


**RAPID TESTING IN THE CONTEXT OF THE NATIONAL PLAN TO COMBAT
SEXUALLY TRANSMITTED INFECTIONS IN THE POPULATION DEPRIVED OF
LIBERTY: EXPERIENCE REPORT**

**TESTAGEM RÁPIDA NO CONTEXTO DO PLANO NACIONAL DE ENFRENTAMENTO
DAS INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS NA POPULAÇÃO PRIVADA DE
LIBERDADE: RELATO DE EXPERIÊNCIA**

**PRUEBAS RÁPIDAS EN EL CONTEXTO DEL PLAN NACIONAL DE LUCHA CONTRA
LAS INFECCIONES DE TRANSMISIÓN SEXUAL EN LA POBLACIÓN PRIVADA DE
LIBERTAD: INFORME DE EXPERIENCIA**

 <https://doi.org/10.56238/sevened2025.028-068>

**Rosane Pereira dos Reis¹, Mickaelly da Silva Machado², Renée Leão Calheiros³,
Jefferson da Silva Duarte⁴, Andrea Marcia da Rocha Sarmento de Azevedo⁵, Elicélia
Tenório de Sousa Cavalcante⁶, Renata Giovanna Lima Diques de Arecippo⁷, Beatriz
Rodrigues Gusmão⁸**

ABSTRACT

The prison population is highly vulnerable to sexually transmitted infections (STIs) due to factors such as overcrowding, poor sanitation conditions, and risky practices. In this context, rapid testing has become an essential strategy for early diagnosis and immediate treatment, as recommended by the National Plan to Combat STIs in the Prison System. The objective of this study was to describe the daily experience of prison health staff in conducting rapid testing for HIV, syphilis, and viral hepatitis, highlighting the workflow, strategies used, and challenges faced. This is a descriptive experience report based on the care routine of a multidisciplinary primary care team in prisons in Alagoas, with direct observation, medical records, and discussions in internal meetings. Rapid testing is performed continuously, with pre- and post-test counseling, guaranteed confidentiality, and the adoption of biosafety measures. In addition to early case detection, the practice integrates educational initiatives aimed at prevention and stigma reduction. Challenges include initial resistance from some inmates, resource constraints, and the need for coordination with prison management and the external health network. The conclusion is that the systematic incorporation of rapid testing into routine care is a strategic tool for combating STIs in the prison system, contributing to health equity and fulfilling the constitutional right to comprehensive care.

Keywords: Prison Health. Rapid Testing. Sexually Transmitted Infections. Primary Care. Penitentiary System.

¹ Dr. in Biotechnology in Health. Universidade Federal de Alagoas (UFAL).

² Medical Student. Centro Universitário de Maceió (UNIMA).

³ Medical Student. Centro Universitário de Maceió (UNIMA).

⁴ Post-graduate in Health Planning and Management. DNA Pós-graduação.

⁵ Postgraduate in Public Security Management. Secretaria Nacional de Segurança Pública.

⁶ Postgraduate in Public Security Management. Secretaria Nacional de Segurança Pública.

⁷ Post-graduate degree in Urgency and Emergency. Centro de Ensino e Pesquisa em Emergências Médicas (CEPEM).

⁸ Postgraduate Nursing in Pediatrics and Pediatric and Neonatal ICU. Estácio.

RESUMO

A população privada de liberdade apresenta alta vulnerabilidade às infecções sexualmente transmissíveis (IST), devido a fatores como superlotação, condições sanitárias precárias e práticas de risco. Nesse contexto, a testagem rápida se consolida como estratégia essencial no diagnóstico precoce e tratamento imediato, conforme preconiza o Plano Nacional de Enfrentamento das IST no Sistema Prisional. O objetivo desse estudo foi descrever a experiência cotidiana da equipe de saúde prisional na realização de testagem rápida para HIV, sífilis e hepatites virais, destacando o fluxo de trabalho, estratégias utilizadas e desafios enfrentados. Trata-se de um relato de experiência descritivo, baseado na rotina assistencial de uma equipe multiprofissional de atenção primária prisional em Alagoas, com observação direta, registros em prontuário e discussão em reuniões internas. A testagem rápida é realizada de forma contínua, com aconselhamento pré e pós-teste, garantia de sigilo e adoção de medidas de biossegurança. Além da detecção precoce de casos, a prática integra ações educativas voltadas à prevenção e redução do estigma. Desafios incluem resistência inicial de alguns internos, limitações de recursos e necessidade de articulação com a gestão prisional e rede externa de saúde. Conclui-se que a incorporação sistemática da testagem rápida na rotina assistencial é ferramenta estratégica para o enfrentamento das IST no sistema prisional, contribuindo para a equidade em saúde e para o cumprimento do direito constitucional à atenção integral.

Palavras-chave: Saúde Prisional. Testagem Rápida. Infecções Sexualmente Transmissíveis. Atenção Primária. Sistema Penitenciário.

RESUMEN

La población carcelaria es altamente vulnerable a las infecciones de transmisión sexual (ITS) debido a factores como el hacinamiento, las malas condiciones sanitarias y las prácticas de riesgo. En este contexto, las pruebas rápidas se han convertido en una estrategia esencial para el diagnóstico precoz y el tratamiento inmediato, según lo recomendado por el Plan Nacional de Combate a las ITS en el Sistema Penitenciario. El objetivo de este estudio fue describir la experiencia diaria del personal de salud penitenciario en la realización de pruebas rápidas de VIH, sífilis y hepatitis viral, destacando el flujo de trabajo, las estrategias utilizadas y los desafíos enfrentados. Este es un informe descriptivo de experiencia basado en la rutina de atención de un equipo multidisciplinario de atención primaria en prisiones de Alagoas, con observación directa, historiales médicos y discusiones en reuniones internas. Las pruebas rápidas se realizan de forma continua, con asesoramiento pre y post-prueba, confidencialidad garantizada y la adopción de medidas de bioseguridad. Además de la detección temprana de casos, la práctica integra iniciativas educativas dirigidas a la prevención y la reducción del estigma. Los desafíos incluyen la resistencia inicial de algunos reclusos, la escasez de recursos y la necesidad de coordinación con la administración penitenciaria y la red de salud externa. La conclusión es que la incorporación sistemática de pruebas rápidas en la atención rutinaria es una herramienta estratégica para combatir las ITS en el sistema penitenciario, contribuyendo a la equidad en salud y cumpliendo el derecho constitucional a la atención integral.

Palabras clave: Salud Penitenciaria. Pruebas Rápidas. Infecciones de Transmisión Sexual. Atención Primaria. Sistema Penitenciario.

1 INTRODUCTION

The population deprived of liberty is a historically vulnerable social group, marked by social and economic inequalities and access to fundamental rights, including health (Oliveira *et al.*, 2022). In the prison context, factors such as overcrowding, precarious sanitary conditions, unprotected sexual practices, and sharing of piercing and cutting instruments create a favorable scenario for the spread of sexually transmitted infections (STIs) (Brasil, 2010). The World Health Organization (WHO) and the Ministry of Health recognize that this population has significantly higher prevalences of HIV, syphilis and viral hepatitis compared to the general population, which requires specific and continuous public policies (Brasil, 2014).

The guarantee of the right to health, provided for in the Federal Constitution of 1988 and in the Penal Execution Law (Law No. 7,210/1984), extends to people deprived of liberty, ensuring comprehensive care through the Unified Health System (SUS). In this sense, STI prevention, diagnosis, and treatment actions in the prison environment are fundamental for the promotion of individual and collective health. Rapid testing, as an early detection strategy, plays an essential role in breaking the chain of transmission, enabling immediate treatment, and reducing associated clinical complications (Leite *et al.*, 2022).

The National Plan to Combat STIs in the Prison System, instituted by the Ministry of Health, was created with the objective of intensifying health actions aimed at this public, considering their specificities and needs (Brasil, 2010). Among the plan's guidelines is the expansion of access to rapid tests, which offer results in a few minutes, dispensing with a complex laboratory structure and allowing immediate interventions. This policy is an integral part of Brazil's commitment to the global goals established by the WHO for the control of STIs by 2030.

Rapid testing has logistical and strategic advantages in the prison environment. In addition to the speed of diagnosis, its application requires only basic training for the executing team and can be carried out in adapted spaces within the units (Brasil, 2014). This operational simplicity is crucial in places where infrastructure is limited and the displacement of inmates to external services poses security challenges and additional costs for the State.

Another relevant aspect is the educational role that the action plays. By integrating lectures and conversation circles with testing, a moment of dialogue and awareness is created about prevention, condom use, and treatment adherence (Alves-da-Silva *et al.*,

2023). This humanized approach not only strengthens adherence to testing, but also contributes to reducing stigmas associated with STIs, encouraging self-care behaviors.

Despite its benefits, the implementation of rapid testing in the prison system faces significant challenges. Initial resistance on the part of inmates, often associated with fear of discrimination or lack of information, can compromise adherence (Alves-da-Silva *et al.*, 2023). Added to this is the need to guarantee confidentiality, an essential aspect for individuals to feel safe when participating in the action and receiving the result privately and respectfully.

From an organizational point of view, the integration between the prison health team and the unit's administration is decisive for the success of the action. Issues such as the release of physical space, security during care, and the flow for referring positive cases need to be planned jointly (Bartos, 2023; Brazil, 2010). Articulation with the external health network, especially for confirmatory tests and specialized follow-up, is also indispensable.

The positive impact of rapid testing goes beyond individual diagnosis. By identifying cases early, it is possible to interrupt the transmission of STIs inside and outside the prison environment, since the population deprived of liberty maintains ties with the community through visits and, later, through social reintegration (Dourado, Alves, 2019; Leite *et al.*, 2022). Therefore, investing in this strategy also means promoting public health more broadly.

On the global stage, the approach to rapid testing in prisons is recognized as cost-effective and aligned with the principles of social justice and equity. Countries that have implemented similar policies have observed an increase in the early detection of cases and a reduction in transmission rates, reinforcing the importance of this practice as a State policy (Leite *et al.*, 2022; Alves-da-Silva *et al.*, 2023). In Brazil, initiatives of this type still vary between states and depend on resources and continuous training of the teams.

Finally, this experience is part of the national effort to expand the coverage of rapid testing in the prison system, in line with the goals of the National Plan to Combat STIs. By reporting the process, the challenges and the perceptions of the team involved, it seeks to contribute to the improvement of health strategies in the penitentiary system, reinforcing the need for integrated and permanent actions that ensure the right to health for all, regardless of the condition of freedom (Brasil, 2014).

Thus, the objective of this study was to describe the daily experience of the prison health team in carrying out rapid testing for sexually transmitted infections (HIV, syphilis and viral hepatitis) in the context of the National Plan to Combat STIs in the Prison System,

highlighting the workflow, the strategies used and the challenges faced in the care of the population deprived of liberty.

2 METHODOLOGY

This is a descriptive experience report, elaborated from the daily experience of the health team in the Prison System of Alagoas, in the context of the actions recommended by the National Plan to Combat Sexually Transmitted Infections (STIs) in the Prison System.

The work is developed continuously, integrating doctors, nurses, nursing technicians and other professionals from the multiprofessional team linked to prison primary care. Activities include rapid testing for HIV, syphilis and viral hepatitis during routine care, periodic screenings and in situations of spontaneous demand.

Data collection for this report occurred from direct observation of care practices, records in medical records and discussion in internal team meetings. The process follows protocols standardized by the Ministry of Health, including pre- and post-test counseling, confidentiality assurance, biosafety measures and referral of reagent cases for diagnostic confirmation and immediate start of treatment.

In addition to the technical execution, the work involves educational actions in health, carried out individually or in small groups, addressing forms of prevention, adherence to treatment and reduction of stigma. The experience described here results from the sum of care procedures, workflows and interactions with the population deprived of liberty throughout the team's routine.

3 EXPERIENCE REPORT

The work routine in the prison system requires meticulous organization to meet the health demands of the population deprived of liberty. Inserted in this context, the health team develops rapid testing for sexually transmitted infections (HIV, syphilis and viral hepatitis) on a daily basis, in accordance with the guidelines of the National Plan to Combat STIs. The service is carried out in an integrated manner with prison primary care, ensuring continuous screening and a preventive approach.

The process begins with the screening of inmates and by spontaneous demand. During the reception, data on health history, risk behaviors and symptoms suggestive of STI are collected. This step is essential to direct testing and identify cases that need priority

monitoring, without leaving aside the expanded testing policy and the principle of universality in care.

Rapid tests are applied according to Ministry of Health protocols, using validated kits with a strictly controlled expiration date. The procedure is carried out in a reserved space, ensuring privacy and confidentiality, essential aspects to avoid embarrassment and discrimination. Before collection, the team conducts pre-test counseling, explaining the importance of early detection, the meaning of the results, and the confidentiality of the information.

The technical execution of the test involves biosafety measures, such as the use of Personal Protective Equipment (PPE), correct disposal of piercing and cutting materials and proper hygiene. Capillary blood collection is quick and painless, allowing the result to be available in a few minutes. This facilitates the immediate taking of conducts, especially in reactive cases, in which the rapid initiation of treatment is indicated.

After reading the test, the professional in charge communicates the result individually and confidentially, following with post-test counseling. In non-reactive cases, guidelines on prevention and safe behavior are reinforced. In reactive results, the next steps are explained, including diagnostic confirmation and start of treatment, always with a welcoming approach to reduce emotional impact.

The information is recorded in the inmate's individual medical record and also in health information systems, according to the requirements of epidemiological surveillance, making notification in case of a positive test. These data feed indicators that allow the assessment of the incidence and prevalence of STIs in the prison environment, helping in the planning of preventive actions and in the allocation of resources.

Rapid testing in the prison routine is also an opportunity for educational actions. During the consultations, the team provides guidance on the use of condoms, risk reduction and combating the stigma associated with STIs. These conversations are adapted to the reality and level of understanding of the inmates, respecting cultural and educational differences present in the group.

One of the challenges faced is the initial resistance of some inmates to perform the test, often for fear of diagnosis or prejudice. In these cases, the relationship of trust built by the team over time is essential to promote adherence. Daily experience shows that multiprofessional teamwork is crucial for the success of testing.

It should be noted that the multiprofessional health team acts in an integrated manner, articulating its functions to ensure humanized and problem-solving care. Collaboration with prison management is also essential to enable logistics and security during care. Over time, the constant practice of rapid testing has contributed to the early detection of cases, interruption of the chain of transmission and promotion of health among people deprived of liberty. More than a technical activity, it is an ethical and social commitment, reaffirming the right to health and human dignity of this population. This experience reinforces the importance of continuous and qualified care in the prison system.

4 FINAL CONSIDERATIONS

The daily experience of the prison health team shows that rapid testing, when systematically incorporated into the care routine, is a strategic and effective tool in coping with STIs in the prison system. The application of the protocols of the National Plan to Combat STIs allows not only the early detection of cases, but also the immediate start of treatment, contributing to the interruption of the chain of transmission and the improvement of the quality of life of people deprived of liberty.

The continuous work reinforces the importance of integrated actions between health professionals, prison management and public policies, ensuring that the constitutional right to health is effectively fulfilled even in contexts of deprivation of liberty. Practice also demonstrates that rapid testing goes beyond a technical procedure: it is an opportunity for health education, strengthening the bond with the population served, and reducing the stigma associated with STIs.

Finally, this experience confirms that health care in the prison system must be guided by comprehensiveness, humanization and equity, recognizing the particularities and vulnerabilities of this population. Rapid testing, within a structured and permanent plan, is an essential pillar in the control of STIs and in the promotion of health in the prison environment.

REFERENCES

- Alves-da-Silva, C. R., & et al. (2023). Testagem rápida de infecções sexualmente transmissíveis entre travestis e mulheres transexuais em situação de prisão na Região Metropolitana do Rio de Janeiro, Brasil. *Revista Brasileira de Epidemiologia*, 26, e230058. <https://doi.org/10.1590/1980-549720230058>
- Bartos, M. S. H. (2023). Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional: Uma reflexão sob a ótica da intersetorialidade.

Ciência & Saúde Coletiva, 28(4), 1131–1138. <https://doi.org/10.1590/1413-81232023284.11312023>

Brasil, Ministério da Saúde, Secretaria de Atenção em Saúde, Departamento de Ações Programáticas Estratégicas. (2010). Legislação em saúde no sistema penitenciário. https://bvsms.saude.gov.br/bvs/publicacoes/legislacao_saude_sistema_penitenciario.pdf

Brasil, Ministério da Saúde. (2014). Portaria Interministerial MS/MJ nº 1, de 2 de janeiro de 2014. Institui a Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP) no âmbito do Sistema Único de Saúde. <https://central3.to.gov.br/arquivo/370304/>

Dourado, J. L. G., & Alves, R. S. F. (n.d.). Panorama de la salud del hombre preso: Dificultades de acceso a la atención de salud. Boletim Academia Paulista de Psicologia, 39(96), 47–57. <https://pepsic.bvsalud.org/pdf/bapp/v39n96/v39n96a06.pdf>

Leite, A. G. S., & et al. (2022). Testes rápidos de HIV, sífilis e hepatites crônicas na população carcerária em um complexo penitenciário de Salvador (BA), Brasil. Ciência & Saúde Coletiva, 27(12), 4467–4474. <https://doi.org/10.1590/1413-812320222712.44672022>

Oliveira, T. P., & et al. (2022). Infecções sexualmente transmissíveis em homens no sistema prisional: Revisão integrativa. Revista Baiana de Enfermagem, 36, e38071. <https://doi.org/10.18471/rbe.v36.38071>