASIL, 2017), the assertions are based on studies by GOLDMAN-MEZA *et al.* (2019).

Detention "can be an opportunity for HIV diagnosis and treatment among vulnerable populations who have insufficient access to health services", highlighting the need for HIV treatment for released prisoners (SAGARBI, 2015). With freedom, they decrease adherence to treatment and consequently lose viral suppression (WESTERGARD; SPAULDING; FLANINGAN, 2013), corroborating with these studies the reports of Spaulding *et al.* (2018); Loeliger *et al.* (2018); Eastment *et al.* (2017); Nasrullah *et al.* (2016); Vagenas *et al.* (2015).

The importance of the articulation between the teams of the prison units and the other services that make up the care network is highlighted, whether for assistance, management, surveillance, flow of tests and medicines, in addition to the duality of health X security that, in this context, cannot overlap, but rather be complementary (RAVANHOLI *et al.*, 2019) these situations were validated in the study by Mabuto *et al.* (2020).

In view of the associations regarding risk factors, which concern the use of drugs, alcohol, tattoos, piercing and use of condoms, the knowledge of inmates about them and the effectiveness of public policies aimed at this population is questioned, since there is a contradiction between the information they reported



and their practices (TELMA *et al.*, 2019), such a situation is validated in the studies by Pillay *et al.* (2021) and Trigueiro *et al.* (2016) where the need for inclusive public policies in prisons is highlighted.

The control of HIV/AIDS in prisons is an obstacle to SUS, since it refers to the organization of a health structure, whose norms presuppose the incorporation of prerogatives and functions compatible with PHC (CATOIA *et al.*, 2022). Educational actions, such as health education workshops and training of multipliers, are considered strategies to work in the prison environment, even if it has low levels of education (PETROLA *et al.*, 2011). These government health promotion strategies are necessary, since they provide increased knowledge about risk factors against STD/AIDS transmission (BORGES *et al.*, 2009), and the importance of health education among inmates has also been reported, addressing the topic in the studies by Woznica *et al.* (2021) and Subramanian *et al.* (2016).

Regarding the performance of the prison units, studied by Cadamuro *et al.* (2020), all need to improve their performance with regard to the development of actions to monitor the use of ART (Antiretroviral Therapy), inform and discuss test results with inmates and take them to care outside the prison unit, as reported by Ravanholi *et al.* (2019) reported, highlighting the need for prison health teams to conduct actions aimed at monitoring the regularity of ART use in the logic of the cascade of care, supporting subjects to retain care and resulting in clinical improvement and viral suppression.

5 FINAL CONSIDERATIONS

In conclusion, the results of this study emphasized that people deprived of liberty are a group vulnerable to HIV infection, have greater ease of non-continuity to ART, in addition to the irrefutable lack of public health actions, as well as health promotion strategies that understand the difficulty of the causes involved in the weaknesses to HIV/AIDS, as well as other infections, that contemplate the health demand of inmates of the prison system in general.



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