

APPENDIX 8



QUALITY MANAGEMENT SECTION

Memorandum

Date : May 5, 2011

To : Chief Executive Officers, Reception Center Institutions
Chief Medical Executives, Reception Center Institutions
Chief Nurse Executives, Reception Center Institutions

From : The Public Health Unit and the Quality Management Section
on behalf of CPHCS Executive Staff

Subject : **Updated HIV Screening Baseline Report**

The Centers for Disease Control and Prevention (CDC) estimates that 1.1 million people living in the United States, which is 0.4 percent of the total population, are infected with Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS)¹. Each year, approximately 56,000 people become infected with HIV² and more than 17,000 people with an HIV or AIDS diagnosis die³. However, significant advances in HIV treatment are slowing the progression from asymptomatic HIV infection to AIDS and allowing HIV infection to be managed as a chronic disease.

Identifying and treating HIV early in the disease process is critical to decreasing infectiousness and transmission of the virus, achieving positive patient outcomes, and avoiding costly interventions to treat complications. The CDC estimates that prevention and screening efforts have averted more than 350,000 HIV infections in the United States, and that early interventions produced savings of \$125 billion in medical costs⁴.

The prevalence of HIV infection and AIDS among prison inmates is higher than in the general population. The United States Department of Justice reports that in 2008, 1.6 percent of inmates incarcerated in state prisons nationwide have been diagnosed with HIV or AIDS⁵, four times the prevalence in the general population. Since an estimated 21 percent of infected persons are unaware of their HIV status¹, the actual prevalence of HIV infection among state prison inmates is likely higher. Because many inmates may have infrequent contact with health care services upon release, the period of incarceration presents a critical opportunity for screening and treating HIV.

Identifying those incarcerated persons who are infected with HIV but not yet symptomatic allows these inmates to modify high risk behaviors and prevent transmission of HIV infection to other individuals. Inmates who know they are HIV-infected can initiate clinically-indicated treatment to prevent the development of AIDS, avoid opportunistic infections and AIDS-related conditions and complications, and improve health outcomes. Early detection and rapid intervention can also reduce infectiousness and treatment costs of advanced AIDS and associated comorbidities.

To promote improvement in HIV screening rates for California's prison inmates, California Prison Health Care Services (CPHCS) included a performance goal in its 2011 Performance Improvement Plan:

- By December 31, 2011, greater than 85 percent of all inmates processed through a Reception Center will have been screened for HIV infection

To assess progress toward reaching this goal, CPHCS is producing and distributing biannual reports illustrating statewide and institution-specific adherence. The performance data included in these reports will also be displayed in the Statewide Health Care Services Dashboard posted on the Quality Management SharePoint site.

This report is the first of these scheduled distributions, and details baseline Reception Center screening rates statewide. The information contained in this report is intended to assist institutional health care leaders in evaluating and improving their institution's screening rates, with the ultimate goal of improving patient care and patient outcomes.

Methodology

Data sources for this report include laboratory databases and patient tracking systems. The Distributed Data Processing System (DDPS), an inmate location system, provided population data. Patients processed through a CPHCS Reception Center during the timeframe were eligible for inclusion. HIV screening data was gathered from Quest Diagnostics and Foundation Laboratories, which provided HIV screening services to institutions statewide; the most recent date for Quest and Foundation test results was December 31, 2010. Screening results were matched to patients and their Reception Center location; it is important to note that screening at patients' endorsed institutions within the timeframe specified would be matched to their Reception Center institution.

California Prison Health Care Services HIV Screening Policy Changes

In June 2010, CPHCS instituted several HIV testing-related policy changes consistent with an "opt-out" approach. These modifications were intended to improve identification and treatment of California inmates infected with HIV, and include:

- Providing HIV screening as a default test; inmates may decline HIV testing or "opt out"
- Offering all inmates voluntary HIV testing at the same time as other routine screenings (e.g., syphilis) upon entry or reentry to a Reception Center
- Offering voluntary HIV screening in any clinical setting when recommended by a clinician or requested by the patient (e.g., primary care clinics)

These policy changes are based on national standards for correctional health care screening, and the updated policy can be found in Attachment A: Inmate Medical Services Policies and Procedures, Volume 10, Chapter 8.

Major Findings

The major findings of this baseline report are noted below; comprehensive findings can be found in Attachment B: CPHCS HIV Screening Rates, March 2011.

- Statewide screening rate increases. Statewide screening rates **increased by 115 percent**. In the six months prior to implementation of the opt-out HIV screening policy, 33 percent of new arrivals were screened for HIV, compared to 72 percent of patients in the six months following implementation of the policy.
- Institution screening rates. Changes in institution screening rates between the two periods were varied, with decreases ranging to 7 percent and increases ranging to nearly 300 percent.

- Prevalence of HIV infection. Statewide HIV infection prevalence between July and December 2010 was approximately one percent of all patient screened, with institution prevalence ranging from 0 percent to 2 percent.

Recommendations

Based on the findings in this report, opportunities exist to improve HIV screening rates of CDCR inmates. The following actions are recommended to improve screening rates:

- Provide information and support to health care staff. Remind Reception Center staff of the current HIV screening policy. During routine staff meetings, review the policy with Reception Center staff, discuss the baseline report results, and brainstorm methods for improving screening rates.
- Educate patients about the importance of HIV screening. Materials with information on HIV screening and HIV/AIDS (including brochures, posters, and a video) have been developed by the CPHCS Public Health Unit for distribution to newly arriving inmates. Patients may be unaware of the clinical guidelines for HIV screening, and informing patients about the importance of testing may improve compliance. In particular, patients who refuse screening should be educated about the consequences of declination. Attachment C provides an example of available HIV information that can be provided to patients.
- Offer HIV screening at every patient encounter. Remind Primary Care Providers to offer HIV screening during every patient encounter.
- Provide prompt medical follow-up. Patients with a confirmed positive test result should be promptly notified and scheduled for an appointment with a trained health care provider for confidential counseling and treatment planning.
- Evaluate for mental health services. Patients with a confirmed positive test result should be provided mental health evaluation and counseling services if clinically indicated.

It is our goal to make quality management tools, including performance reports, as useful as possible to staff in the field. If you have any questions or feedback to offer on this project, please contact Sarah Larson, analyst with the Quality Management Section, at sarah.larson@cdcr.ca.gov. If you have any questions specifically related to patient education, or if you would like additional patient education materials for your institution, please contact Pamela Michel with the Public Health Unit, at pamela.michel@cdcr.ca.gov. We will continue to re-evaluate HIV screening biannually to encourage and trend screening rates until we reach our statewide performance goal.

We look forward to continuing to work with you to monitor and improve patient care.

References

¹ Centers for Disease Control and Prevention. [HIV Prevalence Estimates – United States, 2006](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a2.htm). MMWR 2009;57(39):1073-76. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a2.htm>

²Hall HI, Ruiguang S, Rhodes P, et al. Estimation of HIV incidence in the United States. *JAMA*. 2009;300:520-529.

³ Centers for Disease Control and Prevention. HIV/AIDS, Statistics and Surveillance, Basic Statistics. Available at: <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest>

⁴Centers for Disease Control and Prevention. HIV/AIDS, Fact Sheets. CDC's Prevention Progress in the US. Available at: <http://www.cdc.gov/hiv/resources/factsheets/cdcprev.htm>

⁵US Department of Justice, Office of Justice Program, Bureau of Justice Statistics, 2009. HIV in Prisons, 2007-08. Available at: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1747>

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CALIFORNIA PRISON HEALTH CARE SERVICES



VOLUME 10: PUBLIC HEALTH /INFECTION CONTROL	Effective Date: 6/1/10
CHAPTER 8	Revision Date(s):
OPT-OUT HIV ANTIBODY SCREENING POLICY	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. POLICY

- A. The California Prison Health Care Services (CPHCS) shall adopt opt-out human immunodeficiency virus (HIV) screening of patient-inmates in compliance with applicable state law. Prior to ordering a test that identifies infection with HIV, a medical care provider shall inform the patient-inmate that the test is planned, provide information about the test, inform the patient-inmate that there are numerous treatment options available for a patient-inmate who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested, and advise the patient-inmate that he or she has the right to decline the test. If a patient-inmate declines the test, the medical care provider shall note that fact in the patient-inmate's medical file.
- B. This policy does not apply to mandatory, court-ordered HIV testing performed as part of a blood borne pathogen exposure among patient-inmates and/or staff working in correctional settings.
- C. Voluntary HIV testing will be offered to all patient-inmates upon entry or reentry to the California Department of Corrections and Rehabilitation (CDCR), at the patient-inmate's request, during medical encounters when recommended by a clinician, and as part of a contact investigation.
- D. At reception centers (RCs) collection of blood for HIV screening will occur at the same time as other laboratory testing (e.g., testing for syphilis or pregnancy). Prior to collecting blood specimens, patient-inmates will be provided with information about HIV screening (together with other medical information) and who they should notify if they wish to decline testing.
- E. Persons who test HIV *positive* will be counseled and notified of the results by a trained health care provider (primary care provider, psychiatrist, psychologist, or licensed clinical social worker) in a confidential setting.
- F. CPHCS primary care providers shall not disclose a patient-inmate's HIV status unlawfully.
- G. CPHCS recommends that providers follow current Centers for Disease Control and Prevention (CDC) guidelines for HIV testing in correctional health care settings. The CDC January 2009 guidelines include:
 - 1. HIV information should be provided to patient-inmates along with other medical information (e.g., hepatitis, TB) upon intake into the correctional facility. Information could be provided by counselors, videos, pamphlets, or posters.

CALIFORNIA PRISON HEALTH CARE SERVICES

2. HIV information should include who has access to medical information, HIV testing policy, medical care for patient-inmates who are HIV positive, and policies concerning inmates with HIV infection.
3. Conducting HIV testing should be part of routine medical services.
4. Consent for HIV screening should be incorporated into the general informed consent for medical diagnostic services.
5. HIV test results should be provided in a confidential and timely manner.
6. Inmates with positive results should be scheduled to see a trained health care provider for notification and counseling in a confidential setting.
7. Patient-inmates with a negative result may receive information in person or through confidential written notification that does not specify the test (e.g., all tests were normal).

II. RESONSIBILITIES

The Chief Executive Officer/Health Care Manager (CEO/HCM) is responsible for cooperatively maintaining the institution's ability to offer informed consent for voluntary opt-out HIV antibody screening for patient-inmates.

III. REFERENCES

- California Health and Safety Code Sections 125090, 125107, and 120990
- The Centers for Disease Control and Prevention (CDC) "HIV Testing Implementation Guidance for Correctional Settings," January 2009
- CPHCS Inmate Medical Services Policies and Procedures (IMSP&P) Volume 6 *Health Record Services*, Chapter 42 *Release of Health Information: HIV Test Results*
- Volume 10 *Public Health/Infection Control*, Chapter 4 *HIV/AIDS Program Overview and Transitional Case Management Program*

Reviewed and approved by:

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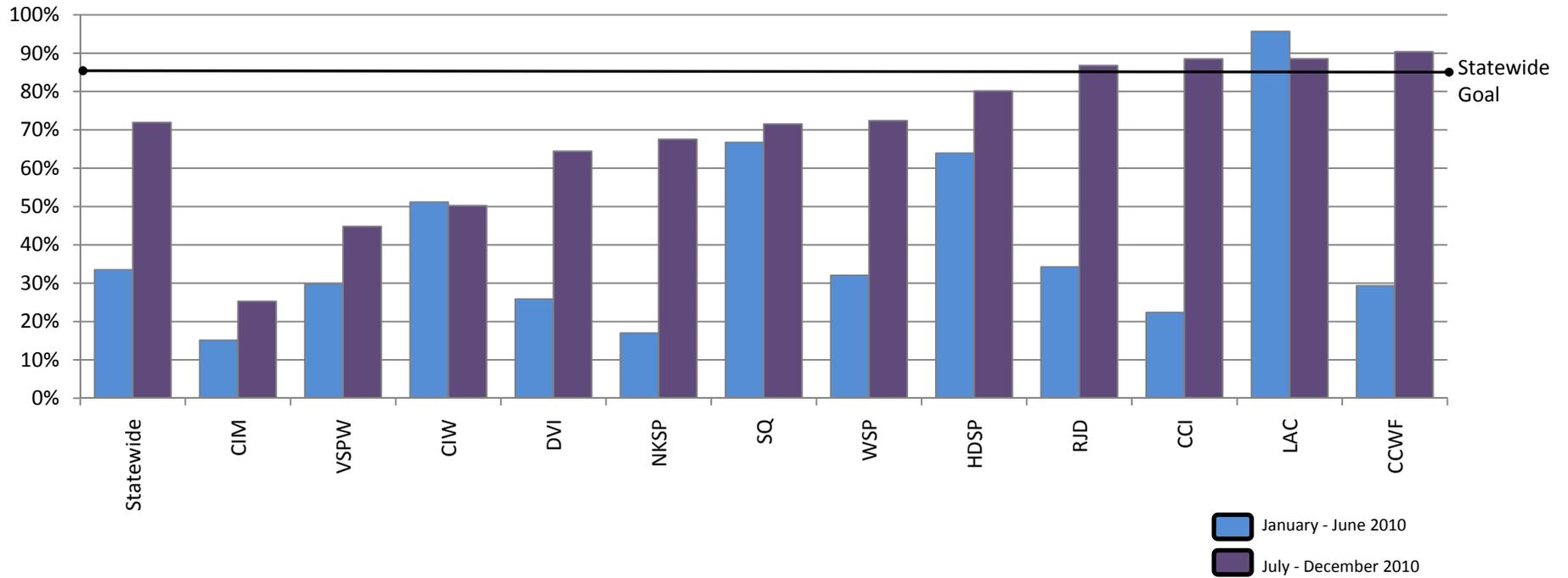
Chief Physician Executive


Name _____ Date 5/17/10

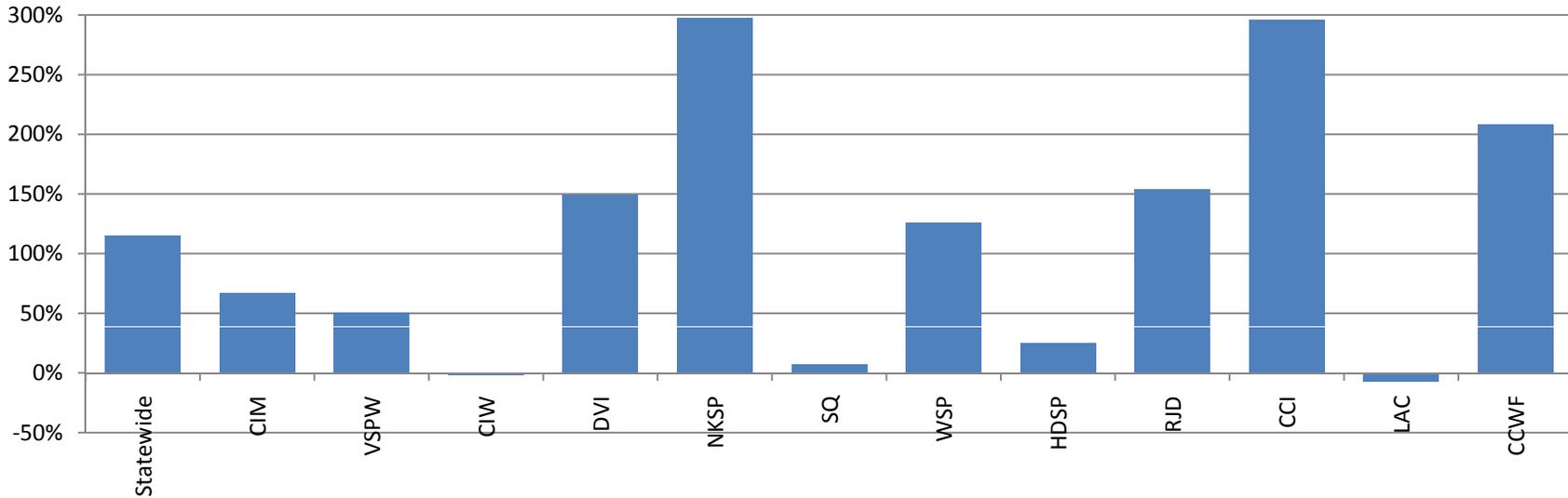
Attachment B: CPHCS HIV Screening Rates, March 2011

2010 HIV Screening Rates Among Newly Arriving Inmates, California Reception Center Institutions								
Reception Center Institutions	January - June 2010			July - December, 2010			Percentage of Screened Patients with Positive Result	Percentage Change between Time Periods
	Total Number of Newly Arriving Inmates	Newly Arriving Inmates Screened for HIV		Total Number of Newly Arriving Inmates	Newly Arriving Inmates Screened for HIV			
		Number	Percent		Number	Percent		
CCI	1777	397	22%	1558	1379	89%	0.58%	296%
CCWF	1408	413	29%	1426	1289	90%	0.85%	208%
CIM	430	65	15%	376	95	25%	2.11%	67%
CIW	307	157	51%	203	102	50%	1.96%	-2%
DVI	2783	719	26%	2565	1652	64%	0.79%	149%
HDSP	510	326	64%	625	501	80%	0.00%	25%
LAC	1203	1151	96%	1065	943	89%	1.27%	-7%
NKSP	5339	908	17%	5130	3465	68%	1.15%	297%
RJD	1432	490	34%	1316	1142	87%	1.05%	154%
SQ	1683	1123	67%	2118	1515	72%	0.59%	7%
VSPW	1146	341	30%	1207	541	45%	0.37%	51%
WSP	4139	1327	32%	4338	3141	72%	0.76%	126%
All Reception Center Institutions	22157	7417	33%	21927	15765	72%	0.96%	115%

HIV Screening Rates Among Newly Arriving Inmates, California Reception Center Institutions, January - June 2010 and July - December 2010



Change in HIV Screening Rates at California Reception Center Institutions between January - June 2010 and July - December 2010





PATIENT EDUCATION: HIV

WHAT YOU SHOULD KNOW ABOUT HIV:

About HIV

- ✓ Many people who have HIV do not know that they have it.
- ✓ Knowing your HIV status will help you stay healthy.
- ✓ Doctors recommend that everyone get tested for HIV.
- ✓ AIDS is caused by HIV.
- ✓ You can have HIV for years and not feel sick.
- ✓ HIV, if left untreated, gradually destroys your immune system, leaving you at risk for other serious and potentially deadly infections.
- ✓ There is no cure or vaccine for HIV. Effective treatment can prolong your life and prevent potentially painful and serious complications.

About the HIV Screening Test

- ✓ The HIV test is voluntary and has no co-pay.
- ✓ You can ask your provider for a routine HIV test during any visit.
- ✓ A negative result means that you do not have HIV or that you might have HIV but it is too soon for the test to tell (it may take up to 6 months to be detectable).
- ✓ A positive test result means you have HIV. There are many medicines and treatments to help fight HIV and help you stay well.

About Protecting Yourself

1. **Know your status.** Get tested – you can ask your medical provider for a routine HIV test.
2. **Protect yourself.** *Sexual activity and the use of needles for non-prescribed purposes are illegal within the California Department of Corrections and Rehabilitation and may lead to prosecution.* Know how HIV is most commonly passed and avoid those risky behaviors. HIV can be transmitted through unprotected sexual contact and sharing needles with someone who is HIV infected.
3. **Know how HIV is NOT spread.** HIV is not spread by dry kissing, shaking hands, hugging, sharing utensils or food, or on toilets.
4. **Get treated.** If you have been exposed, seek medical attention, especially if you have flu-like symptoms, night sweats, fevers, weight loss, diarrhea, swollen lymph glands, oral thrush (white fungus patches in your mouth), or vaginal yeast infections.

Be informed. Get tested for Hepatitis. Stay healthy.

- People with Hepatitis B and C usually do not have any symptoms. It is a virus found in the blood. Tests for hepatitis are offered in medical clinics.
- Hepatitis B is spread through the blood and during sex.
- You can keep from getting Hepatitis B by being vaccinated.
- Hepatitis C is spread through the blood mainly through sharing needles and works for drugs or tattoos. It also lives in tattoo ink.
- There is no vaccine to prevent Hepatitis C.
- More than 30% of people in California prisons have Hepatitis C.
- The test for Hepatitis B and C is done on your blood.
- Hepatitis symptoms can be treated.

HEPATITIS B and C

Be informed. Get tested for Gonorrhea. Stay healthy.

- Gonorrhea is one of the most common STDs.
- Gonorrhea can be spread during vaginal, anal, or oral sex.
- Some people who have Gonorrhea may not have any symptoms.
- You should be checked by a doctor or nurse if it hurts or burns when you pee or if you have a thick white, yellow, green, or bloody discharge from the penis or vagina.
- The test for Gonorrhea is done on your urine.
- Gonorrhea can be treated with medicine and cured.

GONORRHEA

If you have had sex without a condom or shared needles, get tested.

HIV

- HIV is the virus that weakens the body's ability to fight off germs.
- HIV lives in blood and other body fluids that have blood in them. It spreads from person to person during sex or by sharing needles and works for drugs or tattoos. It also can be passed from mother to baby. It is not spread by eating after someone or through spit, tears, or sweat.
- The test for HIV is done on your blood.
- HIV causes AIDS. Many new medicines are helping people with HIV and AIDS live longer, healthier lives. While in prison, people with HIV or AIDS can get good health care from medical specialists and their primary care team.

Be informed. Get tested for HIV. Stay healthy.

LIFESTYLE MATTERS

- T**AKE CARE OF YOURSELF
- E**XERCISE DAILY
- S**TAY HEALTHY
- T**ALK TO YOUR DOCTOR
- E**AT GOOD FOOD
- D**RINK WATER

- COVER YOUR COUGH
- WASH YOUR HANDS
- LIMIT "JUNK" FOOD
- PRACTICE DEEP BREATHING EXERCISES
- GET SUNSHINE IN MODERATION
- JOIN A SUPPORT GROUP
- HELP SOMEONE EACH DAY

Prepared by the California Prison Health Care Services, Public Health Unit and CMF Peer Educators. Your healthcare provider can tell you more about these tests.

- Syphilis can be spread during vaginal, anal, or oral sex.
- Many people do not have any symptoms for years, then get sick if not treated. There are 4 Stages of syphilis which can take years to happen:
- 1. Early - A small hard round sore on the penis, vagina or mouth that does not hurt.
- 2. Secondary - A skin rash that appears over any area of the body, especially on the palms of the hand and soles of the feet.
- 3. Latent—There are no symptoms but the infection is still there.
- 4. Final - Paralysis, blindness, dementia, from damage to the brain, nerves, heart, blood vessels and eyes.
- It is curable, but it is very important to get treatment when it is in the Early Stages. Left untreated, it can become very serious. Pregnant women with syphilis can pass it on to their babies.
- The test for Syphilis is done on your blood.

SYPHILIS

Be informed. Get tested for Chlamydia. Stay healthy.

- Chlamydia is a very common sexually transmitted disease (STD).
- It can be spread during vaginal, anal, or oral sex.
- Most people who have Chlamydia do not have any symptoms. You should be checked by a doctor or nurse if it hurts or burns when you pee or if you have an unusual discharge from the penis or vagina, or bleeding between menstrual periods.
- If Chlamydia is not treated, it can be very serious.
- The test for Chlamydia is done on your urine.
- Chlamydia can be treated with medicine and cured.

CHLAMYDIA

Having these diseases, even if you do not know it, can be very serious.

Be Informed
Get Tested
Stay Healthy

Most tests are offered on arrival.
And, you can ask for a test at any time.
No co-pay required.

SIFILIS

Infórmase. Hágase la prueba para la **Clamidia**. Permanezca saludable.

- Sifilis puede ser propagado durante sexo vaginal, anal, o oral.
- Muchas personas no tienen ningún síntoma por años, si no son tratados se desarrolla la enfermedad. Ahí 4 Etapas de sifilis que pueden durar años para que pasen:
 1. Temprano - Una llaga chica dura redonda en el pene, vagina, o boca que no duele.
 2. Secundario - Un sarpullido en la piel que aparece en cualquier área de el cuerpo, especialmente en las palmas de la mano y en las plantas de los pies.
 3. Latente - No ahí síntomas pero la infección permanece todavía allí.
 4. Final - Parálisis, ceguera, demencia, por danos a el cerebro, nervios, vasos sanguíneos y ojos.
- Es curable, pero es muy importante recibir tratamiento cuando esta en las etapas tempranas. Si se deja sin tratamiento, puede convertirse muy grave. Mujeres embarazadas con sifilis pueden pasarlo a sus bebés.
- La prueba para el sifilis es hecha por su sangre.

CLAMIDIA

Al tener estas enfermedades, aunque usted no lo sabe, puede ser muy grave.

Infórmase. Hágase la prueba para la **Clamidia**. Permanezca saludable.

- Clamidia es una enfermedad de transmisión sexual (ETS) muy común.
- Puede ser propagada durante el sexo vaginal, anal, o oral.
- La mayoría de personas quienes tienen clamidia no tienen ningún síntoma. Una debería ser examinado por un doctor o enfermera duele o arde al orinar o tienes una secreción de el pene o de la vagina, o sangrado entre periodos menstruales.
- Si la Clamidia no es tratada, puede ser muy grave.
- La prueba para la Clamidia es hecha por su orina.
- Clamidia puede ser tratada con medicina y curada.

CLAMIDIA

Al tener estas enfermedades, aunque usted no lo sabe, puede ser muy grave.

Infórmase. Hágase la prueba para la **Clamidia**. Permanezca saludable.

- Sifilis puede ser propagado durante sexo vaginal, anal, o oral.
- Muchas personas no tienen ningún síntoma por años, si no son tratados se desarrolla la enfermedad. Ahí 4 Etapas de sifilis que pueden durar años para que pasen:
 1. Temprano - Una llaga chica dura redonda en el pene, vagina, o boca que no duele.
 2. Secundario - Un sarpullido en la piel que aparece en cualquier área de el cuerpo, especialmente en las palmas de la mano y en las plantas de los pies.
 3. Latente - No ahí síntomas pero la infección permanece todavía allí.
 4. Final - Parálisis, ceguera, demencia, por danos a el cerebro, nervios, vasos sanguíneos y ojos.
- Es curable, pero es muy importante recibir tratamiento cuando esta en las etapas tempranas. Si se deja sin tratamiento, puede convertirse muy grave. Mujeres embarazadas con sifilis pueden pasarlo a sus bebés.
- La prueba para el sifilis es hecha por su sangre.

SIFILIS

Infórmase. Hágase la prueba para la **Sifilis**. Permanezca saludable.

- Sifilis puede ser propagado durante sexo vaginal, anal, o oral.
- Muchas personas no tienen ningún síntoma por años, si no son tratados se desarrolla la enfermedad. Ahí 4 Etapas de sifilis que pueden durar años para que pasen:
 1. Temprano - Una llaga chica dura redonda en el pene, vagina, o boca que no duele.
 2. Secundario - Un sarpullido en la piel que aparece en cualquier área de el cuerpo, especialmente en las palmas de la mano y en las plantas de los pies.
 3. Latente - No ahí síntomas pero la infección permanece todavía allí.
 4. Final - Parálisis, ceguera, demencia, por danos a el cerebro, nervios, vasos sanguíneos y ojos.
- Es curable, pero es muy importante recibir tratamiento cuando esta en las etapas tempranas. Si se deja sin tratamiento, puede convertirse muy grave. Mujeres embarazadas con sifilis pueden pasarlo a sus bebés.
- La prueba para el sifilis es hecha por su sangre.

HEPATITIS B and C

Infórmase. Hágase la prueba para la **Hepatitis B**. Permanezca saludable.

- Personas con Hepatitis B y C usualmente no tienen síntomas. Es un virus que se propaga a través de la sangre y durante el sexo.
- La Hepatitis B es propagado a través de la sangre y durante el sexo. Puedes protegerte de la Hepatitis B al ser vacunado.
- La Hepatitis C es propagado del persona a persona principalmente a través de compartir agujas y jeringas para drogas o tatuajes. También vive en tinta para tatuajes.
- No ahí una vacuna para prevenir la Hepatitis C.
- Mas de un 30% de personas en las prisiones de California tienen Hepatitis C.
- La prueba para la Hepatitis B y C es hecha a per su sangre.
- Síntomas de Hepatitis pueden ser tratados.

GONORREA

Si ha tenido el sexo sin agujas condón o compartido, hazte la prueba.

Infórmase. Hágase la prueba para la **Gonorrea**. Permanezca saludable.

- Gonorrea es una de las ETS mas comunes.
- Gonorrea puede ser propagado durante el sexo vaginal, anal, o oral.
- Algunas personas quienes tienen Gonorrea pueden no tener ningún síntoma. Una debería ser examinado por un doctor o enfermera duele o arde al orinar o tienes una secreción espesa blanca, amarilla, verde, o estas sangrando de el pene o vagina.
- La prueba para la Gonorrea es hecha en su orina.
- Gonorrea puede ser tratada y curada con medicinas.

GONORREA

Si ha tenido el sexo sin agujas condón o compartido, hazte la prueba.

Infórmase. Hágase la prueba para la **Gonorrea**. Permanezca saludable.

- El VIH es el virus que debilita la habilidad del cuerpo para rechazar gérmenes.
- El VIH vive in la sangre y en otros fluidos corporales que tienen sangre en ellos. Se propagada de persona a persona durante el sexo o por compartir agujas y jeringas para drogas o tatuajes. También puede ser pasado de la madre a su bebe. No se propaga por comer después de alguien o a través de saliva, lagrimas, o sudor.
- La prueba para el VIH es hecha de sangre.
- El VIH causa SIDA. Muchas medicinas nuevas están ayudando a personas con VIH y SIDA a vivir una vida mas larga y saludables. Mientras están en la prisión, personas con VIH o SIDA pueden recibir Buena atención medica de especialistas médicos y de su equipo de atención primaria.

Infórmase. Hágase le prueba para el **VIH**. Permanezca saludable.

El Estilo de Vida Importa

- **PRACTIQUE EJERCICIOS DE RESPIRACION PROFUNDA**
- **MAINTENGASE SALUDABLE**
- **CUBRA SU TOS**
- **LAVESE SUS MANOS**
- **LIMITE COMIDAS "CHATARRAS"**
- **HABLE CON SU DOCTOR**
- **TOME SOL EN MODERACION**
- **INCORPORAS A UN GRUPO DE APOYO**
- **EXERCISIE DIARIAMENTE**
- **BEBER MUCHA AGUA**
- **AYUDA A ALGUIEN CADA DIA**

Preparado por los Servicios del Cuidado Medico de la Prisión de California, Unida de Salud Pública y los Internos Educadores de CMF y ISP. Su proveedor de salud puede decirle mas sobre estas pruebas.

**Informase,
Hagace la prueba,
Permanezca saludable.**

Mayoría de las pruebas se ofrecen a la llegada.
Y, puede pedir una prueba en cualquier momento.
Sin pago requerido.