

Healthcare challenges and interventions in pre-trial detention centers in Venezuela

ONCE TRECE

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Introduction

Globally, an estimated 37.7 million people live with HIV. Despite progress in reducing AIDS-related deaths and new HIV infections, the epidemic is still growing in Latin America. In 2020, 65% of new HIV infections were among key populations, including sex workers, people who inject drugs, transgender individuals, men who have sex with men, and prisoners. Prisoners are particularly vulnerable due to poor living conditions, overcrowding, and limited access to healthcare.

The prevalence of HIV, sexually transmitted infections, hepatitis B and C viruses, and tuberculosis in prisoners is 2 to 10 times higher than in the general population. Therefore, it is essential to plan interventions related to HIV in these contexts, both for inmates and prison staff. In addition to the aforementioned risk behaviors related to HIV, there are factors related to the infrastructure and management of penitentiary establishments and the criminal justice system that also contribute to vulnerability to HIV, tuberculosis, and other health risks in prisons. These factors include overcrowding, violence, poor physical conditions of facilities, stigmatization, lack of protection for vulnerable inmates, lack of training for prison staff, and poor quality of medical, sanitary, and social services.

Objectives

General Objective

Determine the seroprevalence of HIV and tuberculosis infections in inmates of 60 pre-trial detention centers in 9 Venezuelan states (Miranda, Vargas, Zulia, Bolívar, Nueva Esparta, Carabobo, Aragua, Anzoátegui, Distrito Capital) from January 2021 to October 2023.

Specific Objectives:

- Conduct comprehensive health days in 60 pre-trial detention centers.
- Identify individuals with respiratory symptoms to conduct tuberculosis diagnostic tests.
- Perform immunochromatographic antigen capture tests for HIV diagnosis.
- Assess nutritional status using the body mass index according to WHO parameters.

Background

In Venezuela, pre-trial detention centers, originally intended for brief holding periods, often detain individuals far beyond the normative 48 hours, with some awaiting trial for up to 10 years. This prolonged detention, in facilities not designed for long-term occupancy, leads to severe overcrowding and deteriorating physical conditions for detainees. From January 2021 to October 2023, healthcare was provided to 3975 detainees in 60 such centers, focused on providing healthcare to detainees, who were the primary population of interest, without considering other high-risk groups.

Methods

This study was a cross-sectional, observational analysis conducted across 60 pre-trial detention centers in nine Venezuelan states: Miranda, Vargas, Zulia, Bolívar, Nueva Esparta, Carabobo, Aragua, Anzoátegui, and the Distrito Capital. The study period spanned from January 2021 to October 2023. The population consisted of 3,975 detainees, with age distributions as follows: under 19 years (0.69%), 19-25 years (24.31%), 26-35 years (36.81%), 36-45 years (19.1%), and over 46 years (19.1%), with an average age of 34 years. The gender distribution included 422 women (10.6%), 3,550 men (89.3%), and 10 transgender women.

HIV screening was conducted using a two-step process. Initially, detainees were tested using 3rd generation rapid tests. Those who tested positive were then confirmed using 4th generation rapid tests. Confirmed HIV-positive individuals underwent additional testing for viral load to assess the level of HIV in their blood.

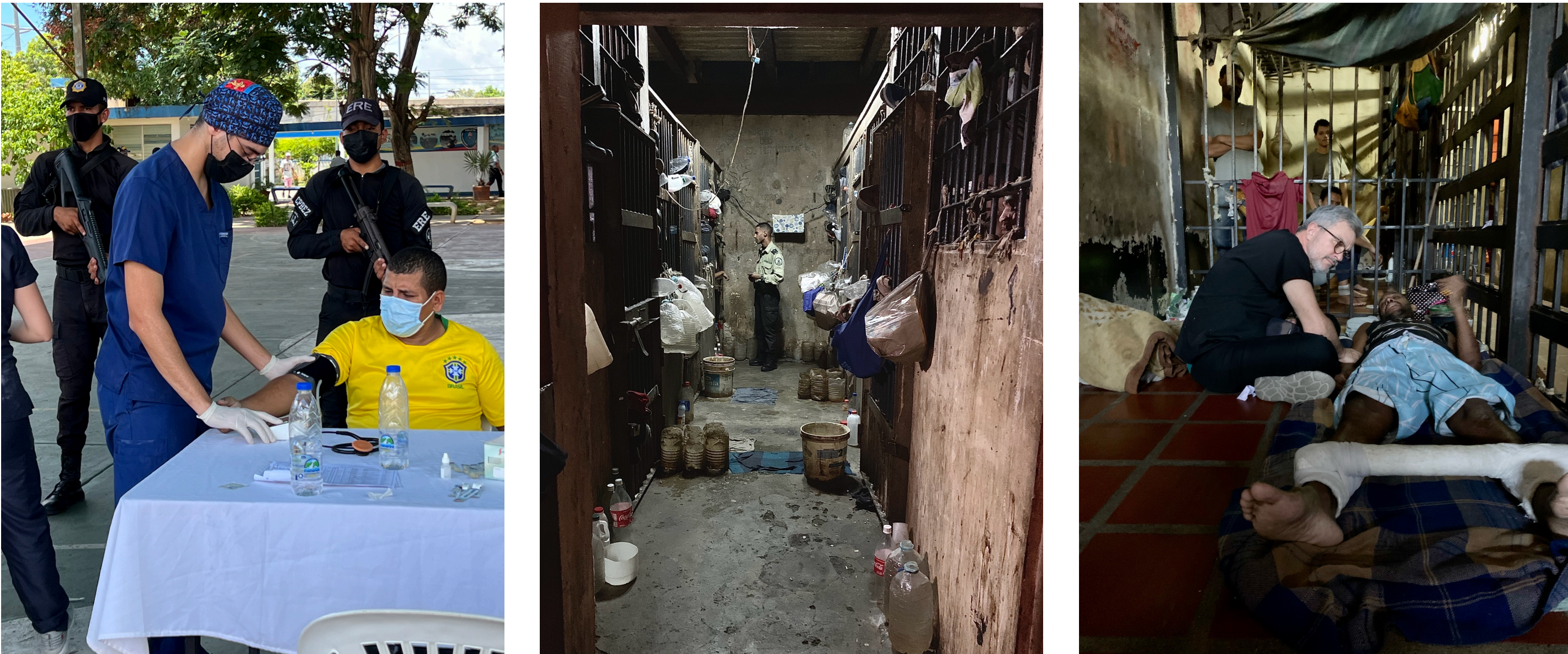
Tuberculosis (TB) prevalence was evaluated using the GeneXpert diagnostic tool, a molecular test that detects the DNA of Mycobacterium tuberculosis and resistance to rifampicin, an antibiotic used to treat TB. This method ensures accurate and rapid diagnosis.

In addition to HIV and TB, the study assessed other common health conditions among the detainees. These included scabies, musculoskeletal pain, and skin diseases. Interventions provided to the detainees included medical treatment for identified health issues and linkage to local healthcare services for those requiring ongoing care, particularly for HIV and tuberculosis. Comprehensive healthcare services addressed respiratory symptoms, dermatological conditions, and musculoskeletal pain, alongside preventive measures such as deworming.

Results

Of the 3,975 detainees, 53 (1.33%) tested positive for HIV. The distribution of HIV-positive individuals included 3 women (0.71% of the female population), 49 men (1.38% of the male population), and 1 transgender woman. Additionally, 118 cases of tuberculosis were identified, with no overlap between HIV and TB cases. Other prevalent health issues included scabies, affecting 27.5% (1,093 cases) of the detainees, musculoskeletal pain in 25.2%, skin diseases in 14% (556 cases), and other sexually transmitted infections (STIs) in 7%.

Comprehensive healthcare was provided to address these conditions. Interventions included treatments for respiratory symptoms, dermatological conditions, and musculoskeletal pain. Preventive health measures, such as deworming, were also implemented to improve overall health outcomes.



Conclusions

This intervention in Venezuelan pre-trial detention centers revealed significant health challenges, including notable prevalence rates of HIV and TB, under conditions of severe overcrowding and prolonged detention. The study underscores the critical need for continuous healthcare provision in these settings and highlights the unique healthcare needs of detainees as a key population in HIV epidemiology. Ensuring sustained healthcare services is essential to address the health disparities faced by detainees and to improve their overall well-being.



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