


DISEASE LOCKDOWN

A quarterly publication featuring information and news about infectious diseases for personnel working in and with correctional facilities.

Florida Department of Health
Florida Department of Corrections
Florida Sheriffs Association
American Lung Association of Florida

Volume 1, Issue 2, Fall 2002



"3% of Americans incarcerated... 12 million released from jails and prisons every year... 35% of all cases of active tuberculosis identified among current/recent inmates... 500,000 individuals with STDs and 500,000 with latent tuberculosis released every year... 30% of all Americans with hepatitis C and 12-18% of those with HIV pass through our nation's jails and prisons every year..."

The Health Status of Soon-to-be-Released Inmates, A Report to Congress

www.ncchc.org/pubs_stbr.html (link to full report)

The above excerpt was part of the findings of the NCCHC/NIJ "Health Status" report released in May 2002.

This national, 3-year-long study was the largest and most comprehensive of its kind ever undertaken. With funding from Congress through the National Institute of Justice, and with substantial support from the Centers for Disease Control and Prevention, the National Commission on Correctional Health Care convened expert panels that included the nation's most respected researchers, practitioners and scholars in the fields of public and correctional health care. The final report was delivered to Congress by the National Institute of Justice in May 2002.

Prisons and jails offer a unique opportunity to establish better disease control in the community by providing improved health care and disease prevention to inmates before they are released. A series of papers (summarized in Volume 1 and provided in full in Volume 2) documents indisputably that tens of thousands of inmates are being released into the community every year with undiagnosed or untreated communicable disease, chronic disease and mental illness. The research also shows that not only would it be cost effective to treat several of these diseases while the individuals are incarcerated, but in several instances it would even save money in the long run.

There are serious political, logistical and financial barriers to improving health services in prisons and jails. Implementing the recommendations in this carefully researched report will go a long way toward taking advantage of this opportunity and contribute significantly to improving the health of inmates and the larger community.



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We welcome articles

from around the state about interesting and successful programs in the correctional/health care setting dealing with infectious diseases. If possible, please limit your article to 400 words or less. Articles should contain a title, author's name and narrative. We will also take pictures, cartoons, charts, graphs, etc. Please send or e-mail your material to Production Coordinator, Suzy Peters, Bureau of TB & Refugee Health, 4052 Bald Cypress Way, BIN A-20, Tallahassee, FL 32399-1717. Electronic copies are preferable via e-mail to Suzy_Peters@doh.state.fl.us. Questions please call Suzy Peters at (850) 245-4350

Editorial Board

Florida Department of Corrections Implements Mandatory HIV Testing

By Dr. David Thomas, M.D., J.D., Terre Marshall, MPH, Barbara Mansfield, MA and Sharon McKinnie, R.N.

The Florida Department of Corrections (DOC) has implemented the legislatively-mandated HIV testing of all inmates being released from the state's prison system. In April 2002, in anticipation of the bill's passage, the DOC Office of Health Services began training health services personnel at multiple locations throughout the state. Governor Bush signed the bill as **S 945.355, F.S. effective July 1, 2002.**

The statute requires that DOC test all inmates for HIV within one year of their anticipated release date if their HIV status is unknown. Pre- and post-test HIV counseling is a significant component of this program. The statute also requires DOC to provide transitional assistance to those who test positive including a 30-day supply of medication and linkage to a community HIV resource. Initially there was some confusion with the language of the legislation that mandates the testing; until further interpretation, force is not used to test inmates for HIV. If an inmate refuses testing, he or she is required to sign a refusal form with two witness's signatures.

This legislation complements procedures and programs already in place in the Florida prison system. The HIV Pre-Release Program (funded through the Florida Department of Health) offers continuity of care services to all HIV-infected inmates within about **180 days** of the end of their sentences. This voluntary program is designed to provide services for inmates in order that they receive continuous care when they return to their communities. A pre-release planner is located in each of the four DOC regions. Aside from establishing a formal link between the inmate and the community, pre-release planners maintain contact with the releasee for an additional six months after release. The goal of the program is two pronged: reduce recidivism and improve community health.

The total cost/work impact of this legislation is difficult to determine at this point. The Criminal Justice Estimating Conference (CJEC) predicts that approximately **26,000** inmates will be released in FY 02-03; given current prevalence rates, DOC has estimated this will result in the identification of approximately 200 additional inmates to the **800** identified through the Department's existing voluntary HIV testing program. This projected increase of the known HIV-infected population will potentially impact health services staffing and resources throughout the state for both the Departments of Correction and Health. Approximately **\$790,000** in funding was allocated in relationship to implementation of this bill. These funds relate specifically to the HIV testing and diagnostic costs and do not include the staffing considerations for the specimen collection and testing, counseling, linkage activities and follow-up initiatives such as medication management and community appointments. These costs will be tracked and tabulated throughout the year to determine the actual implementation expenses in total.

Lost and Found

By Kimberly Tendrich, Chief Legal Counsel, A. G. Holley State Hospital

Many times the Tuberculosis Control Unit will assume they have reached a dead end when a patient has been lost to treatment. The health care worker may experience feelings of futility, hopelessness, and helplessness as well as frustration. Moreover, the threat to the public's health as well as the concern of multi-drug resistancy are additional issues that the health care worker may find disconcerting. However, there is a legal tool that may offer some hope in finding those clients who are lost to treatment.

The emergency hold order was developed to help locate and hold those individuals who have been either diagnosed with active tuberculosis or who are reasonably suspected of having active tuberculosis, and who have been non-compliant with their treatment. ▶▶▶ *Continues on next page*



Before a hold order is issued by the court, the health department must demonstrate the following:

- 1. that the client has been diagnosed with active tuberculosis or the health department reasonably suspects the client has tuberculosis**
- 2. the client poses a threat to the public health; and**
- 3. the client is not likely to appear at a hearing for court ordered treatment, examination, or hospital commitment; and**
- 4. a) the client, through words or actions, is likely to leave the jurisdiction of the court prior to a hearing date for treatment, examination, or commitment; or b) the client is likely to continue to expose the public to tuberculosis until the hearing date.**

Once the health department has established the foregoing prerequisites, an emergency hold order will be issued by the court. The hold order will direct the sheriff to immediately locate and confine the client who has or is reasonably suspected of having tuberculosis for a period of up to five days. It is critical to provide to the sheriff's office any and all information that may assist them in locating and apprehending the client. Such information should include a physical description (including any unique, distinguishing marks), a home and work address, establishments or areas of town frequented by the client, and any other information that may assist the sheriff's office in locating the client. The more information supplied to the sheriff's office the greater the likelihood the individual will be located and apprehended.

The location of the confinement must be specified in the court order. Depending on the individual county, confinement may be at the nearest hospital or the county jail.

The duration of the hold order is temporary—it holds the client for a period of five days, exclusive of weekends or holidays. The ticking of the clock for the five day hold does not commence until such time as the client has been apprehended by the sheriff's office. Before the expiration of the five days a hearing is to be held to determine the future status of the client, i.e. whether the client is to receive court ordered treatment or examination, or whether the client is ordered to A.G. Holley for further treatment.

There is no need to wait until a "lost" client reappears at either a hospital emergency room or the health department desperately seeking medical care due to their infirmities of their disease. Be proactive and help prevent the spread of tuberculosis by enlisting the courts and the sheriff's office in finding those lost to treatment.

2002 Florida Jail Survey

By Franklin Fletcher, Public Health Advisor for Corrections

In order to estimate the level of syphilis screening currently going on in Florida's jails, the Bureau of Sexually Transmitted Diseases recently conducted a survey of the 67 county jail medical directors and chief medical officers/administrators. Thirty-six (36) counties responded to the one-page questionnaire, including six of the largest county jail systems in Florida: Broward, Miami-Dade, Hillsborough, Orange, Pinellas and Polk. According to the Florida Department of Corrections, which collects monthly data on Florida county jail populations, the eight largest jails in Florida (the six above plus Duval County and Palm Beach County) account for approximately **55%** of the total state jail population. Florida's total average daily population for all **67 county jail systems** is usually slightly more than **53,000 detainees**. Many more than this number pass through Florida jails in a year. Some estimates are as high as **1.2 million detainees a year** being processed through Florida jails.

Overall, the 36 counties that responded reported at total of 578,274 bookings per year. Of these, 54,173 were tested for syphilis, for an overall screening rate of **9.4%**. For HIV, 11,980 detainees were tested, for an overall screening rate of **2.0%**. Jail detention represents a significant opportunity for testing and

education for both syphilis and HIV/AIDS. Virtually all jails

indicate that testing occurs at health appraisal (within 14 days of incarceration), rather than at booking/intake. Thus, many testing opportunities are lost because the detainee has already left the facility by the time testing may be offered.

Clearly, a screening rate of **9.4%** represents a missed

opportunity to test Florida's jail population for syphilis. As STDMS data recently showed **8%** of Florida's early syphilis morbidity is detected in correctional facilities. While this figure includes all types of correctional facilities (both jails and prisons), there exists a strong possibility of finding new syphilis cases by increasing the level of syphilis testing in Florida's jails.

Other qualitative information was obtained by the survey in addition to screening percentages. Regarding laboratory use, **53%** of the survey respondents identified themselves as public lab users, **28%** private lab users, and **14%** public and private lab users. Regarding managed care, 53% of respondents identified themselves as some type of managed care health provider.

So what does all this mean? Well, **9.4%** of half a million detainees is a lot of syphilis testing! So we're glad that's going on, as most of it is initiated by the jails themselves without the assistance of public health. At the same time, we'd like to increase the screening level to **50%** or better. And keep in mind, **9.4%** is the state average, some individual jails have higher screening levels, some as high as **22%** (Orange County Jail). So it looks like we've got a ways to go, and of course finding the financial resources to get that done is not easy. Health departments must continually look for ways to productively collaborate with jails and other correctional facilities to encourage and promote STD and HIV testing. Data collected in the survey suggest almost all jails are interested in obtaining more expertise in STDs, which is very encouraging. The results of this survey give us an estimate of the total jail-based syphilis testing going on throughout Florida, which is valuable public health information the Bureau has never had before this survey was conducted.

If you would like more information on the 2002 Florida Jail Survey, please contact Franklin Fletcher at SC 205-4444x2348, or (850) 245-4444x2348.

Florida's Hepatitis and Liver Failure Prevention and Control Program

Robbie Bouplon, Field Services Coordinator; Sandra Roush, M.T., M.P.H. Program Administrator
Hepatitis and Liver Failure Prevention and Control Program

It is estimated that over 270,000 Florida residents are infected with Hepatitis C virus and most are not aware of their infection. Between 1994 and 1998, an average of 629 Floridians were infected with Hepatitis A each year. During the same time period, an average of 538 individuals were infected with acute Hepatitis B each year in this state. The incidence rate of Hepatitis B in Florida has remained at approximately 4.5 per 100,000 since 1995. Outbreaks and increased rates of Hepatitis A continue to be seen among several groups.

The Florida Legislature recognizes the impact of these diseases and has, since 1999, appropriated funds for hepatitis prevention and control. The Hepatitis Program budget is \$3.5 million for the current fiscal year. In addition, the Centers for Disease Control and Prevention has awarded \$100,000 for a hepatitis coordinator.

While the money won't go far towards treatment programs, the Hepatitis Program funds six counties—Broward, Collier, Miami-Dade, Monroe, Pinellas, and Polk – for the provision of comprehensive hepatitis services to residents at high risk for infection or the serious consequences of infection.

Since March 2001, the Hepatitis Program has made Hepatitis A and Hepatitis B vaccines available at no charge through county health departments to high-risk adults. Persons who have spent time in prison or jail are considered at increased risk for hepatitis. Free testing for Hepatitis B and Hepatitis C is also available.

These services are used to support several jail link projects in Florida. Call your local health department to see if they are participating in the adult hepatitis program.

Other activities the Hepatitis Program takes part in include:

- **The statewide Hepatitis C Hotline (1-866-FLA-HEPC), which provides education, Hepatitis C risk assessment, and free Hepatitis C and HIV testing for adults at high risk**
- **Hepatitis education and awareness**
- **Development and distribution of public and professional education courses**

Contact the Florida Hepatitis and Liver Failure Prevention and Control Program at 850-245-3443 for educational materials or further information or visit the website

Publication Disclaimer

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STOP (Syphilis Treatment Over the Phone)!

Please don't forget about Florida's STOP (Syphilis Treatment Over the Phone) service! This is a telephone hotline designed to enable clinicians to consult with Dr. John Toney, MD, board-certified infectious disease specialist and medical director of the STD Prevention Training Center, Tampa, on questions about syphilis diagnosis and treatment. The phone number is **1-877-738-2772**. Leave a message and Dr. Toney will call back ASAP! The Bureau of STD also has a limited supply of STOP keychains. Ask your local STD representative!

Tuberculosis in Corrections: Contact Investigation Course

February 25-27, 2003
Shands Hospital, Jacksonville, FL
Limited enrollment-no charge
Sponsored by the Florida Department of Health and the Duval County Sheriffs Office.

Purpose

This course is designed to assist county health departments and county jails/state prisons and others working in correctional facilities to complete a thorough contact investigation and follow-up on persons identified as active cases of TB within a correctional facility, enable them to identify those infected and place them on the appropriate treatment for latent TB infection (LTBI) to ensure completion of therapy.

Target Audience

Corrections personnel: Administrators, Medical (MD/DO, PA, ARNP/RN, LPN, ICN), Classification, Risk Management, Training Officers. County health departments: MD/DO/PA/ARNP/RNs working with TB Control and/or HIV programs.

More information/register: Ellen Murray, RN
Florida Bureau of TB & Refugee Health.
850-245-4316

December 2-6, 2002
Comprehensive TB Clinical Course
A. G. Holley State Hospital
Lantana, FL

December 9, 2002
TB Skin Test Train-the-Trainer Course
A. G. Holley State Hospital
Lantana, FL

December 9-12, 2002
FSA Jail Admin. Training Workshop
Altamonte Spring, FL

January 8, 2003
A. G. Holley Grand Rounds
Lantana, FL

January 24, 2003
Florida Corrections Tuberculosis Program Meeting
Tallahassee, FL

January 26-29, 2003
FSA Mid-Winter Sheriffs Conference

February 25-27, 2003
TB in Corrections-Contact Investigation Course
Jacksonville, FL

Interesting Web Sites

(Inmate Health Care)

14-article series on Missouri Prison Health Care
Correctional Medical Services-Pros and Cons
from the Columbia (Missouri) Daily Tribune:
www.columbiatribune.com/2002/Dying/index.asp

HEPP Report-Infectious Diseases in Corrections
HIV & Hepatitis Education Prison Project
Brown Medical School (RI)-Office of CME
Excellent summary of front page report
www.hivcorrections.org

Shame of Prison Health article
<http://www.thenation.com/doc.mhtml?i=20020701&s=abramsky>

Selected inmate health care reports
<http://virlib.ncjrs.org/Corrections.asp>

CDC-National Prevention Network
(AIDS, STD and TB)
<http://www.cdcnpin.org/>

CDC-Division of TB Elimination
<http://www.cdc.gov/nchstp/tb/default.htm>

CDC- Viral Hepatitis
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

CDC-National Center for Infectious Diseases
<http://www.cdc.gov/ncidod/index.htm>

CDC-National Institute of Occupational Health
and Safety
<http://www.cdc.gov/niosh/homepage.html>

Medscape Infectious Diseases
<http://www.medscape.com/infectiousdiseaseshome>

Florida Corrections Tuberculosis Program (FCTP)-Meeting

By Mary Muench, RN, Nurse Consultant, Department of Corrections

Where Capital Circle Office Complex (Capital Circle SE)
Florida Department of Health, Bldg 4052 - Room 301
Tallahassee, FL 32399(see website for map/directions)

Hosts Leon County Sheriffs Office & County Jail and Leon County Health Department

Dates & Times

Meeting date Friday, January 24, 2003 7:30a.m. - 4:30 p.m.
Jail Tour Thursday, January 23, 2003 2:30p.m. - 3:30 p.m.
Meet & Greet Thursday, January 23, 2003 6:00p.m. - 8:00 p.m.

Agenda/Speakers

Medical Legal Issues, David Thomas, MD, JD, Director of Health Services, Florida Department of Corrections. Dr. Thomas is a former legislator in Florida and active in the American Correctional Association. Nursing Shortage, Panel of Nurse Administrators. What can be done and what is being done by various agencies to relieve the shortage.
Internet: Can You Find It? Frank Leonard. He can start with the basic and go to the difficult. If you are having problems with the current technology this may just be the help you want.
Probation & Parole Officers - Who are They? Tina Hayes, Director of Community Corrections in the Department of Corrections Ms Hayes and staff know the importance of working with different agencies and staff. Hepatitis A & B Vaccines/Resources for County Jails, Priscilla Wood at the Department of Health has the information which will be helpful when you need to make arrangements for hepatitis vaccines. Our Break Out Sessions will have a clinical issues group and administrative issues group. These sessions allow for interaction among the participants and an opportunity to see how to apply recommendations in a correctional setting.

Other/arrangements

Hotel Hampton Inn Tallahassee-Central at 2979 Apalachee Pkwy. The group rate of \$69 per night is effective for 2 days before and 2 days after the meeting. You can contact them for reservations at **1-850-309-1300** by phone or at **1-850-309-0111 by FAX. Deadline: 12/23/02.**

Jail Tour Van from Hotel at 1:30 pm and return following tour

Meet & Greet Buckhead Brewery & Grill on 1900 Capital Circle NE, Tallahassee. You can find more information at **www.buckheadbrewery.com.**

The complete packet of information, including the agenda and registration form is located on the DC WebPages at <http://www.dc.state.fl.us/oth/tb/> and the DOH WebPages at http://www.doh.state.fl.us/disease_ctrl/tb/ (under "Training Opportunities or Calendar").

There is no registration fee, so—see you in Tallahassee.

Do you still have questions about the meeting? Is your county jail, county health department or other organization interested in hosting or co-hosting a meeting? You may want to contact one of the following persons for additional information.

Mary Muench, RN, Department of Corrections 850-410-4618
Ellen Murray, RN, Department of Health 850-245-4316
Richard West, CO, Medical Officer, Hendry County Sheriff's Office 863-674-4060

Calendar



Mailing/E-mail List

I would like to subscribe to Disease Lockdown, a free publication for correctional and health care staff dealing with infectious disease issues in a correctional setting.

Name _____

Title _____ Phone (_____) _____

Facility Address _____

City _____ State _____ Zip code _____

● I would like additional copies to share with my staff Yes No

If yes, how many? _____

● I would prefer to receive Disease Lockdown via e-mail, my e-mail address is: _____

Please mail this subscription request to: Suzy Peters, Production Coordinator, Disease Lockdown, Bureau of TB & Refugee Health, 4052 Bald Cypress Way, BIN A-20, Tallahassee, FL 32399-1717.