

DISEASE LOCKDOWN

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

Florida Department of Health
Florida Correctional Medical Authority
Florida Department of Corrections
Florida Sheriffs Association

Volume 3, Issue 1, Spring 2005

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Copies of *Disease Lockdown* and other correctional information publications may be found at www.doh.state.fl.us/disease_ctrl/tb/corrections/corrections_main.htm

Correctional Medical Authority Overview

Michael Traugott, Executive Director

<http://www.doh.state.fl.us/cma/index.html>

Florida's Correctional Medical Authority (CMA) was created by the Legislature in 1986. The move was part of thirteen years of effort to resolve federal litigation regarding prison conditions, including health care.

Consent agreement difficulties prevented the CMA from beginning its independent monitoring function until 1991. Physical health survey functions began in 1991 followed by mental health survey responsibilities in 1992. The court case was finally resolved in 1993 after 21 years of litigation.

The Legislature delegated a number of responsibilities to the CMA. Many duties reflected the need for assistance in newly developing health services within the Department of Corrections at the time. Other duties demonstrated a more longstanding expectation for external reviews of health care services provided within prison confines.

Examples of the latter include advising the Governor and the Legislature on the status of the Department of Corrections' health care delivery system, and assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections' institutions. Further, the CMA is charged with reviewing and advising the Secretary of Corrections on:

- cost containment measures,
- minimum standards needed to ensure that an adequate physical and mental health care delivery system is maintained by the Department of Corrections,
- projected medical needs of the inmate population and the types of programs and resources required to meet such needs, and
- sufficiency, adequacy, and effectiveness of the Department of Corrections' Office of Health Services' quality management program.

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CMA Overview

We have seen dramatic increases in the nation's prison populations over the past two decades. Florida has over 80,000 inmates today and that number continues to grow. The vast majority of inmates are participants in the traditional public health care system before and after prison. There is an expanding consensus that prison health care is a segment of the public health care continuum. The growth in prison populations points to a crucial need to ensure continuity of care as prisoners transition from the community into prison and eventually return to the community.

Preventive health care is cost-effective care and that is particularly applicable for infectious diseases and chronic illnesses. Due to lifestyle and socio-economic factors prisoners are medically, on average, ten years older than their chronological age and have much higher rates of infectious diseases. Health care needs escalate significantly as prisoners grow older. Providing adequate health care during incarceration is cost-effective care. It helps control the incidence of catastrophic health care episodes later in life and improves the prospect that a prisoner, once released, may be healthy enough to live a productive life.

The CMA applauds the Department of Health for its coordinating efforts with the Department of Corrections and the county jails. We welcome the opportunity to participate in this worthwhile effort. This initiative for the CMA comes at a time of change for our agency. We have revised our review process to better focus on health care trends and systemic needs within Florida's prison system. We recognize the value of linkage between the community and prison public health care systems, especially in addressing infectious diseases. Hopefully, our contributions to this process will provide yet another valuable thread in the evolving tapestry of public health.

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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

Frequently Asked Questions

Q: How can I obtain documented information on an inmate who was incarcerated at the Dept. of Corrections?

A: If you need to obtain documentation regarding an inmate's tuberculin skin test results (TST) or any other information, an official information release form can be obtained from the Department of Corrections (DC) by calling 386-496-6497. This is the Medical Records Department for DC. They will then fax their form to you, have the inmate sign it, and it must be witnessed by a Notary. Return it to the Dept. and they will send you the information. They will give you the correct address for mailing.

Q: If an inmate has a history of a +TST and the x-ray turns out negative is he/she allowed to work in the kitchen?

A: Yes. As long as active disease is ruled out, there is no reason to restrict the inmate from working as a trustee.

The article below is a synopsis of one that appeared in IDCR (Infectious Disease Corrections Report) in February, 2005, Volume 8, Issue 2, of which an erratum with corrected authors were published. As you can see, there were many people involved in this outbreak investigation, and I would like to thank the folks who assisted with this and really brought the ideas and discussions forth. Without their assistance and collaboration, we could never have done it.

Officers—This Could Happen To You

by Ellen Murray, RN Consultant, Bureau of TB & Refugee Health

Have you ever had someone in your employ who had a cough that just wouldn't go away? You do a skin test, it turns out positive; they go to their own medical doctor and everything is okay, or so you think. Monitoring employee and inmate tuberculin skin test (TST) results is something that an Infection Control Team should be doing at least quarterly in every correctional facility. Monitoring annual employee TST results will give you information on possible transmission of TB within your facility. If you are having TST conversions in your officers and front line staff, including medical, then you need to look further.

Between September 2001 and April 2004, four cases of active tuberculosis were reported from a large correctional facility in Florida. Another case was reported from a correctional facility approximately 10 miles away. The first three cases had matching DNA fingerprints of their positive TB cultures, which means these cases had the same strain of TB. In April 2004, staff from the Bureau of TB and Refugee Health and Department of Corrections assisted the local county health department in evaluating the possibility of TB transmission in the facility and recommended and implemented infection control changes at the facility. The facility was extremely helpful in implementing changes, and has made many improvements since the investigation.

The contact investigation identified the index case as a patient who worked in the facility. The index case was diagnosed with extra-pulmonary (para-tracheal) TB in March 2001. There was a computerized tomography (CT) scan which showed a "mass-like structure noted on the left side in the postero-medial aspect of the hemithorax." This patient was managed by their private physician, and pulmonary TB was not ruled out at the time of diagnosis. The patient was reported to the local health department (HD) as having extra-pulmonary TB, was not

adherent to anti-TB medications, returned to work in mid-March 2001 and no contact investigation was conducted at that time.

In October 2002, the same patient was reported with pulmonary TB and was sputum smear positive for acid fast bacillus (AFB), placed on four anti-TB medications and a contact investigation was conducted. The facility worked with the HD and identified employees and inmates at that facility needing screening and testing due to contact with the employee.

During the initial contact investigation in 2002, fifty employees and 806 inmates were identified and screened for TB. Screening consisted of symptom review, TST, and a chest x-ray for anyone with symptoms of active disease and were very close contacts. Fifty employees were identified, 23 had previous positive TSTs and were screened using a symptom assessment and chest x-ray and 25 were skin tested. Of those who were tested, 10 or 40% tested positive with a TST of 5mm or greater. Of the 13 employees who were negative on the first test, two more converters occurred after repeat testing 3 months later. The infection rate among the employees showed 48% or 12 employees.

More than half of the employees identified had positive TSTs during the contact investigation, but did not follow through with their medical evaluation and were not placed on treatment for latent TB infection (LTBI). Of the inmates identified, 289 had a previous positive TST, 502 were tested and all were placed on LTBI, with the infection rate at 4.18% or 21 inmates.

The contact investigation is coming to a close and we are still in the process of putting all of the pieces together to better determine transmission within this facility. It has been difficult due to the lack of a database for the facility employees. Once that is created, it will be easier to evaluate information on employee skin testing and transmission within the facility.

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Florida's Rapid Testing Initiatives

Bureau of HIV/AIDS, Early Intervention Section

In July 2003, the Florida Department of Health (DOH), Bureau of HIV/AIDS began the implementation of rapid HIV testing using the OraQuick Rapid HIV-1 Antibody Test. OraQuick is a diagnostic HIV test that can provide a person with their results in twenty to forty minutes using plasma, fingerstick, venipuncture whole-blood or oral specimens. OraQuick is extremely sensitive, and is comparable to the standard HIV screening tests used by laboratories. Despite OraQuick's accuracy, it is only approved as a screening test and cannot be used to diagnose HIV infection. Non-reactive (negative) results are final, while reactive results must be confirmed by a standard laboratory test. This new technology has greatly advanced Florida's HIV testing program by providing services to individuals who are unlikely to learn their status or unwilling to wait two weeks for their test results. The DOH Rapid Testing program has sites throughout the state, focusing on populations and venues known for their high sero-positivity rates. DOH rapid testing sites include substance abuse treatment centers, mobile testing units, STD clinics, universities and county jail facilities.

Recent estimates by the Centers for Disease Control and Prevention indicate that 25 percent of HIV-infected individuals will pass through a correctional facility at some point in their lives. In 2003, 20,000 HIV tests were performed in Florida jails; approximately 650 inmates were

identified as HIV positive, a sero positivity rate of 3.2 percent. People incarcerated for less than 30 days are less likely to receive traditional HIV counseling and testing, and if they do, it is very probable they will be released before their test results are available. The quickness and accuracy of OraQuick is ideal for testing these high-risk inmates. Typically, rapid testing is offered within the first three to five days of incarceration. In almost every instance the inmate will receive their test results on the same day. As of March 1, 2005 OraQuick is the standard HIV test used by the Alachua County Jail, the Broward County Jail system, the Duval County Jail, the Miami-Dade County Jail and the Volusia County Jail.

Typically, inmates are informed of the availability of rapid testing during booking. Flyers and posters are usually posted throughout the jail, and inmates are also provided with written literature about rapid testing during intake. Inmates must either request the test or it is offered to them during their 14-day health appraisal/physical examination. Health department staff located in the jail typically conducts rapid testing, however other jail staff may be trained to provide rapid testing if deemed appropriate. If an inmate has a reactive test, they are provided confirmatory testing and post-test counseling. Inmates still incarcerated upon receipt of a positive confirmatory test result are referred to a linkage coordinator who will help them establish links to community care upon release.

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identified early on, as evidenced by these five cases. The lessons learned from this outbreak are many, including but not all inclusive, TB must be ruled out using sputum collection in any patient diagnosed with extra-pulmonary TB. Involvement by the local HD to monitor compliance in the management of TB cases followed by private physicians is extremely important. Also, effective TB prevention and control within the correctional setting is essential to the protection of the health of all who reside there, both inmates and staff. Careful monitoring of the TB Exposure Plan, development and implementation of other TB control policies and procedures, and

implementation of quality improvement activities are all critical to monitoring TB transmission in correctional facilities.

For ongoing questions regarding tuberculosis, or assistance with development of policies and procedures, please contact your local health department or visit our website @ www.doh.state.fl.us/disease_ctrl/tb. You can also contact the Bureau of TB and Refugee Health (850) 245-4316 or the TB Physician's Network for information @ 1-800-4TB-INFO. For resources for the Department of Corrections, please contact the TB Program Office at (850) 410-4610.

Calendar of Events-2005

July 13: *Hepatitis 101 Course via phone, 2:00-3:00 pm.* Contact April Crowley @ 850-245-4444, x2580

July 17-18: *Mental Health in Corrections Conference, Chicago, IL.* Information on www.ncchc.org website

July 28-29: *Florida Corrections TB Program, Don Shula's Hotel and Golf Club, Miami Lakes, FL*
Contact Ellen Murray @ 850-245-4316

August 9: *Viral Hepatitis Serology Workshop via phone 10-11:30 am.* Contact April Crowley @850-245-4444, x2580

August 24-25: 2005 FADAA Annual Conference, Hyatt Regency Grand Cypress, Orlando FL. For more information go to <http://www.fadaa.org/>

September 12-16: *TB Comprehensive Clinical Course, AG Holley State Hospital, Contact Suzy Peters @ 850-245-4350*

September 19: *TB Skin Test Train-the-Trainer Course, AG Holley State Hospital, Contact Suzy Peters @ 850-245-4350*

September 27-28: *TB in Corrections-Contact Investigation Course, AG Holley State Hospital, Contact Ellen Murray @ 850-245-4316*

September 29: *Discharge Planning for Corrections, AG Holley State Hospital, Contact Ellen Murray @ 850-245-4316*

October 8-12, 2005: *National Conference on Correctional Healthcare, Denver, CO.* Information on www.ncchc.org website

October 11: *Hepatitis 101 Course via phone, 2:00-3:00 pm.* Contact April Crowley @ 850-245-4444, x2580

December 5-9: *TB Comprehensive Clinical Course, AG Holley State Hospital, Contact Suzy Peters @ 850-245-4350*

December 12: *TB Skin Test Train-the-Trainer Course, AG Holley State Hospital, Contact Suzy Peters @ 850-245-4350*

Publication Disclaimer

This newsletter was supported by Award Number U52/CCU400501-23 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

The Changing Face of Syphilis in Florida

The Florida Medical Association has partnered with the **Florida Department of Health** to publish a special issue of the *Journal of the Florida Medical Association*. This 34 page issue entitled "The Changing Face of Syphilis in Florida" published April 2005 features articles on Epidemiology of Syphilis, Syphilis Serology, Treatment and Special Care Considerations for Syphilis, Syphilis-Dermatologic Manifestations, Social Factors That Influence the Sexual Health and Increase of Syphilis in Florida, Syphilis and Its Reluctant Legal Mistress. This issue is also eligible for earning two CME credit hours. The Florida Bureau of Sexually Transmitted Diseases has posted a copy of this issue on their web site at http://www.doh.state.fl.us/disease_ctrl/std/Publications/Publications.html. Please share this with your correctional health care staff as syphilis has been on the rise in Florida since 2000.

Florida Corrections TB Program— July 27–29, 2005

by Ellen Murray, RN

The Florida Corrections TB Program has been going strong for the past 7 years, and this year is no exception! Our July 28-29, 2005 workshop promises to be the biggest and the best. We were able to secure a great hotel (Don Shula's Hotel and Spa - where the meetings will be held) and will also have tours of Miami-Dade County Jail (approximately 7,000 inmates) and Krome Detention Center just before the Meet & Greet on Wednesday, July 27, 2005. We will have speakers such as Dr. John May, who practices not only here in Florida, but also runs a prison clinic in Haiti and promises to incorporate some of his slides from there into his presentation on TB & HIV & recidivism. You asked for it and we brought it back, our Collaborative Case Conference on the first day will center around TB/HIV in corrections, with the TB Physician's Network participants as our expert panel, as well as the breakout session for nurses as the TST Train-the-Trainer course. Additional topics will include Hepatitis Guidelines, MRSA and how the guidelines can be adapted, a panel discussion on ICE detainees and protocols, TB Contact Investigations and Educational Resources for Correctional Facilities (and how to find them). Hope to see you in July and please bring a friend.

Please see the Department of Health's TB web site to register.
http://www.doh.state.fl.us/disease_ctrl/tb/Calendar/calendar.htm

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Rapid testing numbers for Duval and Broward County Jails are listed below.

Duval County Jails July 2003 through June 2004		Broward County Jails February through June 2004	
Total Tests	3,041	Total Tests	2,197
Non-Reactive	3,024	Non-Reactive	2,123
Reactive	61	Reactive	69
Confirmed	56	Confirmed	68
Confirmed Indeterminate	1	Confirmed Indeterminate	1
Confirmed Negative	3	Confirmed Negative	0



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