

## **HIV OUTCOMES 12 MONTHS AFTER RELEASE: EVALUATING THE IMPACT OF TWO LOUISIANA PRE-RELEASE INTERVENTIONS**

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### **Background:**

Louisiana has the second highest proportion of incarcerated people living with HIV (PLWH) in the U.S. To enhance HIV care continuity after release, Louisiana operates two pre-release interventions, one implemented by Medicaid and another by the Office of Public Health. Few studies examine long-term impacts of linkage programs on HIV outcomes. This study aimed to 1) describe and compare HIV care continuum outcomes of PLWH released from Louisiana corrections custody to all Louisiana PLWH, and 2) assess pre-release intervention impacts on care continuum outcomes within 12 months post-release

### **Methods:**

We used a retrospective cohort study of PLWH released from Louisiana state prison custody between January 1, 2017 and December 31, 2019. We assessed care continuum outcomes within 12 months after release, between January 1, 2017 and December 31, 2020. We used two-proportion z-tests and multivariable logistic regression to compare outcomes in people who did vs. didn't receive a pre-release intervention.

### **Results:**

Of 681 people who met inclusion criteria, 228 (33.5%) achieved HIV viral suppression and 252 (37%) received any intervention. The study population had significantly higher proportions of receiving ( $p < .0001$ ) and retaining care ( $p < .0001$ ) than members of the general population ( $n = 21,438$ ) by year-end 2020. The general population had a significantly higher proportion ( $p < .0001$ ) of people linked to care. Receiving any intervention was associated with higher odds of attaining all continuum steps, though only significantly for linkage to care (aOR=1.592, 95% CI 1.13 – 2.25,  $p = .0083$ ).

### **Conclusion:**

Receiving any intervention significantly increased the odds of linkage to HIV care within 30 days of release. Findings indicate that pre-release interventions are effective at linkage to HIV care. Existing pre-release intervention scope could be extended to people living with HCV who did not receive HCV treatment while incarcerated. Interventions must be tailored to enhance retention in care.

### **Disclosure of Interest Statement:**

The authors have no conflicts of interests to disclose.