2024

Syndemics Surveillance Report Wisconsin Department of Corrections

Epidemiologic Summary of Hepatitis B, Hepatitis C, Human Immunodeficiency Virus, and Sexually Transmitted Infections Diagnosed in the Wisconsin Department of Corrections

P-03765A (02/2026)

WISCONSIN DEPARTMENT of HEALTH SERVICES

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Introduction

The Wisconsin Department of Health Services (DHS) and the Wisconsin Department of Corrections (DOC) have a longstanding collaborative partnership to screen justice-involved people in DOC custody for a number of communicable diseases, including: hepatitis B, hepatitis C, human immunodeficiency virus (HIV), chlamydia, gonorrhea, syphilis, and tuberculosis (TB). DOC supervises more than 23,000 people across 37 adult and three juvenile correctional facilities throughout the state, with an average of 8,000 admissions per year.[1]

Many justice-involved people experience multiple risk factors for viral hepatitis, HIV, and sexually transmitted infections (STIs). Substance use is common among incarcerated people.[2,3] From 2015–2024, 29% of DOC admissions had an active drug offense at time of admission.[1] Mental illness, housing instability, and poverty are also disproportionately high among justice-involved people. These factors contribute to higher rates of communicable and chronic diseases among this population, which are further exacerbated by a lack of access to and engagement with medical care.[2,4]

In addition, there are substantial community-level effects of incarceration. Incarceration erodes family cohesion and neighborhood stability, as well as disrupts sexual relationships. Interruptions to intimate partner dynamics can lead to higher prevalence of concurrent partners and increased contact with higher-risk sexual partners in communities with low male-to-female ratios. This community destabilization due to mass incarceration is disproportionately experienced by Black communities.[2,5] In 2024, 39% of people in DOC custody were Black people.[6] Only 6% of Wisconsin's population is Black.[7]

Synergistic epidemics or syndemics describe a set of linked health problems combined with inequities in the social determinants of health which lead to a concentrated and excess burden of disease in a population.[8] The syndemics of incarceration, substance use, and social factors described above interact with infectious diseases and result in a higher prevalence of viral hepatitis, HIV, and STIs among justice-involved people than in the general population.[2,3] DOC recognizes the significant public health benefits of investing in testing, treatment, and vaccination which improves an inmate's individual health, minimizes the risk of disease transmission in the prison population, and reduces communicable disease transmission in the community upon release. Correctional health is community health.

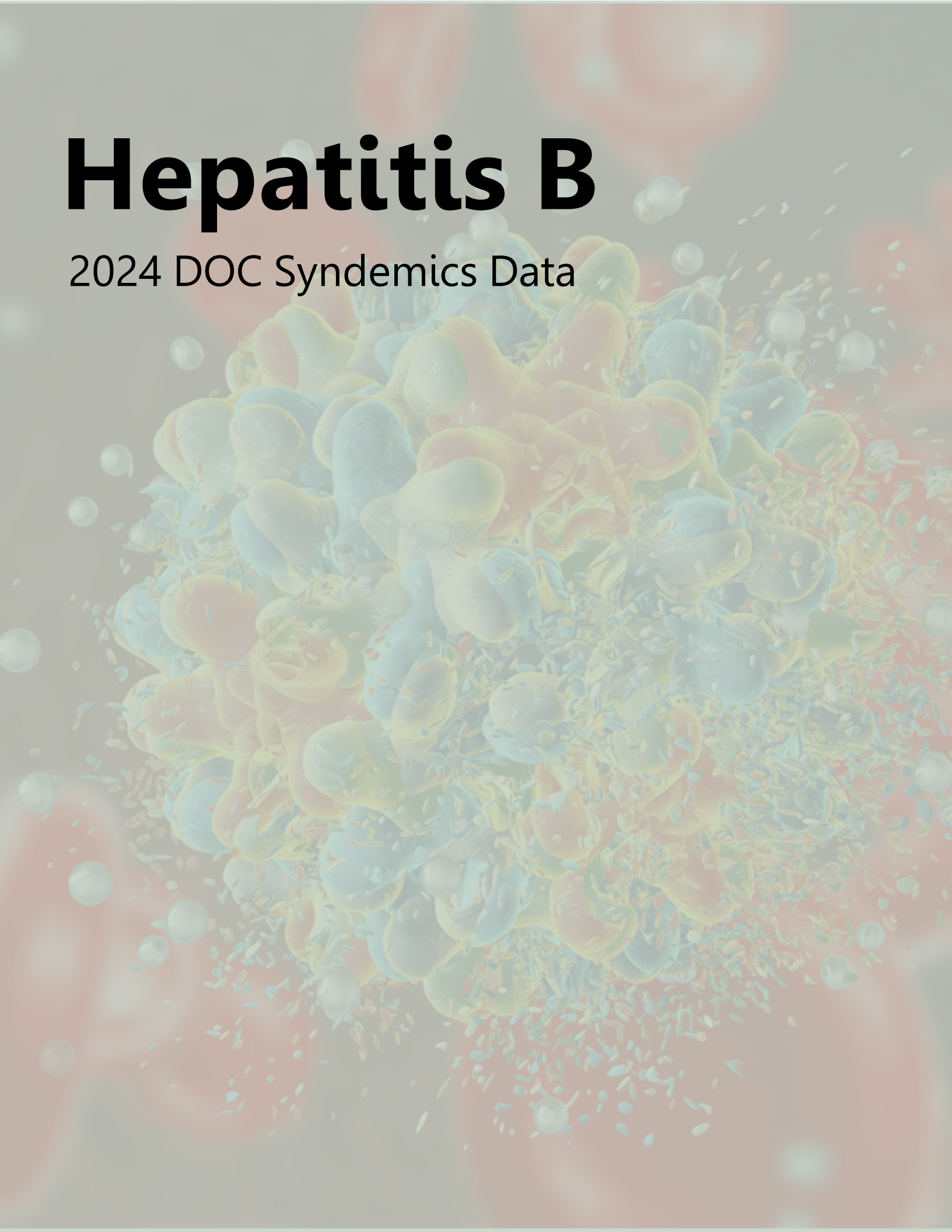
People entering state-run juvenile and adult correctional facilities are offered opt-out hepatitis B, hepatitis C, HIV, and syphilis testing at intake. All women are offered testing for chlamydia and gonorrhea. All men under 30 years old are offered testing for chlamydia and gonorrhea. Men 30 years and older are screened for chlamydia and gonorrhea if they have symptoms or request testing. DHS has an agreement with the Wisconsin State Lab of Hygiene which establishes fee-exempt testing for DOC.

Hepatitis B vaccine is offered to all individuals at intake and may be requested at any time while in DOC custody. DOC purchases vaccine with their own budget as well as receives some funding from DHS to purchase vaccine. DOC purchases discounted hepatitis C and HIV treatment through the 340B drug pricing program.

This report highlights the public health benefit to our communities of investing in the health of justice-involved people and summarizes epidemiologic findings from DOC testing, treatment, and vaccination efforts for hepatitis B, hepatitis C, HIV, chlamydia, gonorrhea, and syphilis.

Hepatitis B

2024 DOC Syndemics Data



Hepatitis B in Wisconsin DOC

2024 Key Takeaways

7 people diagnosed

More than half of people diagnosed were 20–39 years old

Hepatitis B diagnosis rate was highest among Asian people

An estimated 0.7% of the U.S. adult population has chronic hepatitis B infection. Among people incarcerated at state and federal correctional institutions, the estimated hepatitis B prevalence is 2.4%, nearly three times higher than the general population.[9]

DOC offers opt-out hepatitis B testing at intake. In 2024, a new hepatitis B screening algorithm was implemented, starting with a surface antibody test (HBsAb) to determine immunity status. In addition, hepatitis B vaccine is offered at intake and may be requested at any time while in DOC custody.

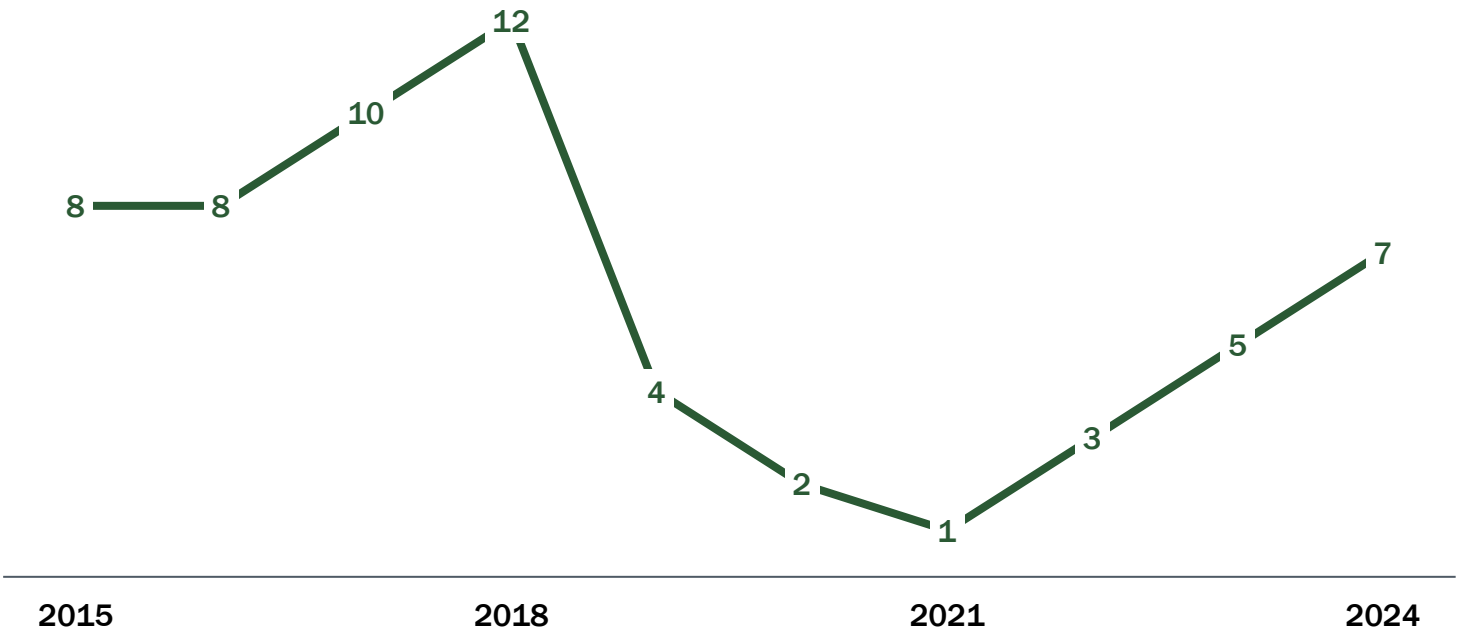
Starting in 2021, the Centers for Disease Control and Prevention (CDC) recommends all people in correctional facilities be screened at entry for hepatitis B, and all people who are susceptible to hepatitis B infection should be offered hepatitis B vaccine.

Diagnosis trends

FIGURE 1

From 2015–2024, 60 people were diagnosed with hepatitis B in Wisconsin DOC.

Number of people diagnosed with hepatitis B, DOC, 2015—2024

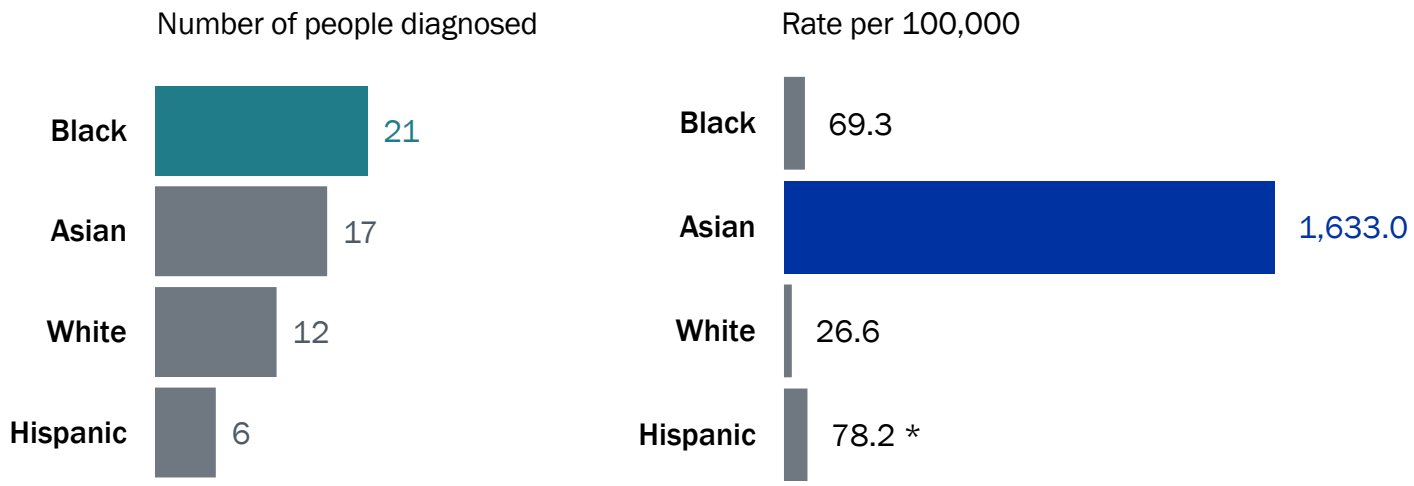


Demographics

FIGURE 2

From 2015–2024, most hepatitis B diagnoses were among Black people, but the diagnosis rate was highest among Asian people in Wisconsin DOC.

Number and rate of people diagnosed with hepatitis B by race and ethnicity, DOC, 2015—2024

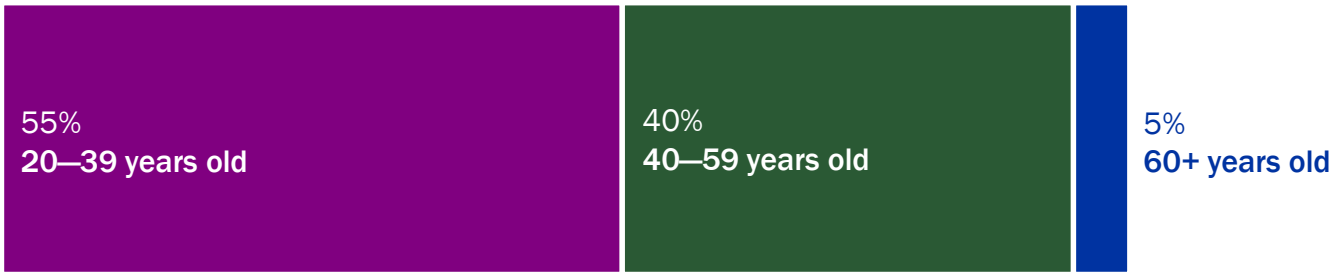


*Rates based on counts less than 12 should be interpreted with caution.

FIGURE 3

During the past 10 years, over half of hepatitis B diagnoses in Wisconsin DOC were among people 20–39 years old.

Percentage of people diagnosed with hepatitis B by age, DOC, 2015—2024



Limited vaccination data is available for most of the individuals included in the figure above. Starting in 1991, all infants were recommended to receive the hepatitis B vaccine. Of the 60 people diagnosed with hepatitis B at DOC from 2015–2024, only 7% were born in 1991 and later. Immunization histories for adults in the Wisconsin Immunization Registry (WIR) may be less complete than children and adolescents for vaccines that could have been received in childhood, such as hepatitis B. Vaccines received out of state and vaccines received prior to the implementation of WIR in 2000, may not be in the registry.

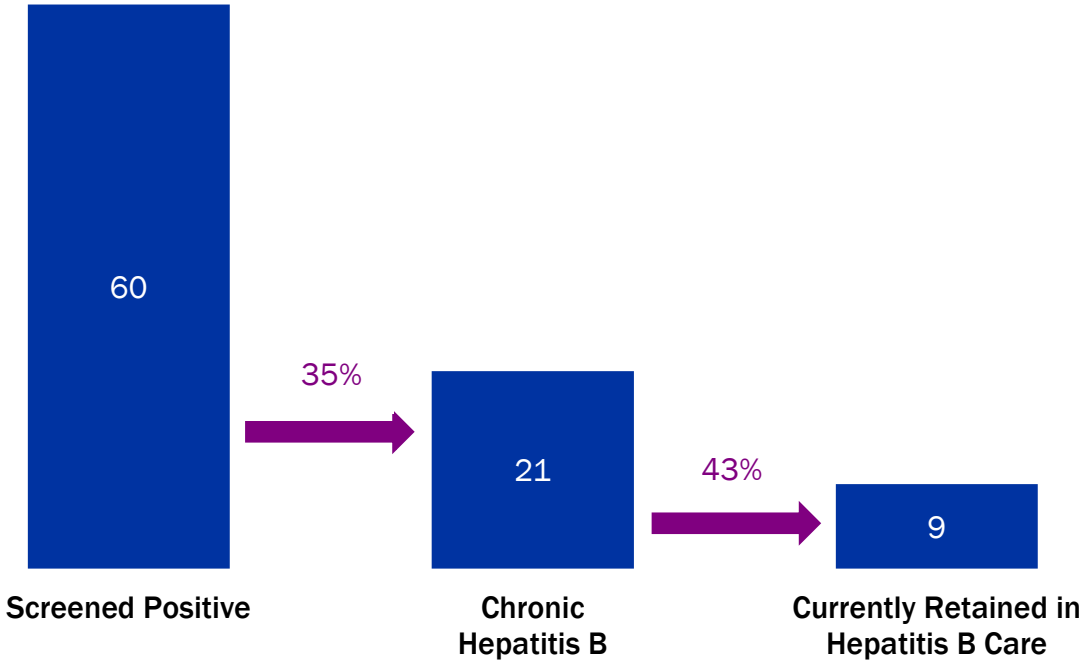
Hepatitis B continuum of care

The chronic hepatitis B continuum of care (CoC) is a way to demonstrate a standardized approach to measure hepatitis B care engagement and management based on laboratory reporting. The chronic hepatitis B CoC visualizes gaps in care, highlighting the need to improve access to and retention in specialized hepatitis B care management.

FIGURE 4

Less than half of people with chronic hepatitis B in Wisconsin DOC were retained in hepatitis B care.

People diagnosed with hepatitis B, DOC, 2015—2024



Measure	Definition
Screened positive	All individuals who have tested positive for hepatitis B virus (HBV) DNA, HBsAg, or HBV genotype from 01/01/2015–12/31/2024 and meet the acute confirmed, chronic probable, or chronic confirmed Council of State and Territorial Epidemiologists (CSTE) case definition and Alive through December 31, 2024.
Chronic hepatitis B	Laboratory data meets CSTE chronic hepatitis B confirmed case definition.
Currently retained in care	Hepatitis B testing occurring during the follow-up period of 7/01/2023–12/31/2024.

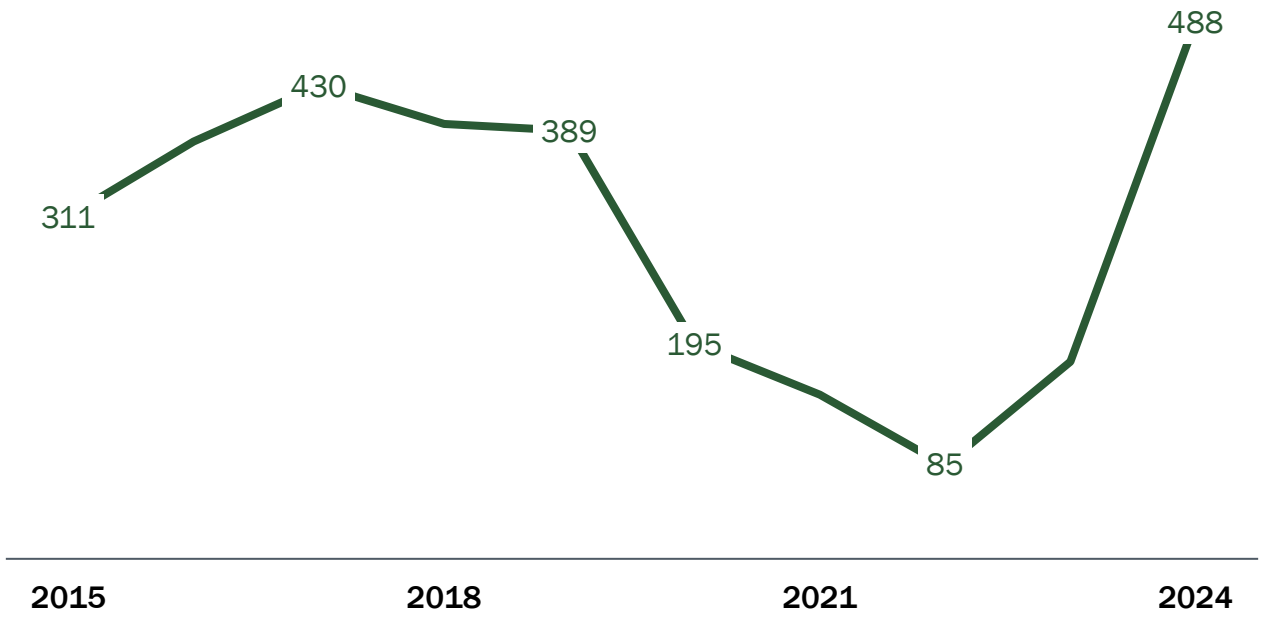
Vaccination

Despite being vaccine-preventable, DHS continues to manage and investigate hundreds of hepatitis B infections annually with prison and jail populations having higher rates of bloodborne infections, including hepatitis B. While there have been reductions in hepatitis B diagnoses over the past four decades due to routine childhood vaccination, immunization rates among adults have been suboptimal. The American Academy of Family Physicians recommends universal hepatitis B vaccination for all adults aged 19–59 years old to increase vaccination coverage and decrease incidence. At DOC, the hepatitis B vaccine is offered at intake and may be requested at any time while an inmate is in DOC custody.

FIGURE 5

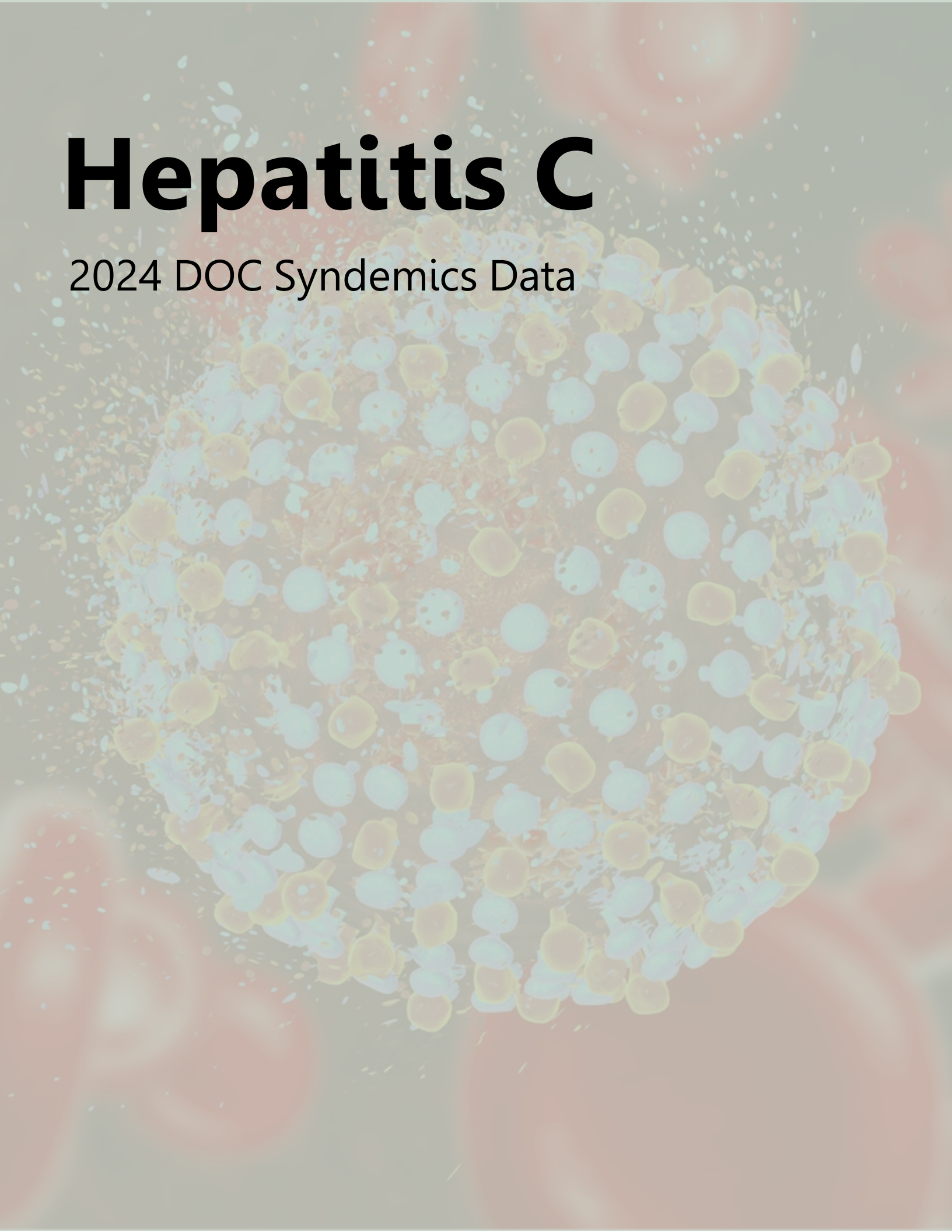
In 2024, 488 doses of hepatitis B vaccine were administered by DOC, the highest annual number of doses over the past 10 years.

Number of hepatitis B vaccine doses administered, DOC, 2015—2024



Hepatitis C

2024 DOC Syndemics Data



Hepatitis C in Wisconsin DOC

2024 Key Takeaways

96 people diagnosed

DOC diagnosed 9% of all new hepatitis C cases in the state

Most people diagnosed were under 40 years old

An estimated 1.0% of the U.S. adult population is actively infected with hepatitis C.[10] State prisons have an estimated mean prevalence of hepatitis C viremia at 8.7%, nearly nine times higher than the U.S. general population.[11]

Starting in October 2019, DOC transitioned from risk-based screening to opt-out hepatitis C testing for all people at intake.

In 2021, CDC published guidelines recommending all people in correctional facilities be screened for hepatitis C at intake.[3]

Diagnosis trends

FIGURE 6

In 2024, there were 96 people diagnosed with hepatitis C in Wisconsin DOC, the lowest number of diagnoses in the past 10 years.

Number of people diagnosed with hepatitis C, DOC, 2015—2024

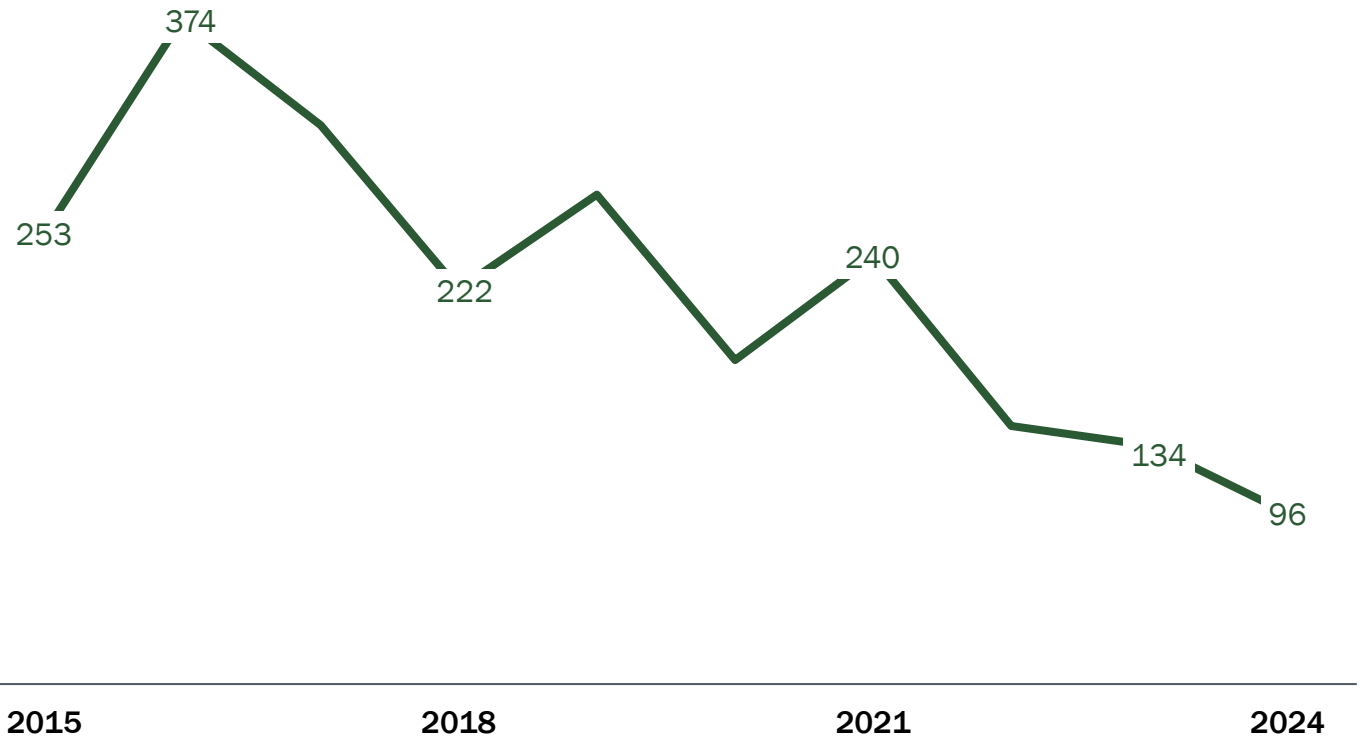
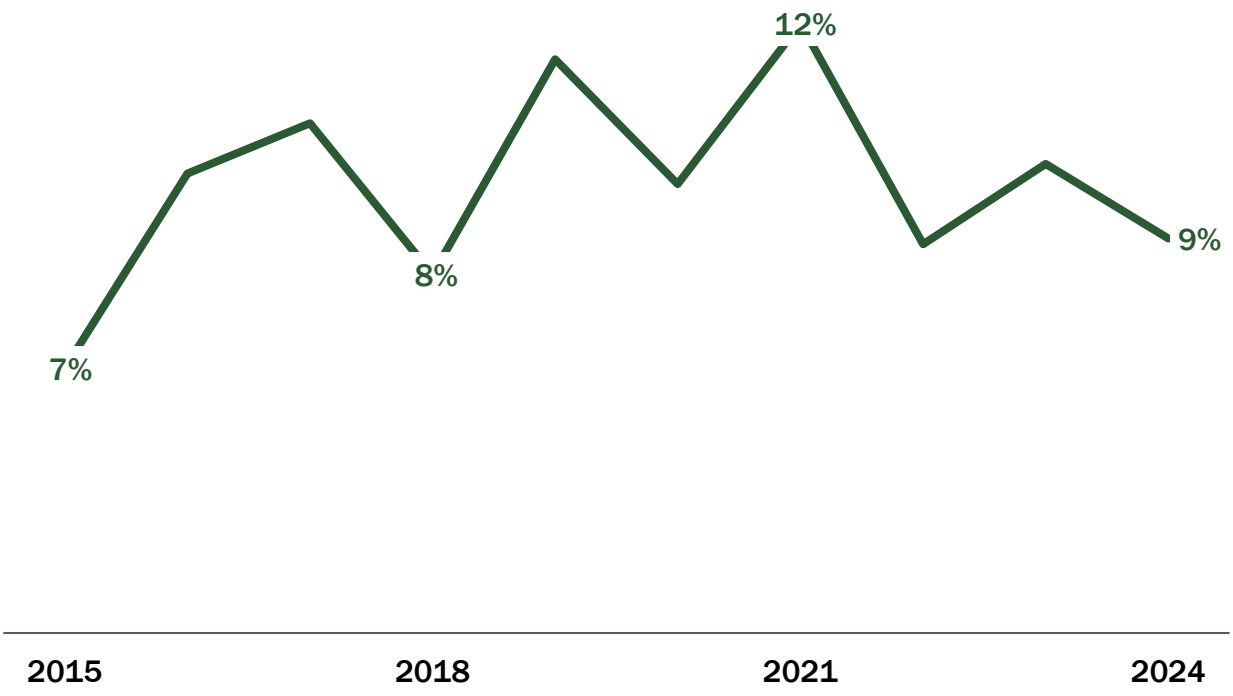


FIGURE 7

From 2015–2024, nearly one in 10 people diagnosed with hepatitis C in the state were diagnosed in Wisconsin DOC.

Percentage of hepatitis C diagnoses from DOC, Wisconsin, 2015—2024



Demographics

FIGURE 8

In 2024, Wisconsin DOC diagnosed more males with hepatitis C, but females had a higher diagnosis rate.

Number and rate of people diagnosed with hepatitis C by sex at birth, DOC, 2024

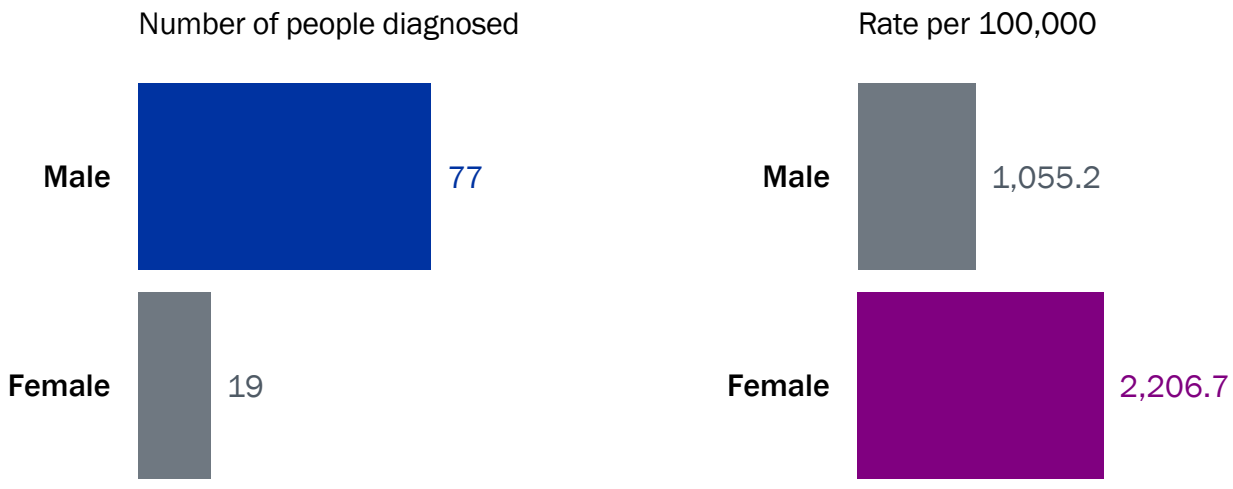
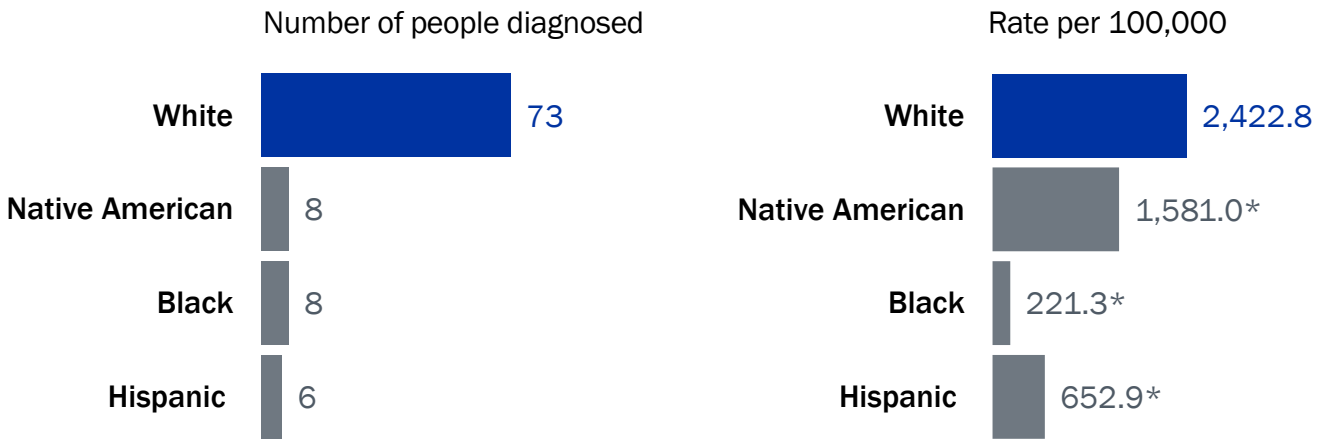


FIGURE 9

White people had the highest number and rate of hepatitis C diagnosis in Wisconsin DOC in 2024.

Number and rate of people diagnosed with hepatitis C by race and ethnicity, DOC, 2024

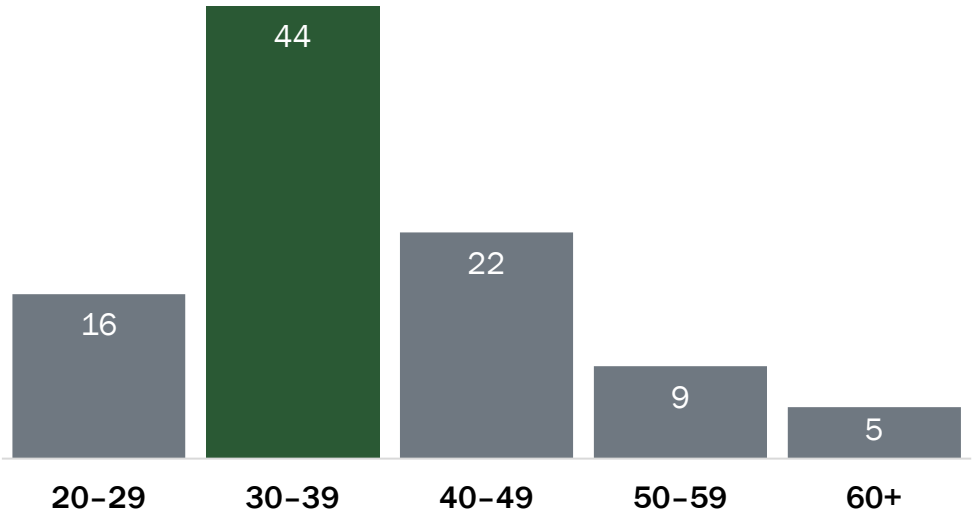


*Rates based on counts less than 12 should be interpreted with caution.

FIGURE 10

Almost half of people diagnosed with hepatitis C in Wisconsin DOC in 2024 were 30–39 years old.

Number of people diagnosed with hepatitis C by age (years), DOC, 2024



In 2024, 84% of women diagnosed with hepatitis C in Wisconsin DOC were women of reproductive age (15–44 years old). Women of reproductive age with hepatitis C are an important population to treat before they become pregnant as there are no hepatitis C treatments approved for use during pregnancy. About 6% of infants born to people living with hepatitis C will also acquire hepatitis C. The CDC recommends all pregnant people be screened for hepatitis C during each pregnancy.

Hepatitis C care cascade

The care cascade for people living with hepatitis C in Wisconsin DOC can be used to measure the impact of public health interventions and identify opportunities for improvement in hepatitis C testing, linkage to care, and treatment. Using laboratory data reported to the Wisconsin Electronic Disease Surveillance System (WEDSS), the cascade assesses rates of viral testing and hepatitis C cure or clearance among people diagnosed with hepatitis C starting in 2018, the first complete year of negative RNA reporting in Wisconsin. Figure 11 below is an underestimate of the true number of people treated for hepatitis C at DOC as not all individuals successfully treated for hepatitis C complete follow-up RNA testing. Currently, DHS does not receive prescription data on individuals treated for hepatitis C. An analysis of Wisconsin DOC administrative and electronic medical record (EMR) data from 2017–2022 found 68% of people with active hepatitis C infection initiated treatment while in DOC custody. Of those who initiated treatment, 89% completed their hepatitis C treatment regimen.

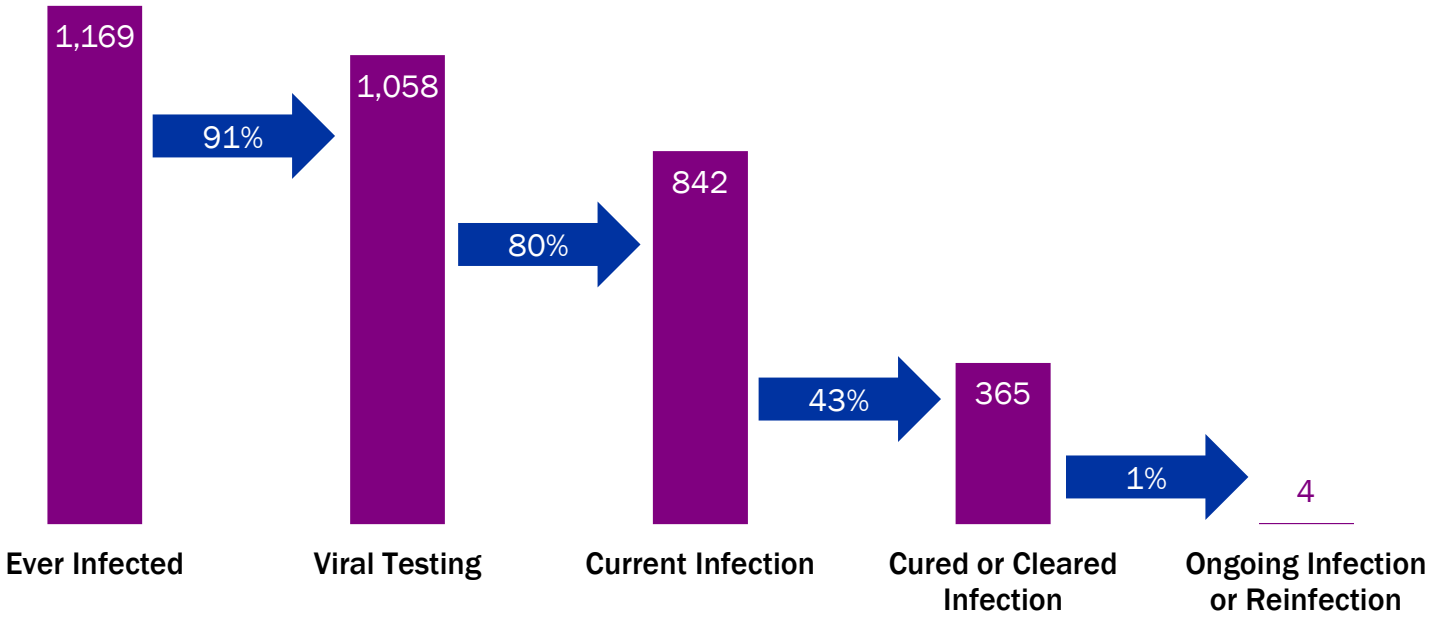
Key Takeaways

- Confirmatory viral testing is high (91%) among people identified as ever infected with hepatitis C in Wisconsin DOC. Viral testing is important to distinguish past infection that has been cured or cleared from current infection which requires linkage to care and treatment.
- Less than half (43%) of people with confirmed hepatitis C in Wisconsin DOC had laboratory evidence of cured or cleared infection. There are a number of reasons follow-up viral RNA testing is not completed or hepatitis C virus (HCV) is still detected during follow-up testing, which include: treatment failure, individual is transferred to another DOC facility during course of hepatitis C treatment, or an individual is released from DOC custody prior to treatment completion and/or coordination of follow-up testing in the community is unsuccessful.

FIGURE 11

In 2024, 43% of people living with hepatitis C in Wisconsin DOC had laboratory evidence of cured or cleared hepatitis C infection.

People ever infected with hepatitis C from 2018–2023 and laboratory testing data from 2018–2024, DOC



Hepatitis C care cascade definitions

Below are detailed descriptions and interpretations for each of the bars in Figure 11 on the previous page.

Ever Infected

There were 1,169 people ever infected with hepatitis C in DOC from 2018–2023 and alive as of December 31, 2024. Included are people with any positive or "detected" HCV test result (for example: antibody, RNA, or genotype test).

Viral Testing

Of the 1,169 people ever infected with hepatitis C, 1,058 (91%) had viral testing (RNA or genotype) performed as of December 31, 2024. A viral hepatitis C test determines whether or not an individual is currently infected with HCV.

Current Infection

Of the 1,058 people with viral testing, 842 (80%) had a "detected" hepatitis C viral test result, indicating current HCV infection.

Cured or Cleared Infection

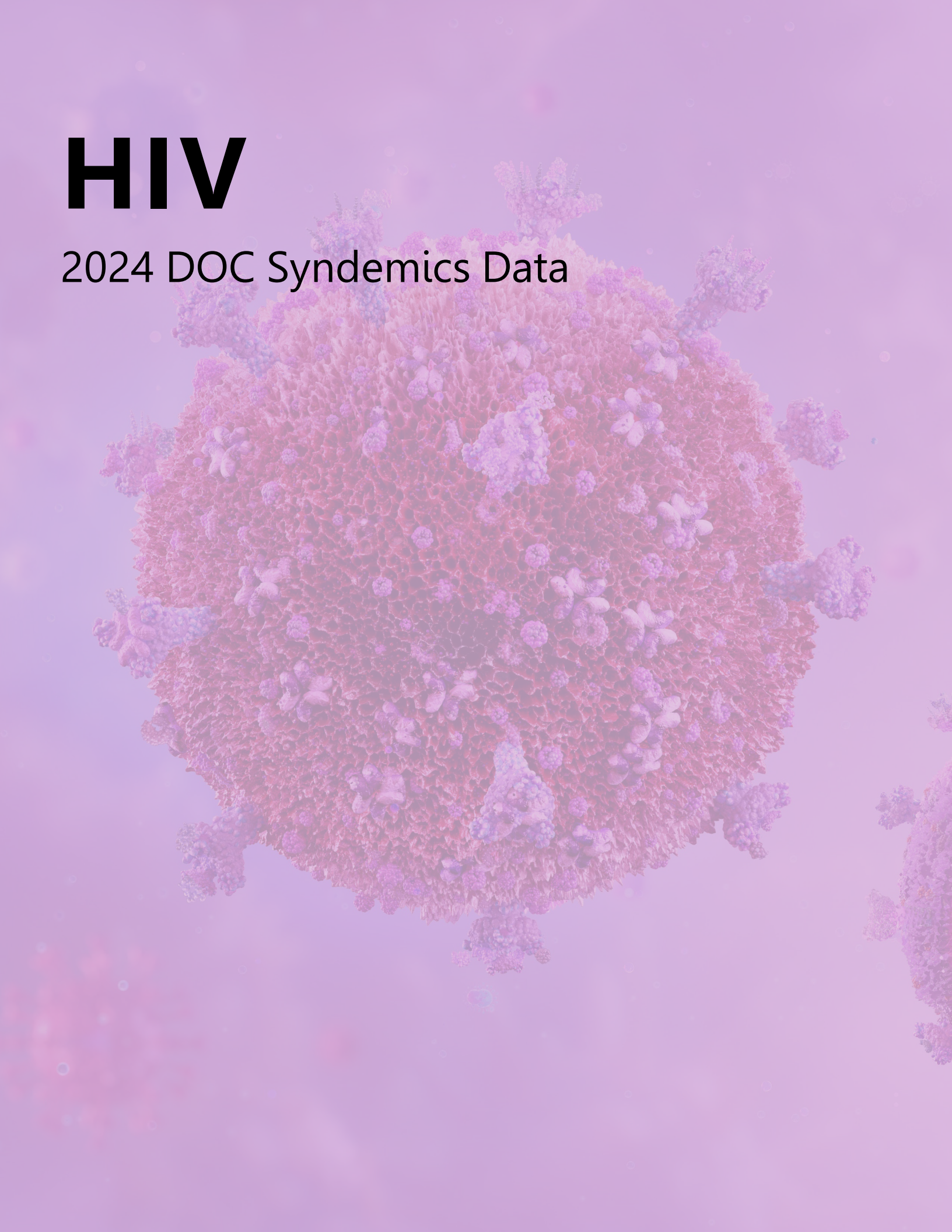
Of the 842 people with confirmed, current HCV infection, 365 (43%) had a subsequent hepatitis C viral test result of "not detected." The cascade is unable to distinguish between individuals who were cured of their HCV infection due to successful treatment response versus individuals who spontaneously cleared infection.

Ongoing Infection or Reinfection

Of the 365 people who had cured or cleared their HCV infection, 4 (1%) had a subsequent positive or "detected" hepatitis C viral test result. The cascade is unable to distinguish the reason for ongoing infection (for example, incomplete treatment, treatment failure, viral breakthrough) or reinfection.

HIV

2024 DOC Syndemics Data



HIV in Wisconsin DOC

2024 Key Takeaways

Two people newly diagnosed

White people had the highest number and rate of HIV diagnosis

Most people diagnosed were under 40 years old

An estimated 0.4% of the U.S. general population is living with HIV.[12] In state and federal correctional facilities the rate is three times higher with an estimated 1.1% of incarcerated people living with HIV.[13]

In this section, the number of new diagnoses represents individuals newly identified and diagnosed with HIV in Wisconsin DOC. People entering DOC custody who were diagnosed with HIV in the community prior to intake are not included.

DOC offers opt-out HIV testing to all people at intake, which aligns with current CDC recommendations.

Diagnosis trends

FIGURE 12

There were two people newly diagnosed with HIV in Wisconsin DOC in 2024.

Number of people newly diagnosed with HIV, DOC, 2015—2024

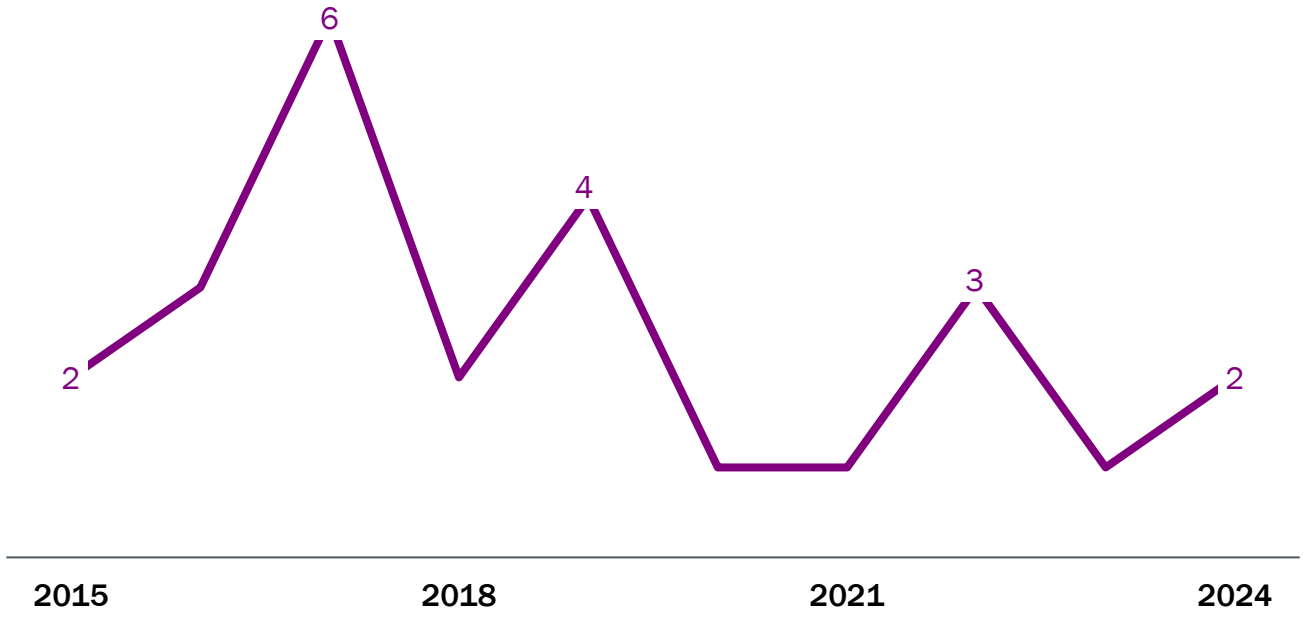
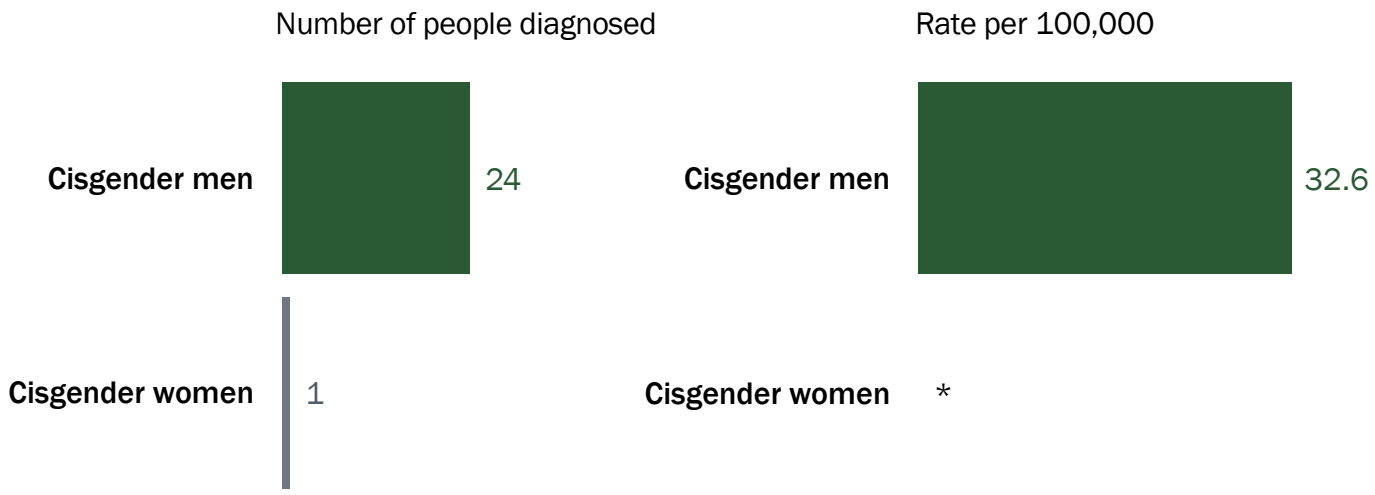


FIGURE 13

From 2015–2024, the number and rate of people diagnosed with HIV were highest among men in Wisconsin DOC.

Number and rate of people newly diagnosed with HIV by gender, DOC, 2015—2024



*Rates not shown for counts less than five.

FIGURE 14

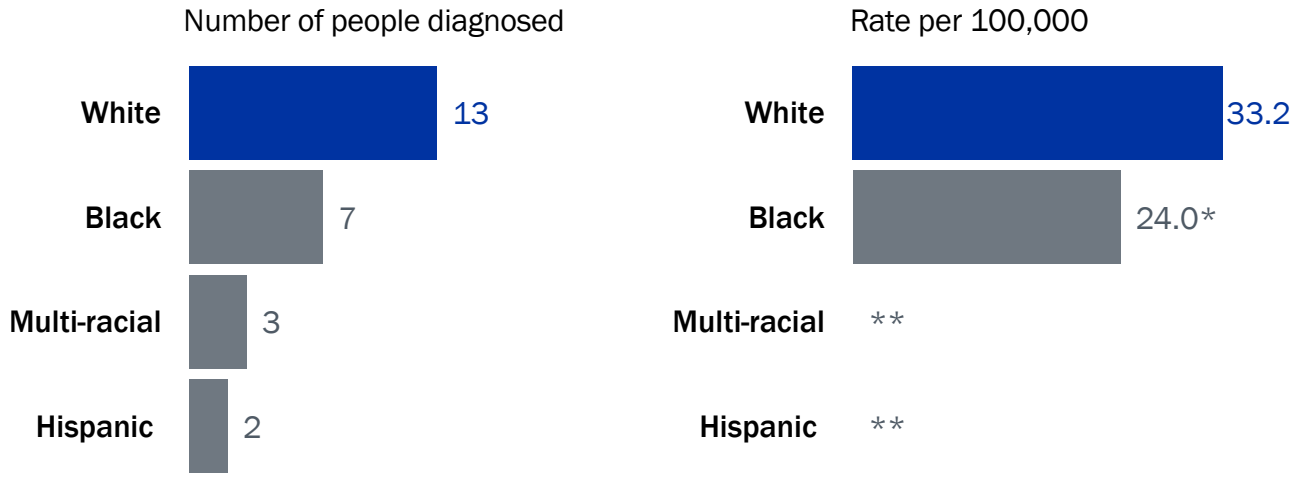
Most people diagnosed with HIV in Wisconsin DOC were under 40 years old.

Percentage of people newly diagnosed with HIV by age at diagnosis, DOC, 2015—2024

FIGURE 15

From 2015–2024, the number and rate of people diagnosed with HIV in Wisconsin DOC were highest among white people.

Number and rate of people newly diagnosed with HIV by race and ethnicity, DOC, 2015—2024



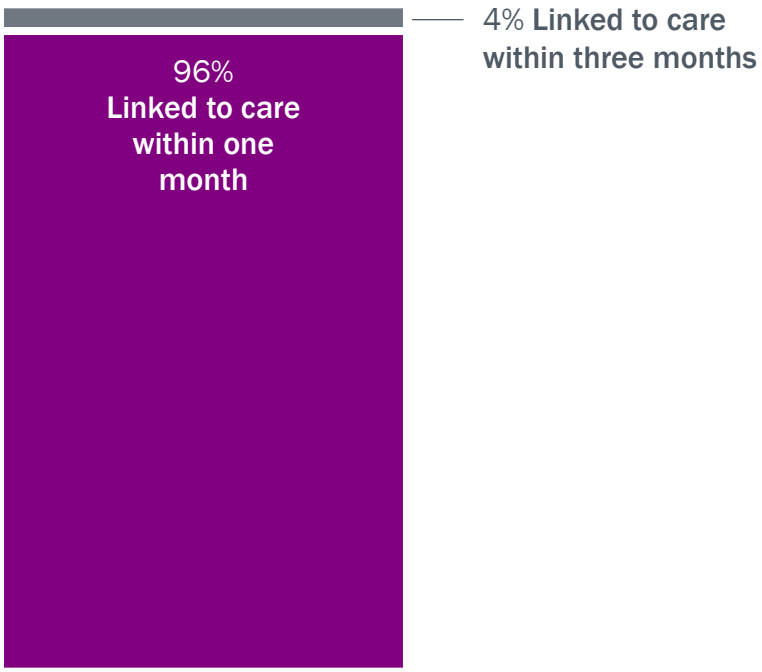
*Rates based on counts less than 12 should be interpreted with caution.

**Rates not shown for counts less than five.

FIGURE 16

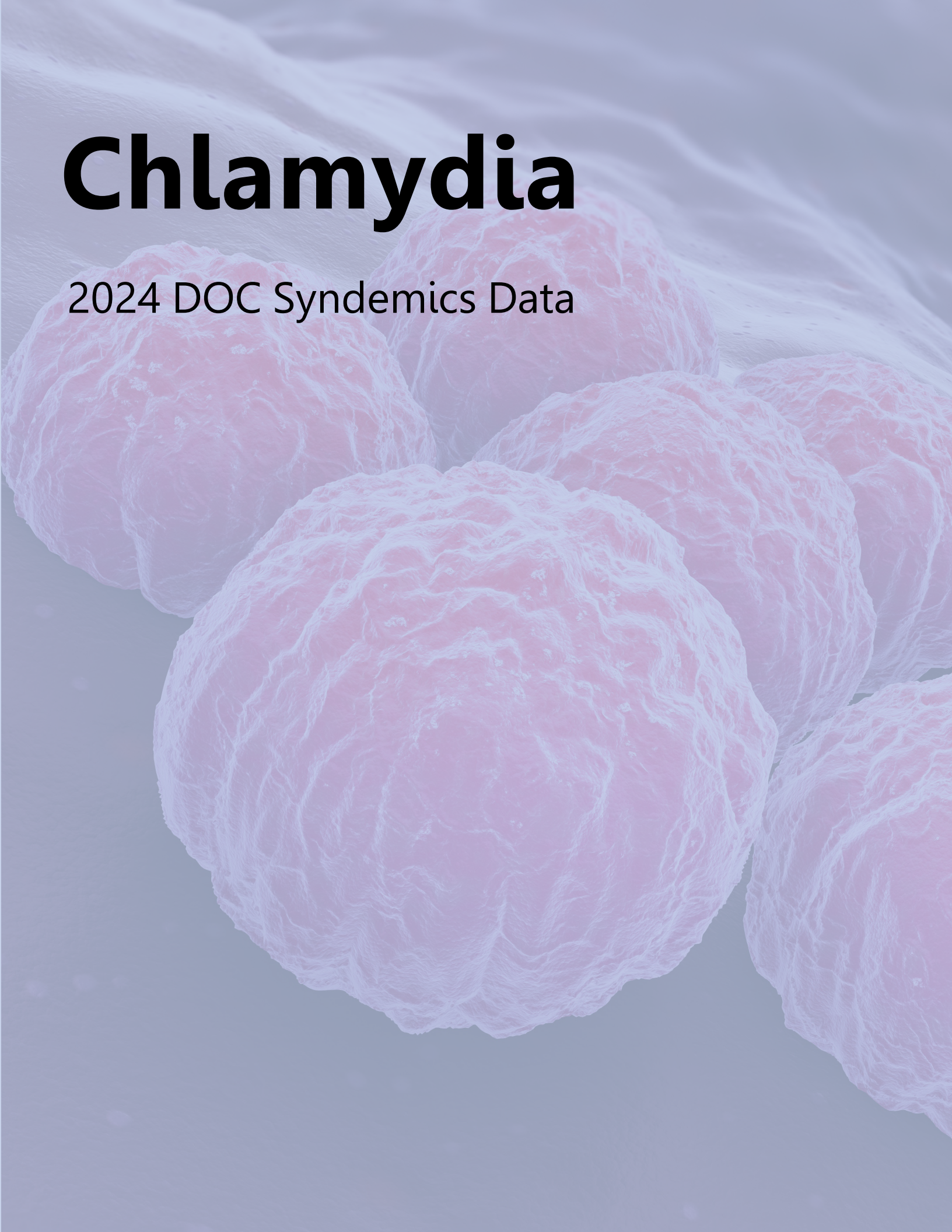
Over the past 10 years, nearly all people diagnosed with HIV in Wisconsin DOC were linked to care within one month of diagnosis.

Linkage to care outcomes among people newly diagnosed with HIV, DOC, 2015—2024



Chlamydia

2024 DOC Syndemics Data



Chlamydia in Wisconsin DOC

2024 Key Takeaways

174 people diagnosed

Black people had the highest diagnosis rate

67% of diagnoses were among people 20–29 years old

Rates of chlamydia are significantly higher among juveniles and adults in the correctional setting as compared to the general population.[14] In recent years, chlamydia diagnosis rates among people screened at intake in Wisconsin DOC were 4.5–5.5 times higher than the statewide rate.

DOC offers chlamydia testing to all women. All men under 30 years old are offered chlamydia testing. Men 30 years and older are tested for chlamydia if they have symptoms or request testing.

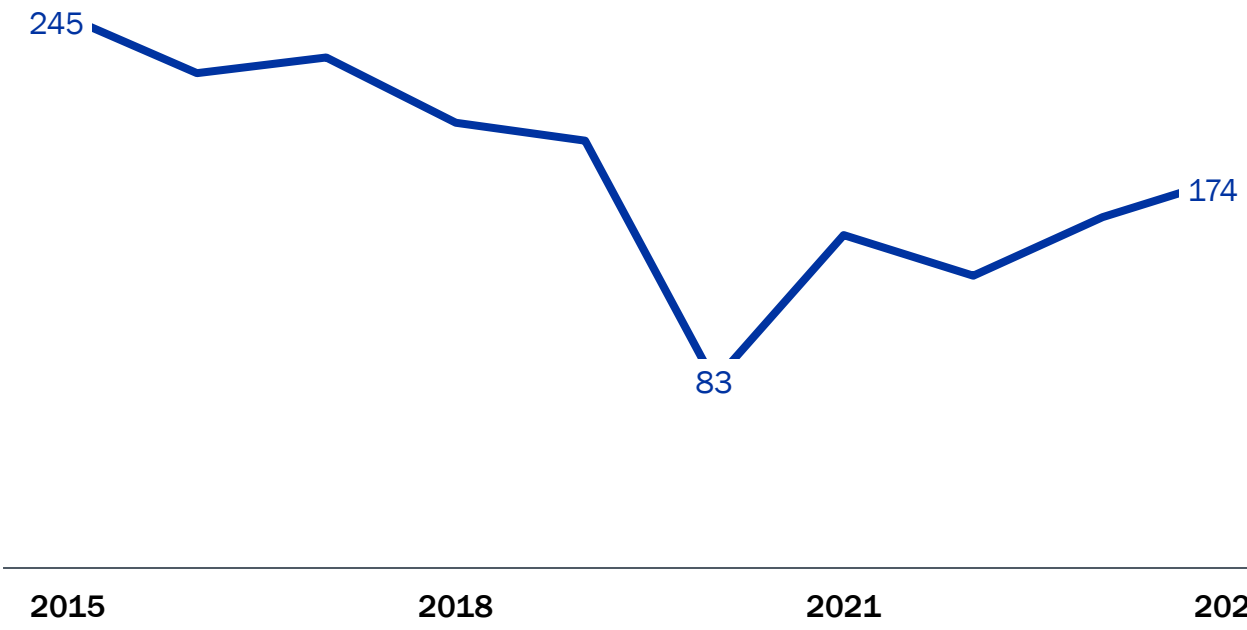
Since 2021, CDC has recommended opt-out chlamydia screening for women 35 years and younger and men 30 years and younger in correctional facilities, ideally conducted at intake.

Diagnosis trends

FIGURE 17

There were 174 people diagnosed with chlamydia in Wisconsin DOC in 2024.

Number of people diagnosed with chlamydia, DOC, 2015—2024

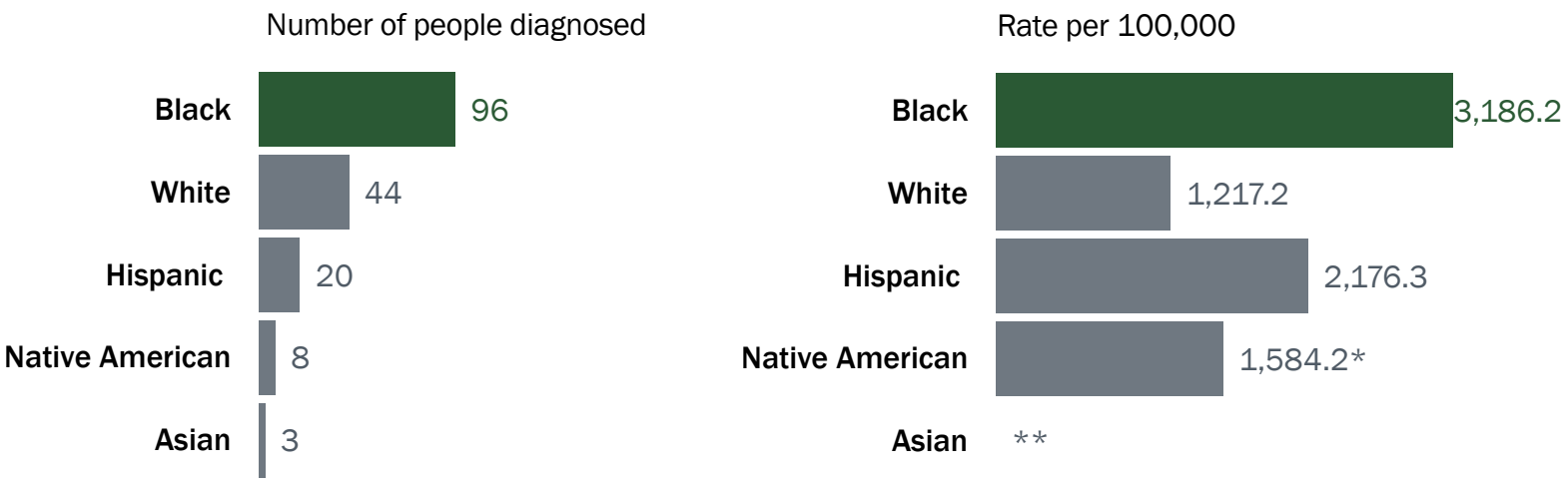


The exact incidence of chlamydia in Wisconsin correctional facilities is likely much higher than the case counts shown as only certain age groups are offered opt-out testing at intake. The sharp decrease in chlamydia diagnoses in 2020 (83 cases) should not be interpreted as a decrease in chlamydia occurrence; rather, it is likely a result of decreased testing due to the COVID-19 pandemic.

FIGURE 18

In 2024, the number and rate of chlamydia diagnoses were highest among Black people in Wisconsin DOC.

Number and rate of people diagnosed with chlamydia, DOC, 2024



*Rates based on counts less than 12 should be interpreted with caution.
**Rates not shown for counts less than five.

FIGURE 19

In 2024, most chlamydia diagnoses were among males, but the chlamydia diagnosis rate was highest among females in Wisconsin DOC.

Number and rate of people diagnosed with chlamydia by sex at birth, DOC, 2024

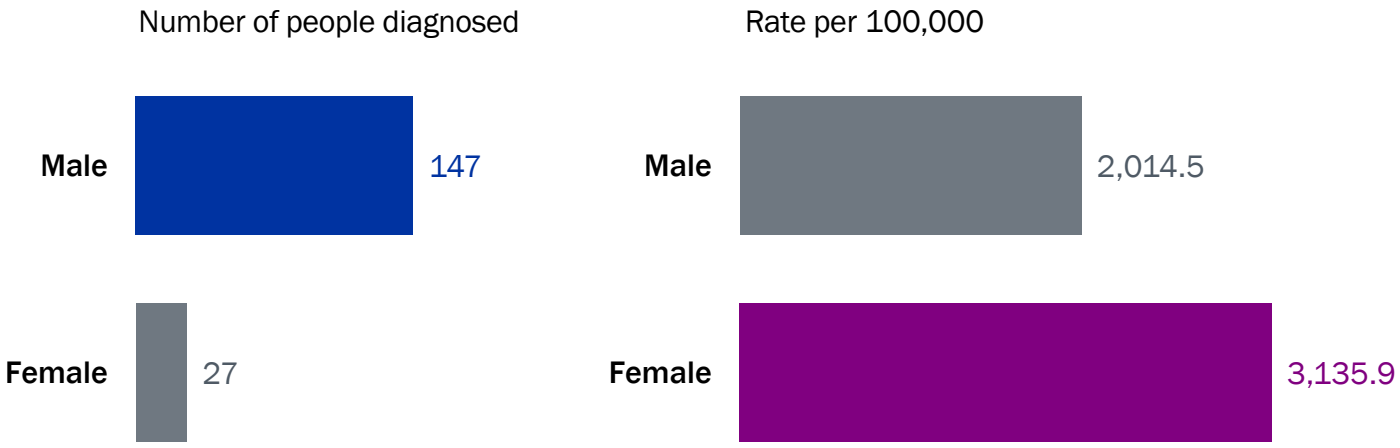


FIGURE 20

Two in three people diagnosed with chlamydia in 2024 in Wisconsin DOC were 20–29 years old.

Number of people diagnosed with chlamydia by age (years), DOC, 2024

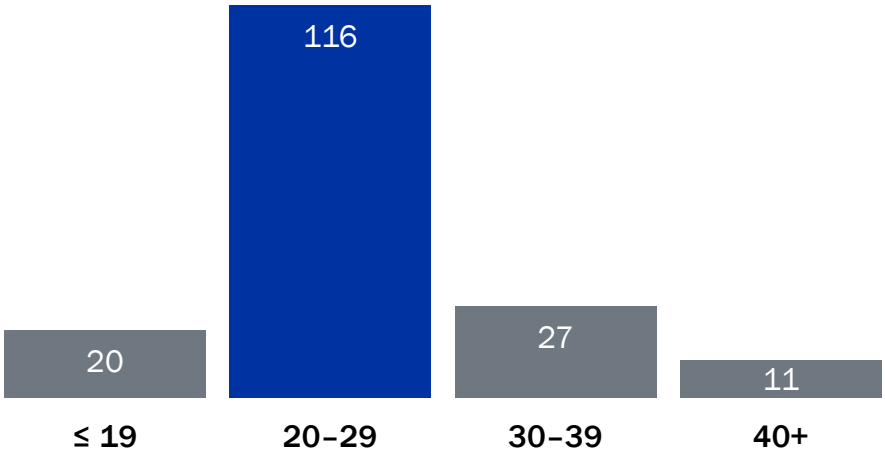
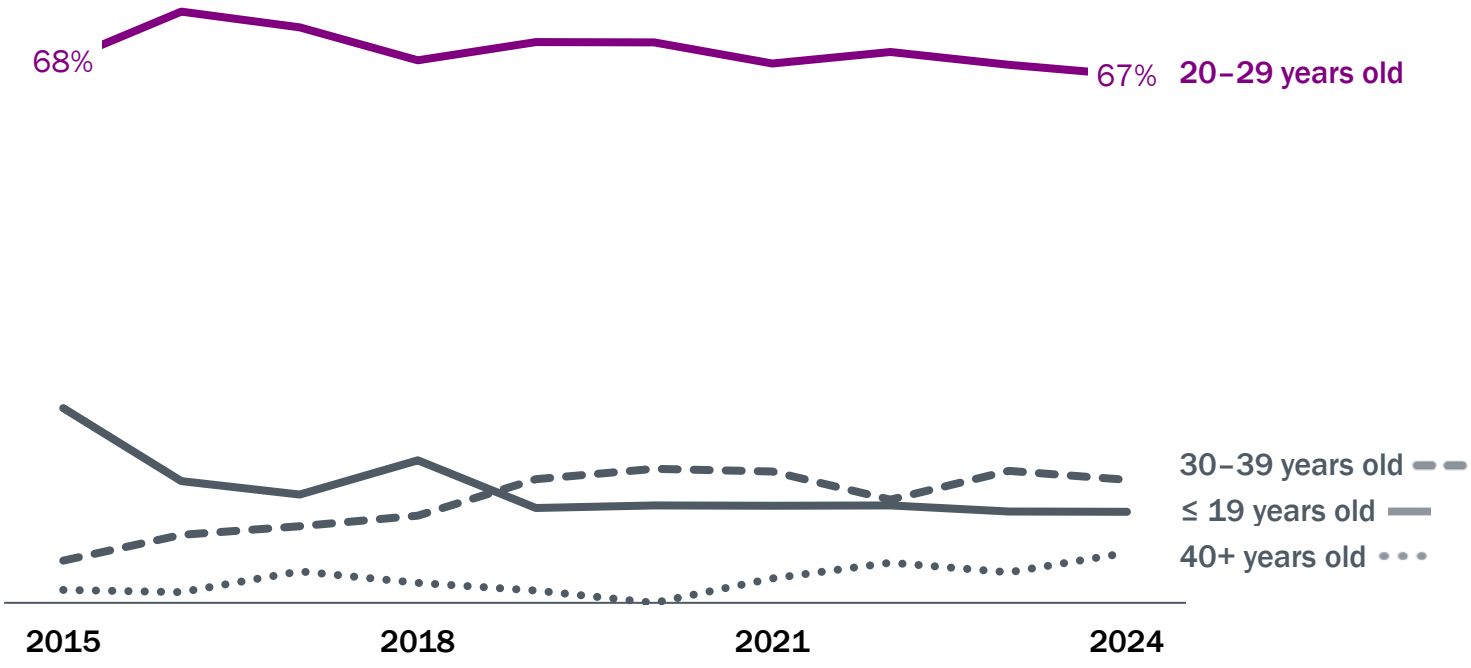


FIGURE 21

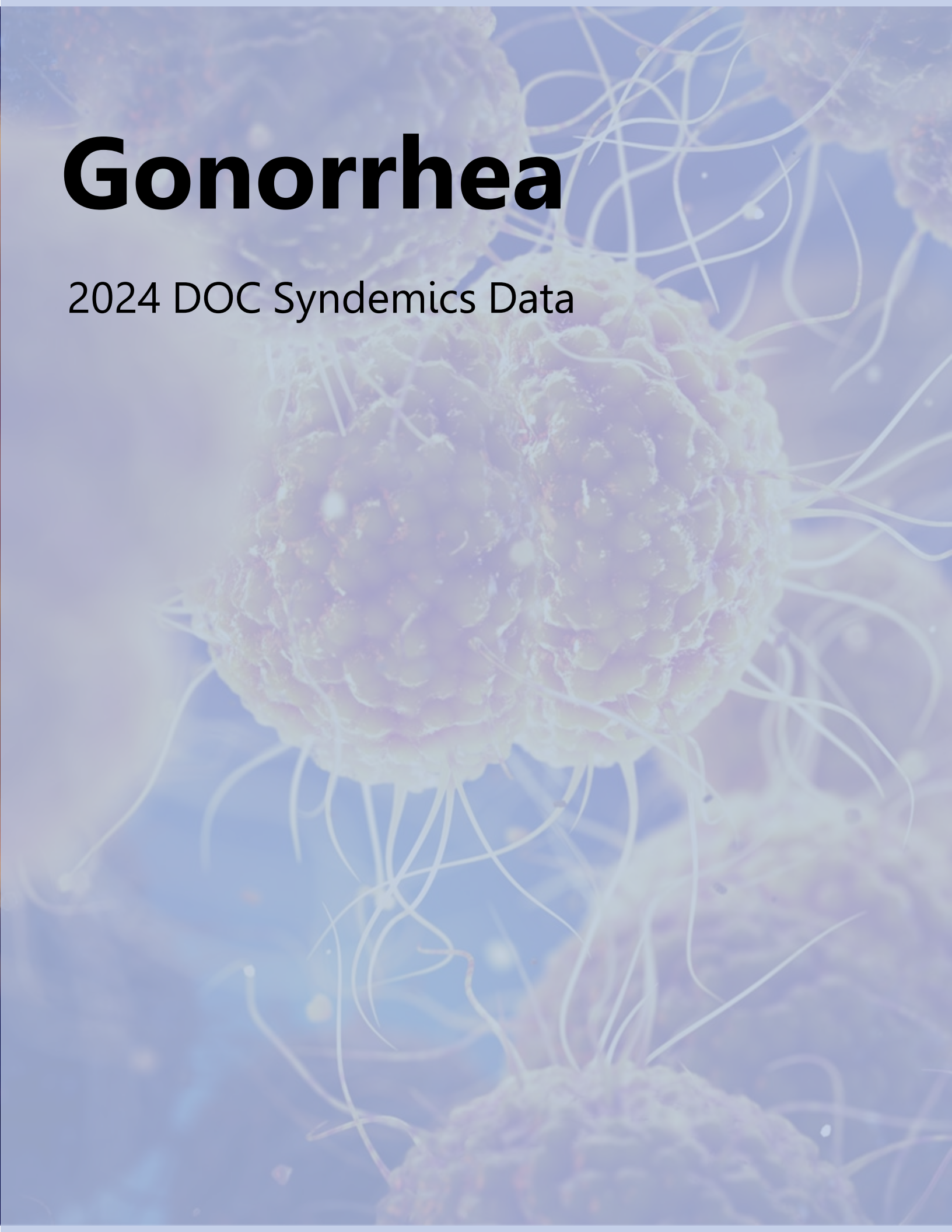
Over the past 10 years, most chlamydia diagnoses in Wisconsin DOC were among people 20–29 years old.

Percentage of people diagnosed with chlamydia by age, DOC, 2015–2024



Gonorrhea

2024 DOC Syndemics Data



Gonorrhea in Wisconsin DOC

2024 Key Takeaways

23 people diagnosed

70% of people diagnosed were Black males

Most diagnoses among people under 30 years old

Rates of gonorrhea are significantly higher among juveniles and adults in the correctional setting as compared to the general population.[14] From 2020–2023, gonorrhea diagnosis rates among people screened during intake in Wisconsin DOC were similar or below the statewide rate. In 2024, diagnoses increased in DOC, and the gonorrhea diagnosis rate was 2.4 times higher than the statewide rate.

DOC offers all women and all men under 30 years old gonorrhea testing. Men 30 years and older are tested for gonorrhea if they have symptoms or request testing.

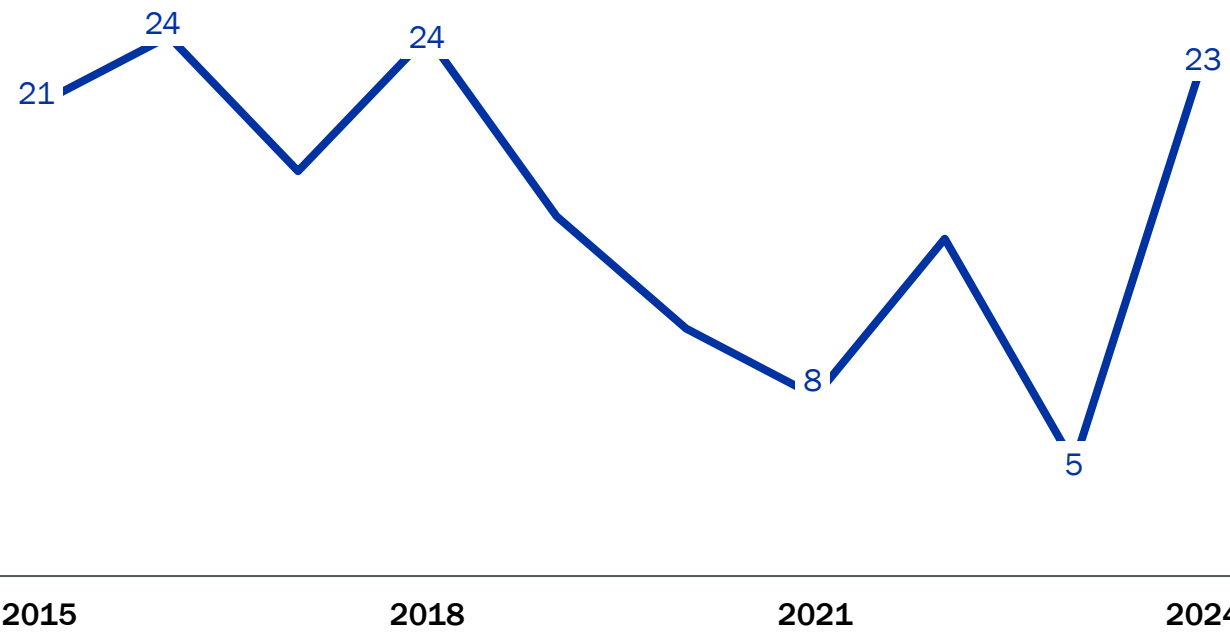
Since 2021, CDC has recommended opt-out gonorrhea screening for women 35 years and younger and men 30 years and younger in correctional facilities, ideally conducted at intake.

Diagnosis trends

FIGURE 22

There were 23 people diagnosed with gonorrhea in Wisconsin DOC in 2024.

Number of people diagnosed with gonorrhea, DOC, 2015–2024

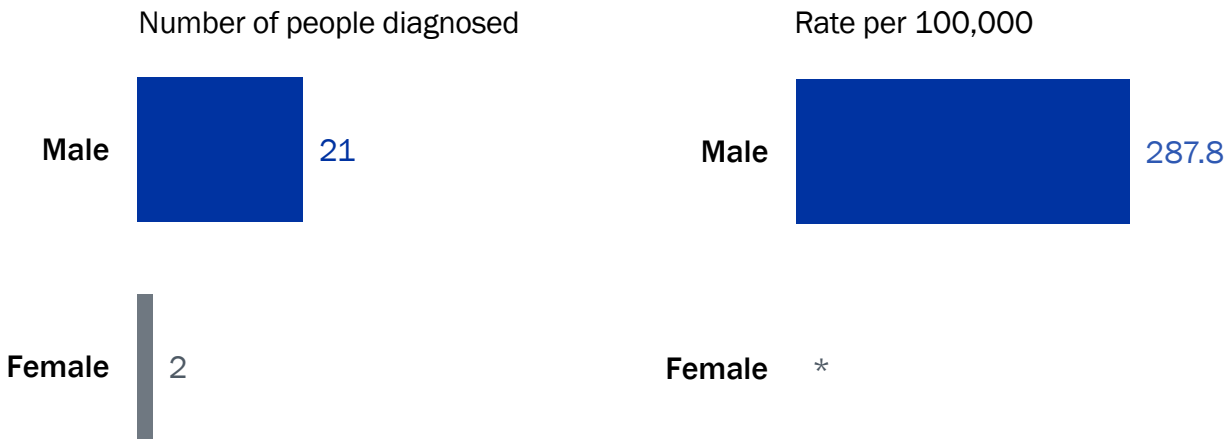


Demographics

FIGURE 23

In 2024, the number and rate of people diagnosed with gonorrhea were highest among males in Wisconsin DOC.

Number and rate of people diagnosed with gonorrhea by sex at birth, DOC, 2024

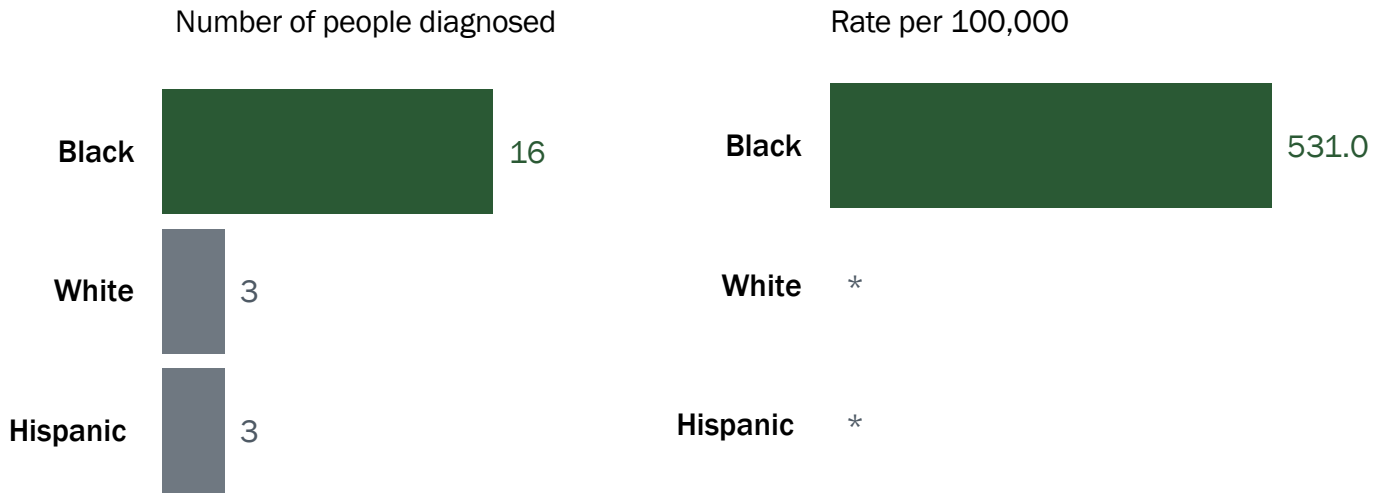


*Rates not shown for counts less than five.

FIGURE 24

In 2024, the number and rate of people diagnosed with gonorrhea were highest among Black people in Wisconsin DOC.

Number and rate of people diagnosed with gonorrhea by race and ethnicity, DOC, 2024



*Rates not shown for counts less than five.

FIGURE 25

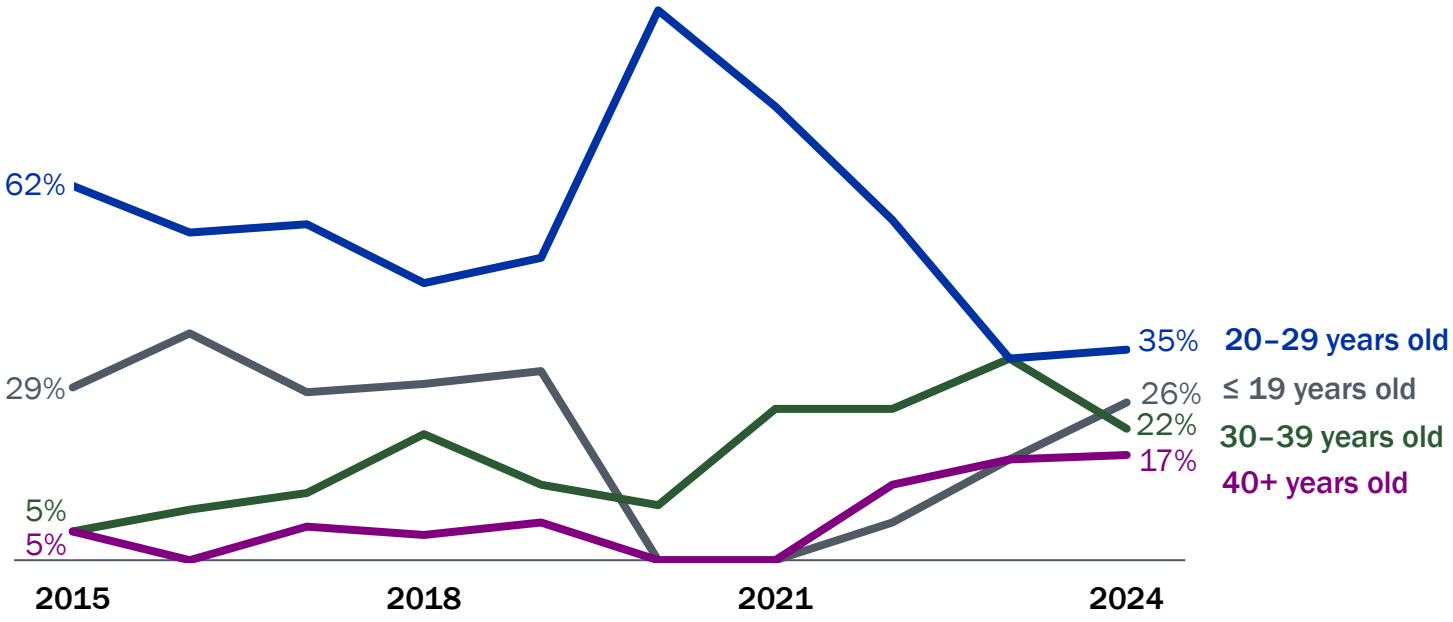
Three in five people diagnosed with gonorrhea in Wisconsin DOC in 2024 were under 30 years old.

Percentage of people diagnosed with gonorrhea by age, DOC, 2024

FIGURE 26

Over the past 10 years, most people diagnosed with gonorrhea in Wisconsin DOC were 20–29 years old.

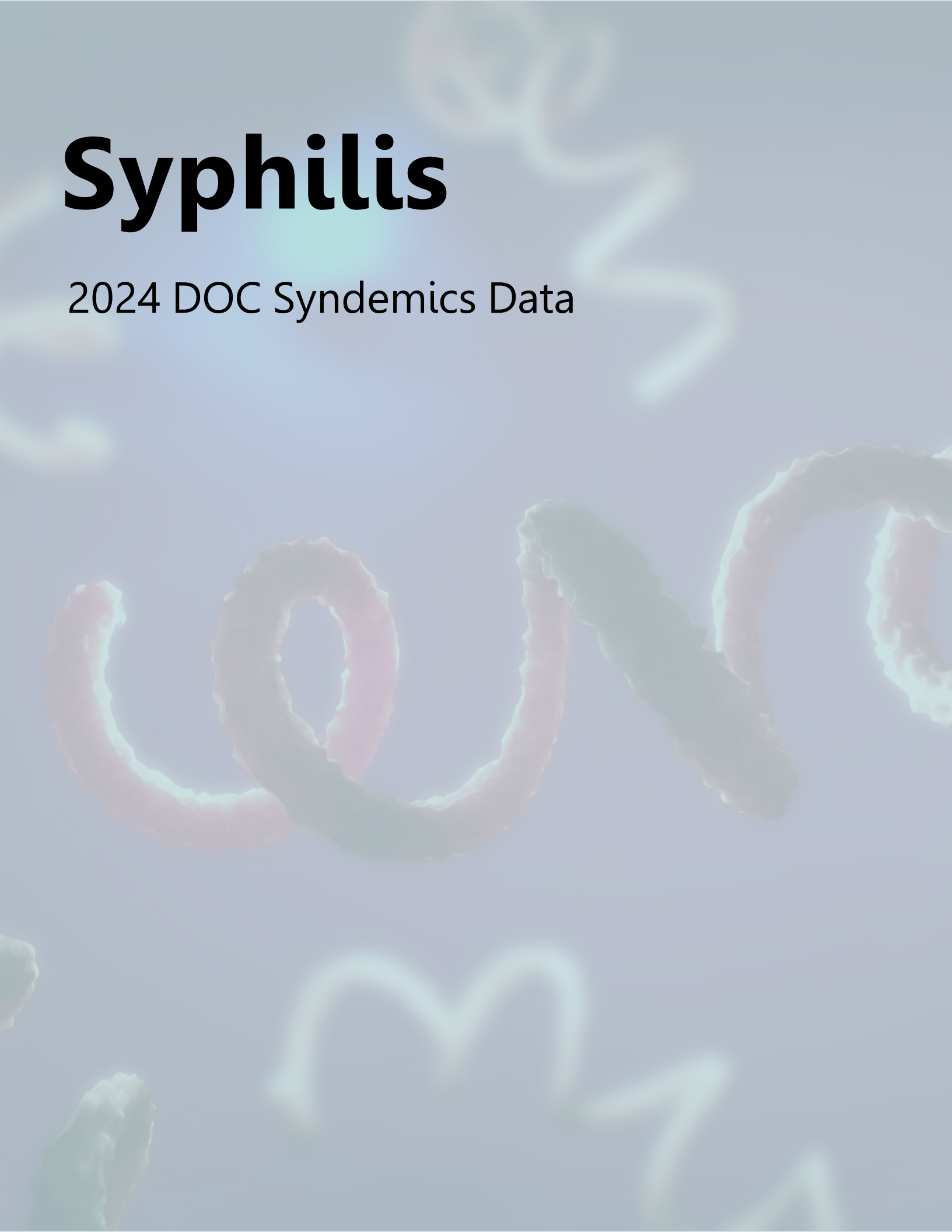
Percentage of people diagnosed with gonorrhea by age, DOC, 2015–2024



Historically, the majority of gonorrhea diagnoses in Wisconsin DOC were among people under 30 years old. Since 2021, the number and proportion of gonorrhea diagnoses has steadily increased among people 30 years and older, comprising two in five people diagnosed in DOC in 2024. Similar patterns are seen statewide. From 2015–2024, the percentage of Wisconsinites diagnosed with gonorrhea aged 30 years and older increased from 23% to 35%.

Syphilis

2024 DOC Syndemics Data



Syphilis in Wisconsin DOC

2024 Key Takeaways

51 people diagnosed

Black people had the highest diagnosis rate

30–49 year olds were most commonly diagnosed

Syphilis rates are significantly higher among adults in the correctional setting as compared to the general population.[15,16] In 2024, the syphilis diagnosis rate among people screened during intake in Wisconsin DOC was 27.2 times higher than the statewide rate.

This section includes data for all stages of syphilis: primary, secondary, early latent, and late latent.

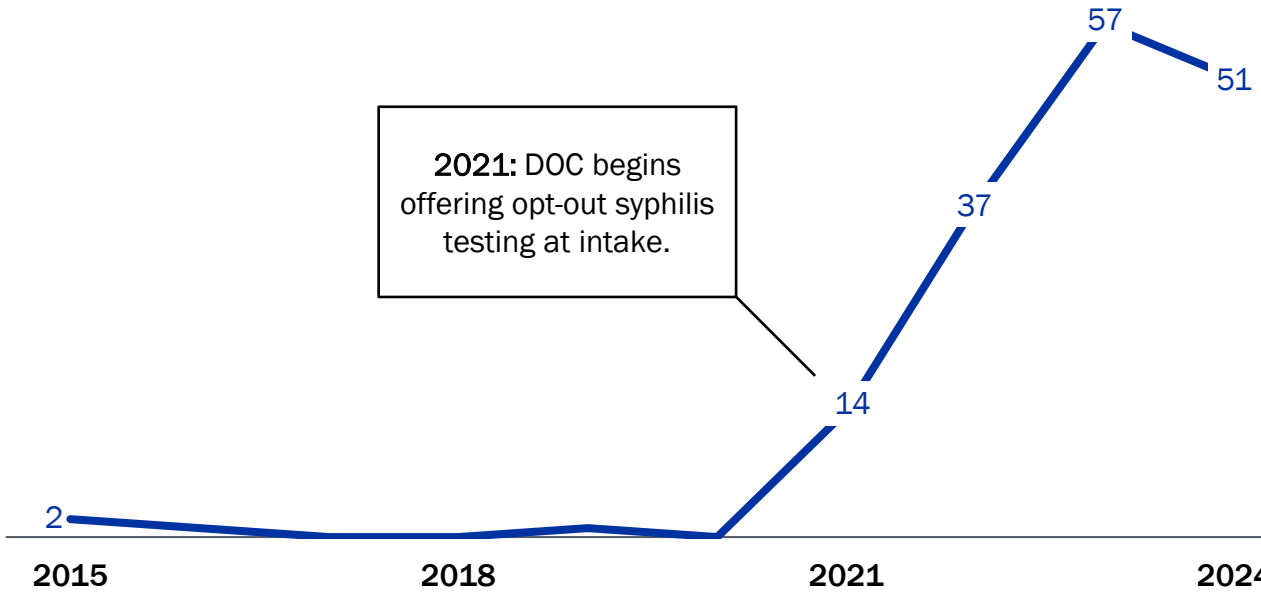
CDC recommends opt-out syphilis screening for all incarcerated individuals based on local area and institutional prevalence of early syphilis. Starting in 2021, DOC began offering opt-out syphilis testing to all people at intake.

Diagnosis trends

FIGURE 27

There were 51 people diagnosed with syphilis in Wisconsin DOC in 2024.

Number of people diagnosed with syphilis, DOC, 2015—2024

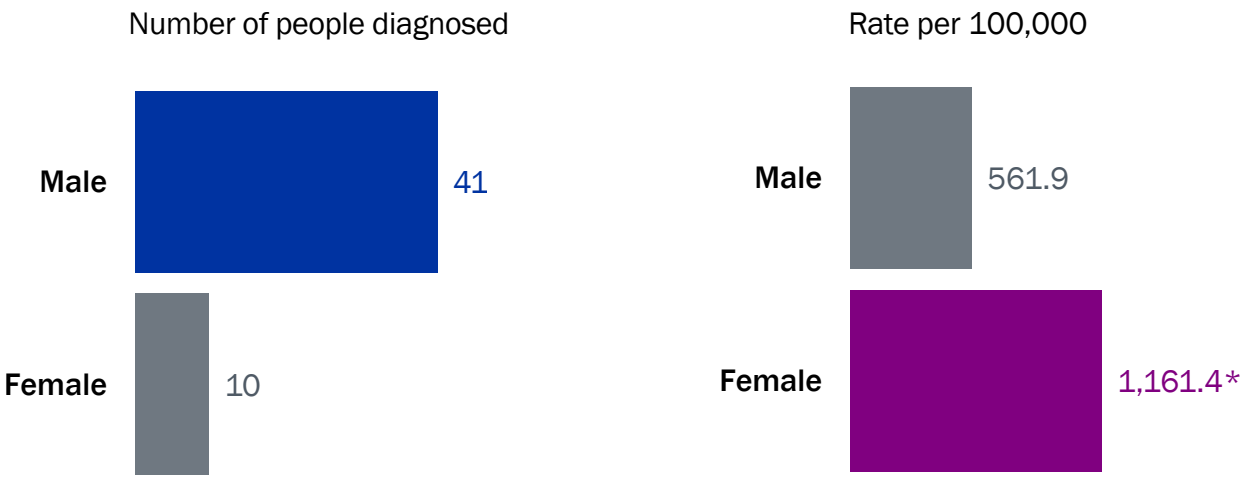


In 2024, 98% of people diagnosed with syphilis in Wisconsin DOC had late, unknown duration syphilis, while statewide only 59% of all syphilis diagnoses were late, unknown duration syphilis. The high proportion of late-stage syphilis among DOC inmates highlights the importance of opt-out syphilis testing and treatment in the correctional setting. Since a late, unknown duration syphilis diagnosis means an earlier stage was not able to be diagnosed, this demonstrates how many justice-involved people are at higher risk for STIs and frequently have limited access to routine STI screening and other medical care in the community.

FIGURE 28

In 2024, the syphilis diagnosis rate was two times higher among females than males in Wisconsin DOC.

Number and rate of people diagnosed with syphilis by sex at birth, DOC, 2024

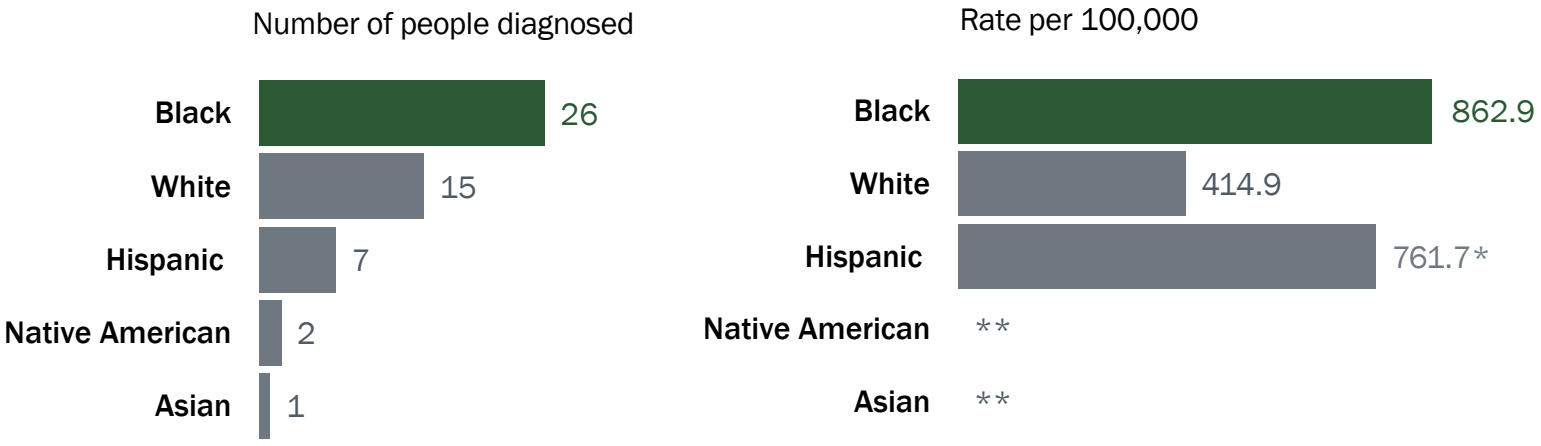


*Rates based on counts less than 12 should be interpreted with caution.

FIGURE 29

In 2024, the number and rate of people diagnosed with syphilis were highest among Black people in Wisconsin DOC.

Number and rate of people diagnosed with syphilis by race and ethnicity, DOC, 2024



*Rates based on counts less than 12 should be interpreted with caution.
**Rates not shown for counts less than five.

FIGURE 30

Most people diagnosed with syphilis in 2024 in Wisconsin DOC were 30–49 years old.

Percentage of people diagnosed with syphilis by age, DOC, 2024

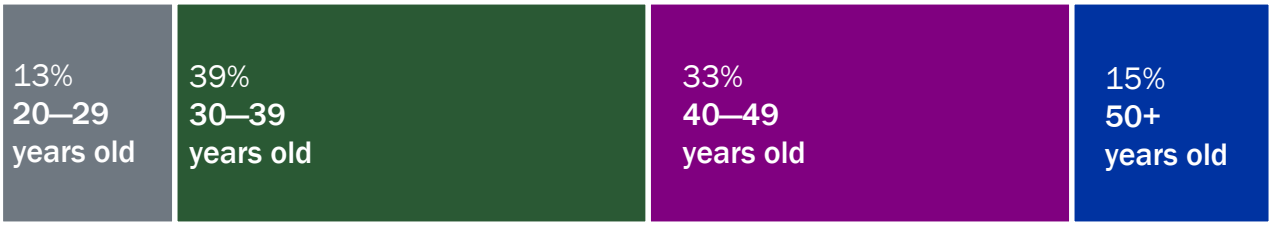
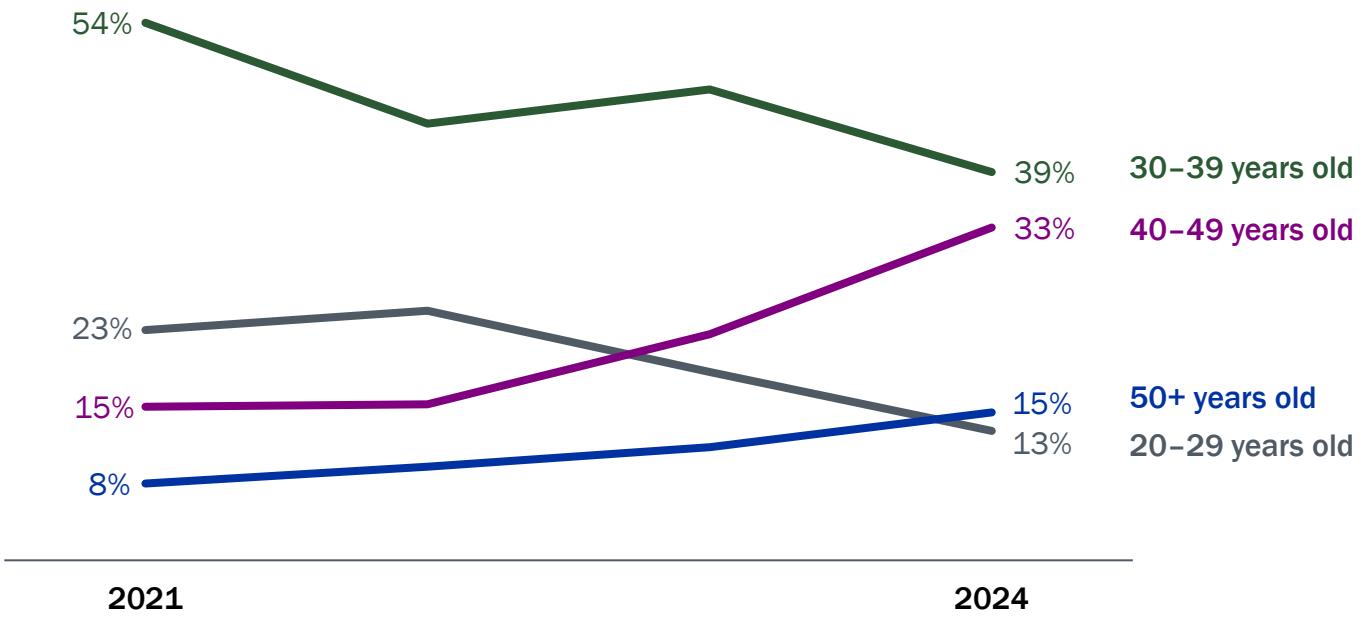


FIGURE 31

From 2021–2024, most people diagnosed with syphilis in Wisconsin DOC were 30–39 years old.

Percentage of people diagnosed with syphilis by age, DOC, 2021–2024



Appendices

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Technical Notes

Case inclusion criteria

New hepatitis B, hepatitis C, HIV, chlamydia, gonorrhea, and syphilis diagnoses are included in this report if the person was in Wisconsin DOC at the time of diagnosis.

Race and ethnicity

Counts and rates for Native American, Asian, Black, multiple races, and white race categories only include non-Hispanic individuals or people for whom ethnicity was unknown or missing. Counts and rates not shown for people whose race and ethnicity are other, unknown, or missing.

Additional information

For questions or comments regarding hepatitis B, hepatitis C, and STI surveillance data in this report, please contact: dhsdphhcvsurveillance@dhs.wisconsin.gov.

For questions or comments regarding HIV surveillance data in this report, please contact: dhshivsurveillance@dhs.wisconsin.gov.

Please visit the following links for more information:

WI Hepatitis A Surveillance

WI Hepatitis B Immunization

WI Hepatitis C Program

WI HIV Program

WI STI Program

CDC Data and Statistics: Correctional Health