



**Centers for Disease  
Control and Prevention**  
National Center for HIV, Viral  
Hepatitis, STD, and TB Prevention

# **AT-A-GLANCE: CDC RECOMMENDATIONS FOR CORRECTIONAL AND DETENTION SETTINGS**

## **Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs**

**Recommendations current as of April 8, 2022**

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This document consolidates, in summary form, current CDC guidelines and recommendations for testing, vaccination, and treatment of HIV, viral hepatitis, TB, and STIs for persons who are detained or incarcerated (as of December 2021), and highlights critical public health actions applicable at intake, during incarcerations/detention, and at release. The document also summarizes public health actions related to pregnant persons. Links to full-text recommendations for each disease area are listed at the end of the document; this document does not replace those detailed recommendations.

CDC recognizes that the ability of facilities to put these recommendations into practice will vary based on resources, onsite healthcare capacity, population turnover, and other factors. Facilities may need additional funds, and/or direct partnerships with state or local public health departments to provide these public health prevention services.

For questions or comments about this document, email: [OHEinquiries@cdc.gov](mailto:OHEinquiries@cdc.gov)



## Recommended Actions at Intake

The screening, vaccination, and treatment recommendations below are actions recommended at intake for persons who are detained or incarcerated. Depending on facility intake procedures and health care capacity, some of these actions might occur after intake or booking process at the initial health care provider encounter.

<p><b>Screening</b></p>	<p><b>Human immunodeficiency virus (HIV):</b> All persons based on institutional prevalence of undiagnosed HIV infection<sup>1</sup></p> <p><b>Hepatitis B virus (HBV)<sup>2</sup>:</b> All persons</p> <p><b>Hepatitis C virus (HCV)<sup>3</sup>:</b> All persons</p> <p><b>Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):</b></p> <ul style="list-style-type: none"> <li>• All persons should be immediately screened for symptoms of pulmonary TB<sup>4</sup></li> <li>• In facilities with nonminimal TB risk<sup>5</sup>, all persons should be further screened with a TST, a QFT-G, or a chest radiograph within 7 days of arrival</li> <li>• In facilities with minimal TB risk<sup>5</sup>, persons who have one or more clinical condition or other factor that increases their risk for infection or the risk for progressing to TB disease should be further screened with a TST, a QFT-G, or a chest radiograph within 7 days of arrival</li> </ul> <p><b>Gonorrhea &amp; Chlamydia:</b> All women ≤35 years and all men &lt;30 years<sup>6</sup></p> <p><b>Syphilis:</b> All persons based on local area and institutional prevalence<sup>7</sup></p> <p><b>Trichomonas:</b> Women aged ≤35</p>
<p><b>Vaccination</b></p>	<p><b>Hepatitis A virus (HAV):</b> Begin hepatitis A vaccine series for<sup>8</sup></p> <ul style="list-style-type: none"> <li>• All juveniles (≤18 years)</li> <li>• All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)<sup>9</sup></li> <li>• All persons at risk for severe adverse outcomes of HAV infection<sup>10</sup></li> <li>• Consider vaccination for all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup></li> </ul> <p><b>HBV:</b> Begin hepatitis B vaccine series for all juveniles and adults<sup>12</sup></p> <p><b>Human papillomavirus (HPV):</b> Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup></p>
<p><b>Treatment</b></p>	<p>Persons with diagnosed infections should be treated in accordance with established clinical guidelines:</p> <p><b>HIV:</b> <a href="#">HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV</a></p> <p><b>HBV<sup>14</sup>:</b> <a href="#">Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance</a></p> <p><b>HCV<sup>14</sup>:</b> <a href="#">AASLD/IDSA Recommendations for Testing, Managing, and Treating Hepatitis C</a></p> <p><b>TB<sup>15</sup>:</b> <a href="#">Treatment for TB Disease</a> (CDC website)</p> <p><b>LTBI:</b> <a href="#">Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from NTCA and CDC, 2020</a> (short-course, rifamycin-based regimens are preferred)</p> <p><b>Syphilis/Gonorrhea/Chlamydia/Trichomonas:</b> <a href="#">CDC 2021 STI Treatment Guidelines</a></p>



## Recommended Actions during Period of Incarceration/Detention

The testing, vaccination, and treatment recommendations below are **in addition to** actions recommended at intake (above). If individuals do not receive recommended testing, vaccination, or treatment at intake, facilities should ensure that it occurs as soon as possible during the period of incarceration/detention.

<b>Screening and Testing</b>	<p><b>HIV:</b></p> <ul style="list-style-type: none"><li>• Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup></li><li>• Persons with signs/symptoms of risk factors (e.g., STIs)</li><li>• Persons potentially exposed to HIV</li></ul> <p><b>HBV<sup>2</sup>:</b></p> <ul style="list-style-type: none"><li>• Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup></li><li>• Persons potentially exposed to HBV</li><li>• Routine testing for persons serving long-term sentences</li></ul> <p><b>HCV<sup>3</sup>:</b></p> <ul style="list-style-type: none"><li>• Persons reporting ongoing risk factors (e.g., PWID, hemodialysis patients)<sup>16,17</sup></li><li>• Persons potentially exposed to HCV</li></ul> <p><b>TB and LTBI:</b></p> <ul style="list-style-type: none"><li>• Persons serving long-term sentences who have a history of a negative TB test result should have follow-up testing annually at facilities with nonminimal TB risk<sup>5</sup></li><li>• Persons serving long-term sentences who have a history of a positive TB test result should be screened for symptoms of TB disease annually at facilities with nonminimal TB risk<sup>5</sup></li><li>• Any person with an exposure to a person with infectious TB should receive a test for TB infection if no history of a positive TB test result, or symptom screening for TB disease if history of a positive TB test result</li></ul> <p><b>Syphilis/Gonorrhea/Chlamydia:</b></p> <ul style="list-style-type: none"><li>• Persons reporting/presenting with genitourinary, oropharyngeal, anorectal symptoms or rash</li><li>• Persons potentially exposed to an STI or HIV</li></ul> <p><b>Trichomonas:</b></p> <ul style="list-style-type: none"><li>• Persons reporting/presenting with vaginal discharge</li></ul>
<b>Vaccination</b>	<p><b>HAV:</b></p> <ul style="list-style-type: none"><li>• Begin/complete hepatitis A vaccine series for<sup>8, 18</sup>:<ul style="list-style-type: none"><li>» All juveniles</li><li>» All adults at risk for HAV infection (e.g., MSM, PWID)<sup>9</sup></li><li>» All adults at risk for severe adverse outcomes of HAV infection<sup>10</sup></li></ul></li><li>• Consider vaccinating all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup></li><li>• As post-exposure prophylaxis<sup>19</sup></li></ul> <p><b>HBV:</b></p> <ul style="list-style-type: none"><li>• Begin/complete hepatitis B vaccine series for all juveniles and adults<sup>12, 18</sup></li><li>• As post-exposure prophylaxis<sup>20</sup></li></ul> <p><b>HPV:</b> Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup></p>
<b>Treatment</b>	<p>Persons with diagnosed infections should be treated in accordance with established clinical guidelines for HIV, HBV, HCV, TB, LTBI, and Syphilis/Gonorrhea/Chlamydia/Trichomonas (see “Treatment” under “Recommended Actions at Intake” above)</p>





## Recommended Actions for Pregnant Persons

These recommendations for pregnant persons are in addition to applicable recommendations in previous sections of this document.

<b>Testing</b>	<p><b>HIV:</b> Test during each pregnancy and repeat testing may be warranted.</p> <p><b>HBV:</b> Test during each pregnancy</p> <p><b>HCV:</b> Test during each pregnancy</p> <p><b>Syphilis:</b> Test during each pregnancy</p> <ul style="list-style-type: none"> <li>• at intake (treat as first prenatal visit)</li> <li>• at 28 weeks</li> <li>• at delivery</li> </ul> <p><b>Chlamydia &amp; Gonorrhea:</b> Test all pregnant persons &lt;24 years of age, and pregnant persons ≥25 years of age who are at increased risk<sup>21</sup></p>
<b>Vaccination</b>	<p><b>HAV:</b> Vaccinate pregnant persons who are<sup>8,18</sup>:</p> <ul style="list-style-type: none"> <li>• At risk for HAV infection<sup>9</sup></li> <li>• At risk for severe outcomes from HAV infection<sup>10</sup></li> </ul> <p><b>HBV:</b> Vaccinate all juveniles and adults (including pregnant persons)<sup>12,18</sup></p>
<b>Treatment</b>	<p><b>HIV:</b> For treatment recommendations, see <a href="#">HHS Recommendations for the Use of Antiretroviral Drugs During Pregnancy</a></p> <p><b>HBV:</b> For treatment recommendations, see <a href="#">CDC Screening and Referral Algorithm for HBV Infection among Pregnant People</a>.</p> <p><b>HCV:</b> Direct-acting antiviral drugs for HCV infection are not approved for use during pregnancy; treatment should be considered after delivery.</p> <p><b>TB and LTBI:</b></p> <ul style="list-style-type: none"> <li>• Begin treatment for TB disease as soon as TB is detected.<sup>22</sup></li> <li>• For most pregnant women, treatment for LTBI can be delayed until 2–3 months post-partum to avoid administering unnecessary medication during pregnancy.</li> <li>• For women who are at high risk for progression from LTBI to TB disease, especially those who are a recent contact of someone with infectious TB, treatment for LTBI should not be delayed on the basis of pregnancy alone, even during the first trimester.</li> <li>• For treatment recommendations, see <a href="#">CDC Treatment for TB Disease &amp; Pregnancy</a></li> </ul> <p><b>Syphilis/Chlamydia/Gonorrhea:</b> For treatment recommendations, see <a href="#">CDC Sexually Transmitted Infections Treatment Guidelines: Pregnant Women</a></p>





## Recommended Actions for Release Planning and Linkage to Prevention and Care Services

It is best practice for correctional and detention facilities to ensure that discharge plans facilitate linkage with community-based providers for continued preventive and clinical services for existing health conditions.

### Disease-specific Considerations for Release:

#### HIV:

- Provide persons with HIV with an adequate supply of antiretroviral medication upon release to bridge the gap until the patient can receive care from a community-based HIV provider.
- Provide information on pre-exposure prophylaxis (PrEP) to all persons who are known to be at risk of HIV infection in their community.

#### Viral hepatitis and HIV:

- Refer persons with HBV infection, HCV infection, or HIV to community-based medical and social services as needed to support continued medical care, risk-reduction, and treatment for substance use disorder.

#### TB and LTBI:

- Communicate with state/local public health and community healthcare providers to facilitate treatment completion after release for persons under treatment for TB/LTBI.
- Provide persons being treated for TB or LTBI counseling on the importance of completing a full course of TB or LTBI treatment.

#### HIV, viral hepatitis, and STIs:

- Provide persons with HIV, viral hepatitis, or any STI with counseling on how to prevent transmission to household, sexual, and drug-use contacts as applicable (including risk reduction and condom use).
- Provide all persons or their identified health care provider with a personal immunization record upon release

## Public Health Reporting

If an incarcerated person or staff member is diagnosed with HIV, viral hepatitis, TB/LTBI, or any [reportable STI](#), the case should be reported to the appropriate public health jurisdiction or authority, especially in those states where reporting is required by law. **Note that HIV, TB, viral hepatitis, syphilis, gonorrhea, and chlamydia are all [nationally notifiable conditions](#)**; states voluntarily report notifiable disease cases to CDC (without personal identifying information) to facilitate nationwide aggregation and monitoring of disease trends.

## Health Education Materials

For HIV, viral hepatitis, TB/LTBI, and STI health education materials that facilities can provide to persons who are incarcerated or detained, see [CDC Correctional Health: Health Education Materials](#).



# Full Guidance Documents by Disease Area

## HIV

- [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings](#) (2006)
- [HIV Testing Implementation Guidance for Correctional Settings](#) (2009)
- [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#) (2020)

## Viral Hepatitis:

- [Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings](#) (2003)

## Hepatitis A

- [Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020](#) (2020)

## Hepatitis B

- [Hepatitis B Vaccination, Screening, and Linkage to Care: Best Practice Advice from the American College of Physicians and the Centers for Disease Control and Prevention](#) (2017)
- [Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices](#) (2018)

## Hepatitis C

- [CDC Recommendations for Hepatitis C Screening Among Adults – United States, 2020](#) (2020)

## TB and LTBI:

- [Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC](#) (2006)
- [Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children](#) (2017)
- [Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC](#) (2020)

## STI:

- [Sexually Transmitted Infections Treatment Guidelines](#) (2021)
- [Sexually Transmitted Infections Treatment Guidelines, Special Populations: Persons in Correctional Facilities](#) (2021)
- [Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices | MMWR \(cdc.gov\)](#) (2019)
- [Missed Opportunities for Preventing Syphilis in Newborns](#) (2018)

## Acronyms

HAV – hepatitis A virus

HBV – hepatitis B virus

HCV – hepatitis C virus

HIV – human immunodeficiency virus

HPV – Human papillomavirus

LTBI – latent tuberculosis infection

MSM – men who have sex with men

PWID – people who inject drugs

QFT-G – QuantiFERON-TB Gold

STI – sexually transmitted infections

TB – tuberculosis

TST – tuberculin skin test



## Footnotes

1. Screening should be offered as opt-out screening. Facilities should initiate screening unless prevalence of undiagnosed HIV infection in their facility population has been documented to be <0.1%. In the absence of existing data for HIV prevalence, facilities should initiate voluntary HIV screening. Such screening is no longer warranted in facilities able to establish that the diagnostic yield is <1 per 1,000 persons screened.
2. Test for HBsAg, total anti-HBs, and total anti-HBc. For a chart outlining interpretations and recommended actions based on HBV serology findings, see [Hepatitis B Vaccination, Screening, and Linkage to Care: Best Practice Advice from the American College of Physicians and the Centers for Disease Control and Prevention](#).
3. Anti-HCV followed by HCV RNA if positive.
4. Persons should be screening for symptoms of pulmonary TB by being asked if they have had a prolonged cough (i.e., >3 weeks), hemoptysis (i.e., bloody sputum), or chest pain.
5. A facility has minimal TB risk if a) no cases of infectious TB have occurred in the facility in the last year, b) the facility does not house substantial numbers of persons with risk factors for TB (e.g., HIV infection, injection drug use), c) the facility does not house substantial numbers of persons who have arrived in the U.S. within the previous 5 years from areas of the world with high rates of TB, or d) employees in the facility are not otherwise at risk for TB. All other facilities should be categorized as a nonminimal TB risk facility.
6. Gonorrhea, chlamydia, and trichomonas screening should be offered as opt-out screening.
7. Opt-out syphilis screening should be conducted on the basis of local area and institutional prevalence of early (primary, secondary, and early latent) infectious syphilis. Correctional facilities should stay apprised of syphilis prevalence as it changes over time see <https://www.cdc.gov/std/treatment-guidelines/correctional.htm>.
8. Unless documentation is available showing completion of the vaccine series.
9. For a full list of risk factors for HAV infection, see full HAV guidance document <https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm>
10. Persons at risk for severe outcomes from hepatitis A infection include those with chronic liver disease or HIV infection.
11. Pre-exposure vaccination in populations at risk for hepatitis A infection is an effective outbreak control strategy. Because correctional facilities house individuals from high-risk populations (e.g., persons experiencing homelessness and persons who use drugs), vaccination in correctional settings can help to control community outbreaks of hepatitis A. Vaccination can also help control transmission inside facilities.
12. Unless documentation is available showing completion of the vaccine series, or the individual tests negative for HBsAg, total anti-HBs, and total anti-HBc.
13. See [Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices | MMWR \(cdc.gov\)](#)
14. All persons diagnosed with chronic HBV or HCV infection should be evaluated to determine the presence and extent of liver disease and candidacy for antiviral therapy.
15. Persons who have pulmonary TB symptoms or an abnormal chest radiograph should be evaluated to rule out TB disease; if TB disease is excluded as a diagnosis, LTBI treatment should be considered if the TST or QFT-G result is positive.
16. Although risk behaviors including drug use and sexual activity are prohibited in correctional and detention environments, they may still occur. Clinicians should note that individuals may be hesitant to report these behaviors due to fear of reprisal.
17. For a full list of persons at risk for chronic HCV infection, see full guidance, <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>
18. Complete vaccine series while in custody if the individual has not been released prior to the minimum time required between doses.
19. See [Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020](#) for guidance on administering vaccine and/or immune globulin as postexposure prophylaxis for HAV infection.
20. See [Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices](#) for guidance on testing and administering vaccine and/or immune globulin as postexposure prophylaxis for HBV infection. Recommendations depend upon vaccination status.
21. Pregnant women at increased risk for chlamydia (e.g., those aged  $\geq 25$  years who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI) and gonorrhea (e.g., those with other STIs during pregnancy or those with a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI or is exchanging sex for money or drugs) should be screened at first prenatal visit. All persons diagnosed with chlamydia or gonorrhea should be rescreened 3 months after treatment (e.g., new sexual partner, unprotected sex, STI history). See [CDC's Pregnancy Screening Recommendations and Screening for Chlamydia and Gonorrhea: US Preventive Services Task Force Recommendation Statement | JAMA | JAMA Network](#) for additional information.
22. Pregnant persons who are being treated for drug-resistant TB should receive counseling about the risk to the fetus.

