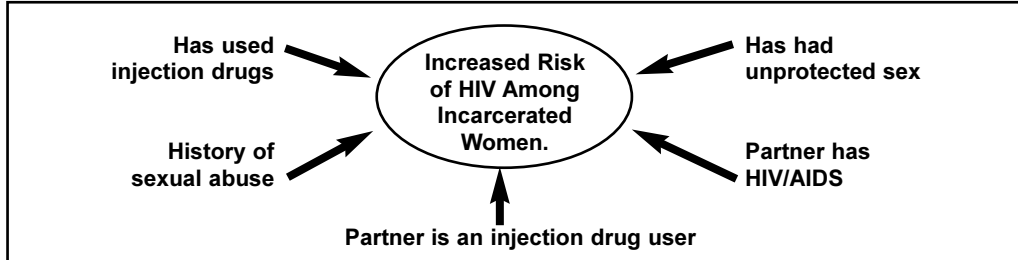


FIGURE 1 . Factors contributing to increased risk of HIV among incarcerated women that should trigger HIV screening, treatment and prevention education.



Numerous studies have shown that the same behaviors that lead to incarceration put women at increased risk for HIV infection.^{23,24,25} Links between drug use, sex work, victimization, poverty, race and HIV explain the prevalence of HIV infected women behind prison walls.

TABLE 1 . Pertinent Elements of History in Initial Encounter of HIV Infected Women

Past Medical History	Identify Comorbid Conditions that may complicate care of HIV infection (i.e., Hepatitis B or C, Diabetes, Post-Traumatic Stress Disorder, depression, low self-esteem, or anxiety disorders, etc)
Past Medication Use and Allergies	Initial screen for prior antiretroviral exposure and possible toxicities or resistance; possible drug interactions with antiretrovirals or other indicated medications; specifically identify alternative medicine use (pt may not volunteer this information).
Social History	Identify high-risk behaviors, so pt can be counseled re: prevention of infection with more virulent or resistant strain of HIV. Identify potential obstacles to medical therapy such as illiteracy, substance abuse/addiction, sexual abuse, partner uses injection drugs or is HIV-infected and psychiatric illness.
Review of Systems	Should include specific questions regarding menstrual history, symptoms of gynecologic infection or malignancy, symptoms of depression or anxiety, as well as screening for symptoms of underlying opportunistic illness.