

Predictors of early linkage to HIV care following release from correctional facilities in South Africa

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Background: People living with HIV transitioning from correctional facilities to the community face heightened risk of disengagement from care. We examined factors associated with access to HIV care within one month of release from incarceration to Gauteng Province, South Africa.

Methods: Adults living with HIV (≥ 18) on antiretroviral therapy (ART) scheduled for release within three months were enrolled from 19 correctional facilities in Gauteng Province (2024–2026). Participants completed baseline surveys during incarceration with follow-ups at one week pre-release, and two weeks and one-month post-release. The primary outcome was self-reported linkage to care at Month 1, defined as ≥ 1 HIV-related healthcare visit, ascertained through detailed participant recall and verified by clinic carry card photographs when available (56% of linked participants). Adjusted risk ratios were estimated using modified Poisson regression with cluster-robust standard errors at facility level, adjusting for age group.

Results: Among 121 participants, 91% were male, 93% Black African, 72% reported alcohol use and 20% reported opioid use in the three months prior to their most recent incarceration; 85% were unemployed at one-month post-release. Overall, 79/121 (65%) reported linkage to HIV care at Month 1. Among participants not linked to care, 22/42 (52%) reported currently having ART as the primary reason for not visiting a healthcare facility. Disclosure of HIV status to family (aRR 1.95, 95% CI 1.36–2.80; $p < 0.001$) and not having been diagnosed during the most recent incarceration (aRR 1.36, 95% CI 1.05–1.76; $p = 0.018$) were associated with higher likelihood of linkage to care.

Conclusion: Rapid post-release linkage to HIV care was high, yet sustained retention is essential for achieving and maintaining viral suppression. Integrating peer-navigation interventions and safe disclosure support into pre-release services, particularly for those newly diagnosed, may improve both post-release linkage and retention in care. Structured handoff protocols could further strengthen care transitions.