

TBILISI STATE MEDICAL UNIVERSITY

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**STUDY OF HIV/AIDS PREVALENCE AND
HIGH-RISK BEHAVIOR IN PENITENTIARY SYSTEM OF
GEORGIA**

14.00.07 - Hygiene

A B S T R A C T

**Dissertation nominated for degree of
candidate of medical science**

**Tbilisi
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The study is performed at the Tbilisi State Medical University and Infectious Diseases, AIDS and Clinical Immunology Research Center

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Research Secretary of the Dissertation Board,
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GENERAL DESCRIPTION OF THE STUDY

RELEVANCE OF THE PROBLEM

HIV/AIDS pandemic is considered as a global crisis today and it represents one of the most critical problems of the modern medicine. HIV is also topical for Georgia nowadays. According to worldwide statistics Georgia is on the list of HIV/AIDS low prevalence countries (<0.5%), and even among these countries it occupies one of the last positions. Nevertheless, depending on patterns of AIDS epidemic, registered 880 HIV/AIDS cases could possibly imply 3500 unregistered cases. This is a rather significant figure for Georgia - a country with small size of population.

Considering factors existing in the country several years ago international experts predicted wide scale epidemic. This alarm became even stronger after the Russia and Ukraine's events, where when of HIV/AIDS doubled and tripled actually during one year.

Increasing the number of HIV/AIDS cases among prisoners in penitentiary systems worldwide clearly demonstrates that health care of prisoners and personnel of penitentiary institutions should be put on a priority objectives' list of public health system; moreover, facilities of these system are not fully isolated from the rest of the world.

Immediately after the identification of first HIV/AIDS cases in Georgia epidemiologic studies of HIV/AIDS prevalence, risk-factors and high risk group behavior in penitentiary system became important. The importance is determined by the fact that unlike ordinary population, prisoners are under relatively high risk of exposure to HIV.

Following factors facilitate transmission of HIV/AIDS in a penitentiary system:

- Overcrowded prisons, inadequate and unbalanced nutrition, unsuitable hygienic conditions;
- Illegitimate, hazardous for health behavioral stereotypes such as injection drug use and homosexuality are common in penitentiary institutions;
- Significant number of individuals in places of detention and prisons are injection drug users;
- Most of prisoners represent socially vulnerable groups of population and refugees, that are most exposed to sexually transmitted infections (STI), including HIV/AIDS, and tuberculosis;
- Unlike the whole population, health care (prevention/treatment) is less available to individuals in places of detention.

AIM OF THE STUDY: investigation of HIV/AIDS prevalence in the penitentiary system of Georgia and identification of correlation of disease transmission to risk factors and high risk behavior.

OBJECTIVES OF THE STUDY:

1. Voluntary and anonymous HIV testing of prisoners in institutions of the penitentiary system of Georgia;
2. Study of high risk behavior, demographic data and disease history of prisoners through data analysis of specially designed questionnaire;
3. Evaluation of HIV/AIDS awareness of prisoners through data analysis of specially designed questionnaire;
4. Identification of basic modes of HIV transmission in places of detention and their correlation to risky behavior;
5. Develop recommendations on prevention of HIV/AIDS transmission for the penitentiary system.

SCIENTIFIC NOVELTY OF THE STUDY:

Based on the epidemiological study conducted at places of detention:

1. Epidemiological situation has been assessed throughout Georgia;
2. Correlation of risky behavior to HIV/AIDS prevalence was identified;
3. In order to stop transmission of infection recommendations were developed that would ensure most effective planning of preventive activities.

PRACTICAL VALUES OF THE STUDY RESULTS:

As a result of conducting HIV/AIDS epidemiological study at places of detention:

1. HIV infected individuals were identified in prisons and system for their medical care was set up;
2. Establishing contacts with individuals of high risk groups became possible (that is difficult while they are out of penal institutions); preventive and treatment was made possible to prevent new cases of HIV.
3. Most acceptable ways for behavior change of high risk group prisoners were developed;
4. Information and education of prisoners and service staff became possible;
5. Results of the study and developed recommendations were communicated to the Medical Service of the Penitentiary System.

APPROBATION OF THE STUDY:

Dissertation was considered at the meeting of the Chair of Public Health of the State Medical University (protocol #11, 20 February 2006).

Materials of the study were presented at the international conference "HIV/AIDS in Countries of Eastern Europe" (Ancy, France, 1999).

The results of the study were used:

- In UNAIDS strategic planning project for HIV/AIDS situational analysis in Georgia (Tbilisi, 2000);
- At UNAIDS/WHO international seminar "Assessment and Prediction of HIV/AIDS in Eastern European Countries" (Sibenik, Croatia, 2003);
- At UNAIDS/WHO international seminar "Assessment and Prediction of HIV/AIDS in Eastern European Countries" (Alma-Ata, Kazakhstan, 2005);

PUBLICATION OF THE STUDY RESULTS:

Six scientific works were published on the topic of the dissertation.

VOLUME AND STRUCTURE OF THE DISSERTATION:

Dissertation work is done in Georgian; it includes introduction, 4 chapters (chapter I – references, chapter II – materials and methodology of the study; chapter III – results of the study; chapter IV – consideration of the results), conclusions, practical recommendations, list of references with 116 sources (including 5 Georgian and 111 international). The study includes 110 pages of typewritten text, is illustrated with 6 tables, 14 diagrams and 12 pictures.

MATERIALS AND METHODS OF THE STUDY

HIV/AIDS prevalence and high risk behavior study in Georgian penitentiary system has been conducted since 1997; the study was initiated by the AIDS Centre and supported and facilitated by Medical Service of the Penal Department of the Interior Ministry (currently of the Ministry of Justice).

HIV/AIDS prevalence and high risk behavior study in Georgian penitentiary system was performed through consulting prisoners on HIV/AIDS and their free of charge voluntary testing on HIV infection.

Free voluntary testing of prisoners on HIV antibodies was held in the framework of the "State Program of HIV/AIDS Prevention". The program operates in Georgia since 1994 and implies investigation on HIV/AIDS of risk groups, i.e. injection drug users, commercial sex workers, homo- and bisexuals, individuals with viral hepatitis B and C and STI-s, prisoners, etc.

In order to assess high risk behavior in the penal system of Georgia and correlate them with spread of HIV we designed anonymous questionnaire to be filled by prisoners (see Annex 1).

All prisoners were consulted on HIV/AIDS (so called pre-test consultation) that implied provision of basic information on HIV/AIDS, modes of transmission, main preventive measures, necessity of HIV/AIDS testing. Then the prisoners were familiarized with Consent Form for HIV Antibody Testing (see Annex 2); after signing of the mentioned form blood was drawn on HIV antibody testing. Apart from personnel of the AIDS Centre the process of drawing blood was attended by one or two representatives of the medical service of the penitentiary system.

Results of lab testing was verbally communicated to the prisoners by the doctor-epidemiologist of the Centre. In cases of positive HIV-antibody test results post-testing consultations were held. Post-testing consultation implied provision of basic information on the course of HIV/AIDS and clinical indications, correct interpretation of results, information about antiretroviral therapy and follow up surveillance.

The cross sectional epidemiologic studies were conducted in stages (4 stages during 9 years) involving following institutions of the penitentiary system of Georgia:

I STAGE – 1997-1998

1997

- #1 prison (Tbilisi)
- #5 Penal Institution (Tbilisi Women's Colony)
- #6 Penal Institution (Avchala)
- Health Care Institution for Prisoners with TB (Ksani)

1998

- #1 Penal Institution (Rustavi)
- #2 Penal Institution (Rustavi)
- #6 Penal Institution (Avchala)
- #9 Penal Institution (Khoni)
- #4 Prison (Zugdidi)

II STAGE – 1999-2000

1999

- #2 Prison (Kutaisi)
- #8 Penal Institution (Geguti)
- #3 Strict Regime Penal Institution (Sagarejo)

2000

- #1 Prison (Tbilisi)
- #3 Prison (Batumi)
- #4 Prison (Zugdidi)

III STAGE – 2001-2002

2001

- #4 Penal Institution – Tbilisi prison
- #5 Institution (Women's Colony)
- Medical Unit of #1 Prison (Tbilisi)

2002

- #3 Penal Institution (Batumi)
- #1 Penal Institution (Rustavi)
- #8 Penal Institution (Geguti)
- #2 Prison (Kutaisi)
- #6 Penal Institution (Avchala)

IV STAGE – 2003-2005

2003

- Health Care Institution for Prisoners with TB (Ksani)
- #2 Colony (Ksani)
- Fostering Institution for Minor Offenders
- #6 Penal Institution (Avchala)

2004

- #1 Prison (Tbilisi)
- #3 Prison (Batumi)
- Medical Institution for Prisoners and Penalized Individuals (Tbilisi)
- #5 Institution (Women's Colony)
- Ksani #7 Institution
- #2 Penal Institution (Rustavi)

2005

- #1 Prison (Tbilisi)
- Medical Institution for Prisoners and Penalized Individuals (Tbilisi)
- #5 Institution (Women's Colony)
- Batumi prison
- Rustavi #1 Institution
- #5 Prison (Ksani)
- #6 Institution (Ksani).

Material for testing was blood serum. For screening on HIV antibodies immune-enzyme analyses HIV 1+2 HUMAN ELIZA (Human, Germany), Vironostika HIV UniForm II plus O (Organon Technika, Netherlands] were used; for confirmation testing - HIV Western Blot (HIV BLOT 2.2 Western Blot ASSAY, Genelabs Diagnostics, Singapore)].

About 10 000 detained individuals and prisoners were consulted on pre-testing on HIV/AIDS. Among them HIV-antibody voluntary blood testing was performed to 9 439, post-testing – to all HIV-positive prisoners.

Data on high risk behavior of prisoners, demographic data, patient history, epidemiological history etc. were collected by means of anonymous questionnaire.

Epidemiologic foci and contacts of HIV infected prisoners were investigated. Epidemiological case investigation was conducted on identified HIV infected prisoners in Preventive Department of the AIDS Center: clinical laboratory tests were performed,

category of the disease was identified, symptomatic or/and highly active antiretroviral therapy was prescribed upon necessity (since 2005 antiretroviral therapy has been financed by “The Global Fund to Fight AIDS, Tuberculosis and Malaria”).

Informational materials such as posters, booklets, newspapers on HIV/AIDS developed by the AIDS Center (see Annex 3) were distributed in all institutions of the penitentiary system of Georgia, where prisoners were consulted.

SPSS 11.0 statistical software was used for the statistical analysis of data. HIV/AIDS prevalence in the penitentiary system and its correlation with risky behavior and demographic indicators were studied statistically.

DATA OF THE OWN STUDY AND THEIR CONSIDERATION STUDY OF HIV /AIDS PREVALENCE AND HIGH-RISK BEHAVIOR IN PENITENTIARY SYSTEM OF GEORGIA

HIV/AIDS is a global problem that has already caused illness and death of millions of individuals. Social, cultural and economic factors, as well as legal base, have impact on the development of HIV infection. According to UNAIDS data (UN AIDS program) prevalence of HIV/AIDS in penal institutions exceed its prevalence in the society outside this system. This also relates to infections such as hepatitis B and C and tuberculosis, as due to number of factors penal institutions are regarded as “ideal incubators” for these diseases. Epidemiological outbreaks of HIV/AIDS and hepatitis B and C were registered in recent years in prisons of many countries, from Brazil to Russia.

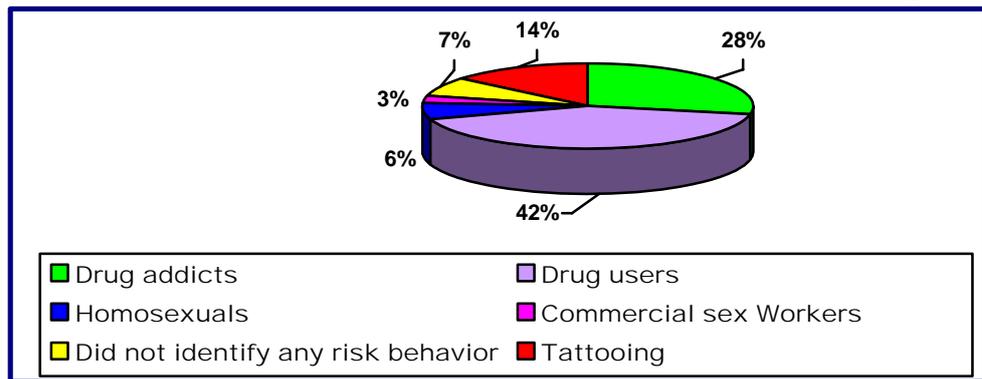
Immediately after the identification of the first HIV/AIDS case epidemiological study on HIV/AIDS prevalence, risk factors and high risk group behavior became urgent in the penitentiary system.

We carried out studies that identified factors facilitating spread of HIV/AIDS in prisons, namely:

- Overcrowded prisons;
- Illegitimate, hazardous to health behavioral stereotypes such as injection drug use and homosexuality are common in convict colonies;
- Use of non-sterile devices for tattooing and piercing;
- Inadequate and non-balanced nutrition;
- Unsatisfactory hygienic conditions;
- Most of prisoners represent socially vulnerable groups of population and refugees, that are most exposed to sexually transmitted infections (STI), including HIV/AIDS, and tuberculosis;
- Unlike the whole population, health care (prevention/treatment) is less available to individuals at places of detention;
- Lack of information on HIV/AIDS.

Study of risky behavior in prisons proved close correlation between spread of HIV infection and risky behavior. Diagram I demonstrates breakdown of prisoners according to risky behavior.

Diagram 1



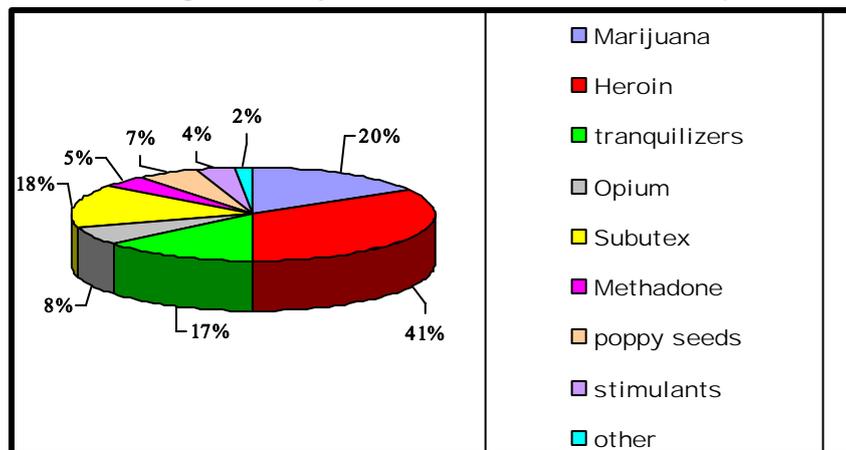
Injection drug use is especially remarkable among high risk behavior in the penitentiary system. Number of prisoners in penal institutions sentenced for sale, keeping, distribution or use of drugs is not very high – 7-9%.

23% of the respondents denied drug use in prisons, while vast majority of prisoners admitted availability of small amounts of drugs in prisons; they also did not refuse occasional drug use. Simultaneously they mentioned that they used drugs before detention and about 40% continued drug use in prisons. About 25% of prisoners admitted that they started to use drugs exactly in prisons.

According to interviewed prisoners main narcotic drugs used at places of detention are opioids (Diagram 2). Main mode of use is an injection.

Diagram 2

Narcotic drugs used by sentenced individuals and prisoners



Crude opium, so called “black” has been mainly used from opioid group of drugs until 2000. Since 2000 import and use of heroin was increased in the country, and consequently, in prisons. In 2004 significant change took place in the spectrum of used opioids; in particular, oral Subutex was imported from Europe, which is used in Georgia as an injection by solving tablets in water.

Emotional experience of detention in penal institutions was mentioned by 18% of the respondents, while a fact of over dosage – by 12%.

Since sterile and disposable injection devices are not available in prisons, prisoners usually use non-sterile, shared syringes and containers for preparation of drugs; in particular:

- 79% repeatedly used syringes used by themselves;
- 46% mentioned that used injection devices used by others with various level of frequency;

- 31% admitted sharing to others syringes used by them.
The question about sterilization of used syringes was answered in following manner:
- 48% rinsed them with boiled water;
- 37% sterilized needles over fire;
- 59% washed with ordinary water;
- 13% did not wash syringes at all.

All above-mentioned is considered as a risky behavior; it points our high probability of HIV transmission among injection drug users.

Unsafe sexual contacts represent remarkable risk factor in terms of HIV transmission in penal institutions together with shared injection devices. Homosexual contacts that are common in prisons are regarded as especially high risk behavior.

Homosexuality is one of the most taboo subjects in Georgia. Studies demonstrated certain categories of homosexuals:

- Homosexuals that do not conceal their sexual orientation;
- Homosexuals that categorically deny their orientation;
- Bisexuals – most of them have wives and children but at the same time have homosexual partner;
- Homosexuals that accepted this status against their own will, as a result of violent sexual contact.

This type of contacts are strictly hidden in penal institutions; in most cases administration of a prison does not admit the fact that such sexual relationships exist in all prisons. Though they admit presence in prisons of homosexual males, so called “chickens”, who do not conceal their orientation; they are usually placed in separate cells. According to “corridor talks” these prisoners are used for sexual contacts by representatives of so called “high caste”. This type of sexual contacts are mainly violent; means of protection are actually never used. This increases vulnerability of this risk group to HIV.

High risk of HIV transmission among prisoners and their sexual partners exists even in case of heterosexual contacts, as most of prisoners have disorderly sexual life and do not practice safe sex, especially with permanent partners – spouses.

Interviews with prisoners manifested following data:

- More than 80% of the respondents mentioned having various STIs during their life, caused by unsafe sexual relationships with unfamiliar partners;
- Using condoms for sexual contacts; but only 23% used them regularly and 47% - often. In all other cases prisoners mentioned occasional or rare use of condoms.
- 11% mentioned sexual contacts with drug addict partners.

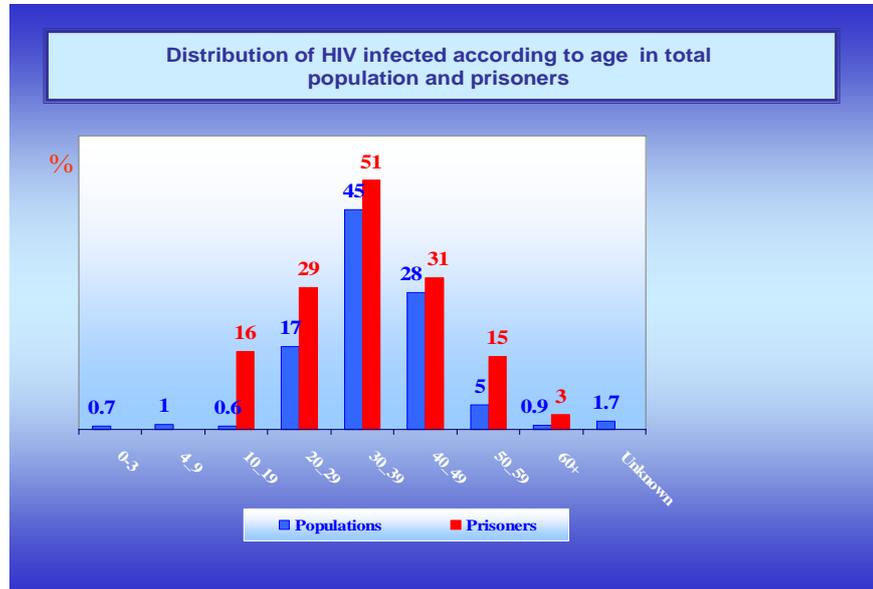
Remarkably sexual mode of diseases transmission is significantly facilitated by those types of substance addiction, which are not related to injections (e.g. alcohol, marijuana, etc.); but inebriation caused by these substances increases libido and decreases self-control, thus elevating the risk of exposure to HIV and other STIs.

Relatively lower risk of HIV exposure in penal institutions is caused by **body tattooing**. Studies revealed tattoos on bodies of about 80% of male prisoners and 23% of female prisoners. Part of tattoos were made when they were young, but mainly during the period of imprisonment. Interviews of prisoners revealed that tattoo needles were sterilized with boiled water, or cleaned with alcohol or burning a needle on fire. Risk of HIV transmission in case of such procedures exists, though we have not registered any cases of infection through this mode.

Using of shared razor and toothbrush is also dangerous, but these were mentioned by only small proportion of the prisoners.

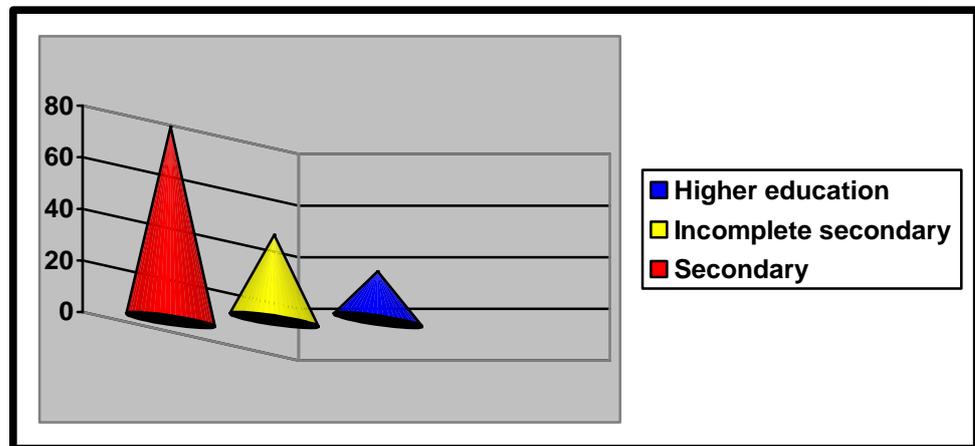
About 10.000 sentenced individuals and prisoners have been pretest-consulted on HIV/AIDS during the epidemiological study we undertook (1997-2005). 9.439 among them agreed to have and had tests on HIV blood antibodies. 8.801 from the tested prisoners were male, while 638 – female; age range – 14 – 70 (Diagram 3).

Diagram 3



Educational level of interviewed prisoners: 4% has higher education, 75% - secondary, 21% - incomplete secondary (Diagram 4). About 70% of the prisoners were unemployed prior to detention.

Diagram 4

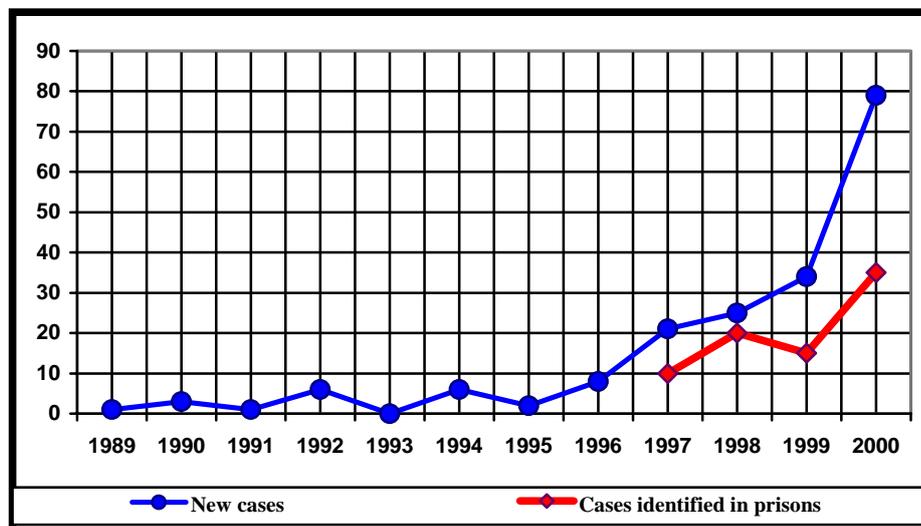


According to our studies in institutions of the penitentiary system in 1997-1999 number of identified HIV infected prisoners was low, though interviews conducted in parallel with testing revealed factors facilitating transmission of the infection and prisoners' high risk behavior in penal institutions. Considering the latter it is unlikely that HIV transmission will further remain as low as identified at this stage of study.

Institutions of the penitentiary system located at HIV/AIDS high prevalence places were investigated in 2000; in particular: Tbilisi, Batumi and Zugdidi, where a number of IDPs is the highest. Despite small number of prisoners investigated on HIV/AIDS, more cases of HIV infection were identified. This fact could be explained by one of the characteristics of AIDS epidemics, namely that HIV/AIDS prevalence is always higher in

capital cities and in those regions, where migration of population reaches its peak. It is also an important fact that first explosive peak of identified HIV/AIDS cases was registered throughout Georgia exactly in 2000 (Diagram 5).

Diagram 5



In 1997-2001 HIV infection was not detected among investigated homosexuals, commercial sex workers and prisoners with frequent random sexual contacts; this proves that injection drug use was a main mode of HIV transmission in Georgia at that period of the study.

In 2003 HIV/AIDS prevalence in penitentiary system was 0.35%, i.e. about 4 times less compared to the prevalence indicators of previous years; but this indicator did not reflect real picture of HIV/AIDS distribution in prisons of Georgia (number of prisoners investigated in 2001-2003 was small and irregular due to limited financing of the "HIV/AIDS Prevention State Program").

In 2004 HIV/AIDS prevalence in penitentiary system of Georgia reached 1.34%. Furthermore, disturbing picture related to HIV transmission was revealed in prisons and penal institutions – cases of sharing syringes with HIV infected prisoners. It is remarkable that occasional drug users were more prone to use of used, non-sterile syringes than drug addicts.

In 2005 HIV/AIDS prevalence in general population was 0.15%, while in penitentiary institutions – 1.76%; i.e. spread of the disease in penitentiary system exceed 10-fold and more the spread outside the penitentiary system.

Remarkably for the last years HIV infections have been diagnosed in tested homosexuals and prisoners with frequent casual sexual contacts; this proves that though injection drug use is still the main mode of HIV transmission in Georgia, AIDS virus has also been transmitted through unsafe sexual contacts for the last years.

According to our studies since 1997 to 2005 total 67 HIV infected prisoners were identified in the institutions of penitentiary system of Georgia. 7 of them died, 35 were released and are under the supervision of Preventive Department of the AIDS Center.

According to 2005 data 25 HIV infected prisoners served their sentence in the institutions of the penitentiary system of Georgia.

Compared to worldwide statistics figures of HIV infected prisoners identified in prisons of Georgia are not significant, but the interviews held in parallel with testing revealed factors facilitating HIV transmission and high risk behavior of prisoners. Based on

this it could be assumed that fast spread of HIV infection could be expected in penitentiary institutions, unless effective preventive measures are undertaken.

Due to scarcity of health financing in prisons not much is done for the prevention of HIV and drug use. This system does not support operation of preventive programs – official representatives do not want to admit that drugs are available to prisoners. It is difficult to distribute disposable syringes and safety devices there. As a result indicators of drug use in prisons, including injection drugs, as well as indicators of unsafe sexual contacts and related risk is very high.

Most of prisoners think, that “drugs are common elements of prison culture and their elimination from penal institutions is impossible”. Most part of injection drug users at places of detention are not fully aware of the risk of HIV transmission via blood. For the most part of prisoners AIDS is more related to sex, less – to blood. Though it is remarkable that according to survey data cases of sharing injection devices and use of non-sterile needles for tattooing has somewhat decreased for the last 3 years; this demonstrates that during the last years drug users are very cautious to infections diseases transmitted via blood and this was reflected in behavior change.

Therefore, the results of study showed that injection drug use in prisons remains the main risk factor for HIV/AIDS transmission. Any kind treatment/rehabilitation services for drug addicts in prisons and penal institutions are unavailable; despite existing law due to lack of resources implementation of obligatory treatment is impossible. Also, HIV/AIDS prevention programs aimed at harm reduction practically are not operational. Thus, consideration should be given to the restriction of this mode of the infection transmission.

C O N C L U S I O N S

1. Prisoners represent one of the considerable HIV risk groups of Georgian population. Prevalence of HIV/AIDS in penal institutions exceeds its prevalence in society outside of prisons;
2. Numbers of HIV new cases identified annually in prisons are small, though increasing fast in recent years;
3. Main factor facilitating HIV/AIDS transmission in prisons is injection drug use; main part of prisoners represent vulnerable groups and internally displaced people; drug use is the most common in 26-40 age group; main narcotic drugs are opioid group; among opioid drug addicts and users 96% prefer parenteral way, as a rule – intravenous injections, while 4% use intramuscular injections.
4. Use of shared injection devices in penal institutions increases the probability of spread of HIV/AIDS and other infections transmitted via blood. Youngsters and occasional drug users are more prone to inject drugs with used non-sterile syringes than chronic drug users.
5. Today most of HIV cases are registered among drug user prisoners, though risky sexual behavior, manifested in this group (especially unsafe sexual contacts) increases the possibility of HIV transmission to their sexual partners and those groups of population that are not perceived under the risk of HIV infection.
6. Prisoners are not aware of the issues of safe sex and safe use of drugs.
7. The study revealed unsatisfactory hygienic conditions and high density of prisoners that makes impossible keeping the personal hygiene;
8. It is necessary to develop effective strategy and tactics against HIV/AIDS and other infections transmitted via blood in institutions of penitentiary system; these should be based on protection of human rights.

PRACTICAL RECOMMENDATIONS

Following measures are necessary to carry out in order to control HIV/AIDS epidemic in institutions of the penitentiary system:

- Regular voluntary anonymous consultations and testing of prisoners (it is desirable to identify HIV status of patients immediately upon prison placement, as well as perform selective testing upon release);
- Implementation of harm reduction programs to provide prisoners and sentenced individuals with disposable injection devices, disinfectants, tools for safe sex (condoms);
- Elimination of stigma and discrimination among HIV infected prisoners;
- Accessibility of medical service and treatment to the prisoners;
- Raise awareness of health personnel of penal institutions in order to provide information and safety regulations on HIV/AIDS;
- Provision of information to prisoners and service staff;
- To improve hygienic conditions in the penitentiary system's facilities according to the standards determined by the regulatory documentation;
- It is recommended to develop regulatory Legal acts for implementation of Harm Reduction interventions in prisons.

It should also be considered that prevention in high risk groups will be effective if:

- initiated early;
- becomes regular;
- covers large proportion of the target group;
- Address all potential ways of HIV transmission.

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ANONYMOUS INTERVIEW QUESTIONNAIRE
For evaluation of risk factors of tested individuals

Registration number ----- Date -----

Sex ----- Age ----- Education -----

Place of residence: Tbilisi -----
District -----
Internally displaced person -----

- 1. How many persons are in a cell, including you?**
- 2. Do you have possibility of self hygienic care?**
- 3. Have you ever been tested on HIV/AIDS?**
Yes ----- No -----
3.1. If yes, when? Where? -----
3.2 What was the result of the test? -----
- 4. Have you ever been diagnosed of acute hepatitis (jaundice, Botkin's disease)?**
Yes ----- No -----
4.1. If yes, which type of hepatitis were you diagnosed? -----
- 5. Have you ever had blood transfusion? Yes ----- No -----**
5.1. If yes, when? -----
- 6. Have you been working before the detention? -----**
- 7. Are you married? Yes ----- No -----**
- 8. Have you had a sexual partner apart from your spouse?**
Yes ----- No -----
8.1. If yes, do you use a condom?
* Regularly * Often * Rarely * Do not use
- 9. Have you have or ever had any sexually transmitted disease?**
Yes ----- No -----
- 10. At what age did you use drugs for the first time? -----**
- 11. Did you use drugs before the detention?**
Yes ----- No -----
11.1. If yes, have you ever shared needles and syringe? -----
- 12. Have you ever injected drugs in prison? Yes ----- No -----**
12.1. If yes, when did you start to use drugs? -----

- 12.2. Are you still a drug user?
Yes ----- No -----
- 12.3. Did you use disposable or sterile syringes for injecting drugs?
Yes ----- No -----
- 12.4. Have you used shared syringe? Yes ----- No -----
- 12.5. Have you used the drug from shared container?
Yes ----- No -----
- 12.6. When did you use drugs for the last time? -----
- 12.7. Which drug did you mainly use? -----

13. You are in a penal institution for the:
 * first time * second time * Third time

14. Do you know about the risk of AIDS virus transmission via blood?
 Yes ----- No -----

ANNEX #2

CONSENT FORM FOR HIV ANTIBODY TESTING

Doctors of the Center of Infectious Diseases, AIDS and Clinical Immunology conduct study aimed at investigation AIDS prevalence and high risk behavior in the penitentiary system of Georgia.

As a Georgian citizen, placed in a penal institution, you are selected for the participation in this study. Participation in the study is completely voluntary. In case of consent you will be interviewed on the subject of demographic data and risky behavior that might cause infection with AIDS virus. 2-3 ml of blood will be drawn from the wrist vein to test it on anti-AIDS virus antibodies. We will inform on results of the test in one week's period. In case of negative test result your participation in the study will be completed; in case of detection of anti-HIV antibodies in your blood, further investigations will be necessary.

Information you provide will be strictly confidential. Information on individuals enrolled in the study will not be reported in any way. Only summarized data will be used; identification of individuals from these data would be impossible.

Risk related to your enrollment in this study is very low. After blood test a bruise can appear on the arm or slight burning will be felt for a short time.

Blood test is free of charge and is performed in the framework of the State Program on AIDS Prevention.



Signature of enrolled person -----

Date _____