

# 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

Volume 1, Issue 1, Summer 2002

**Tom Berlinger, Director of  
Law Enforcement & Jail  
Management Services,  
Florida Sheriffs Association**

On behalf of the Florida Sheriffs  
Association, I am pleased to announce the  
inauguration of the Florida Corrections

Disease Program newsletter  
"Disease Lockdown."

This is a joint effort of the  
Florida Department of  
Health, the Florida  
Department of Corrections  
and the Florida Sheriffs  
Association. We hope to

bring together issues and  
answers to many correctional

questions related to communicable diseases. This is  
not just for medical staff. Communicable diseases  
affect everyone.

As you read through the pages, please reflect on  
the things that you are doing in your own facility and  
how, collaboratively, we can develop a standard of  
care that meets acceptable levels within a correctional  
setting. Many newspapers around the country  
relate stories of inmates' lack of medical care. We  
hope to be able to assist you in your facilities to turn  
that around and make them a safe environment for  
officers, medical personnel and inmates. After all,  
none of us wants to be the subject of tomorrow's  
headlines for failing to provide adequate medical  
care.



## Update on Syphilis Elimination Project at Turner Guilford Knight Corrections Center, Miami, Florida

By Franklin Fletcher, Public Health Advisor for Corrections

Syphilis screening and treatment services began February 6, 2002, at the Turner Guilford Knight Corrections Center in Miami, Florida. Known locally as "SEP@TGK" (Syphilis Elimination Project at Turner Guilford Knight), this project was an outgrowth of the CDC Syphilis Elimination Assessment of March, 2001, in which it was revealed that approximately 20% of Miami's overall syphilis cases were detected within Miami's jail system—despite the fact that only 8% of Miami's roughly 100,000 annual detainees had been tested. Prior to 2002, syphilis testing was only offered during "Health Appraisal", which occurs within 14 days of incarceration, not at intake. With the new program, syphilis screening at TGK now occurs at intake when the detainee is first booked. Increased turnaround time of laboratory specimens will also allow for faster treatment for detainees.

Miami has the fifth largest jail system in the country, and detainees are housed at seven different facilities. Medical services are provided by Corrections Health Services, the health care component of the Miami-Dade County Corrections and Rehabilitation Department. Corrections Health Services is part of the Jackson Health System and Public Health Trust. Two of these facilities conduct intake operations, the Pre-Trial Detention Center (PTDC), with 1,712 beds, and TGK, with 1,300 beds. TGK processes over 30,000 bookings a year, while the Pre-Trial Detention Center processes approximately 57,000 bookings a year. These two facilities process both male and female detainees and operate 24 hours a day.

Syphilis serologies are processed free of charge by the Miami Regional Public Health Laboratory. Serologies may also be processed through Jackson Medical Center, where the jail system maintains an intensive care wing, Ward D, within the medical center.

Prior to the planning and development of the TGK project, an STD demonstration project initiated between October 1999 and February of 2000 tested approximately 600 detainees. Syphilis seroprevalence was found in 30% of female detainees, 3% of male detainees, and 13% overall. Two new cases of syphilis were identified. As a result of this pilot project, the MDCHD and the Miami jail system agreed to increase both the number

*{See Syphilis page 4}*

### Co-Editors

**Landis Crockett, M.D.**  
Chief, Division of Disease Control  
Florida Department of Health

**David L Thomas, M.D., J.D.**  
Director, Office of Health Services  
Florida Department of Corrections

**Production Coordinator**  
**Suzy Peters, Ph.D.**  
Health Education Consultant  
Bureau of TB & Refugee Health  
Florida Department of Health

**Editorial Board**  
**Paul Arons, M.D.**  
Medical Director  
Bureau of HIV/AIDS  
Florida Department of Health

**Tom Berlinger, Director**  
Law Enforcement & Jail  
Management Services  
Florida Sheriffs Association

**Terre Marshall**  
Deputy Director/Administration  
Office of Health Services  
Florida Department of Corrections

**John Miller**  
Director of Field Services  
Bureau of TB & Refugee Health  
Florida Department of Health

**Karla Schmitt, ARNP, MPH, PhD**  
Chief, Bureau of Sexually Transmitted Diseases  
Florida Department of Health

**Kimberly Tendrich, J.D.**  
Chief Legal Counsel  
A. G. Holley State Hospital  
Florida Department of Health

### DOH Contacts for Correctional Facilities

**Franklin Fletcher, Public Health Advisor**  
Bureau of Sexually Transmitted Diseases  
Florida Department of Health  
(850) 245-4444 x2348  
Joel\_Fletcher@doh.state.fl.us

**Ellen Murray, RN Consultant**  
Bureau of TB & Refugee Health  
Florida Department of Health  
(850) 245-4316  
Ellen\_Murray@doh.state.fl.us

**Sandra Roush, MT, MPH**  
Hepatitis Program  
Florida Department of Health  
(850) 245-4426  
Sandra\_Roush@doh.state.fl.us

**Priscilla Wood**  
Bureau of HIV/AIDS  
Florida Department of Health  
(850) 245-4444 x2568  
Priscilla\_Wood@doh.state.fl.us

### 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

## TB—Breathing Beyond the Bars

By Ellen Murray, RN Consultant for Corrections, Department of Health

The importance of having a Comprehensive, All-Inclusive TB Plan in your Correctional Facility

# Editorial Board

**T**uberculosis. A word which can evoke fear and apprehension in inmates, medical staff, officers, attorneys and even judges. Developing a TB Plan appropriate for your correctional facility can be difficult, even with guidelines from the Centers for Disease Control and Prevention (CDC). The airborne transmission of TB in a correctional setting presents a public health problem for employees, inmates and the communities into which inmates are released. TB infection control must be a critical component in the health care system of every correctional facility. Many factors contribute to an effective TB Exposure Control Plan (ECP) in short-term correctional facilities, and current state and federal guidelines can seem overwhelming. Jail personnel need to identify areas which have the greatest potential for disease transmission within the facility, put together a comprehensive TB plan, including use of recognized treatments for latent TB infection (LTBI) and for active TB disease and utilize continuous monitoring and collaborative efforts with health departments and others to decrease transmission and potential liability for administrators and sheriffs.

Many areas are not always identified within the jail when looking at the TB ECP. Airflow, movement and tracking of inmates in court holding areas, van transports and holding cells add to the complexity of assessing potential disease transmission. Cooperation between classification/releases, correctional officers, medical staff and county/state health departments is critical. Jails can potentially have as many as 200 contacts to one active case of tuberculosis, if the situations are right.

In reviewing ways to develop educational tools, we found that development of a QI tool to monitor a TB ECP was essential. We were able to demonstrate how county jails, working in collaboration with CHD and the Bureau of TB, developed a comprehensive TB plan, including areas of monitoring, teamwork and collaborative efforts to minimize and identify quickly active disease clients, as well as treating and completing high risk clients with latent TB infection (LTBI). In doing this, we noted that this collaborative effort has increased TB awareness in corrections facilities in Florida. It also enhanced the working relationship of the county jail and the CHD to facilitate clients' treatment for active TB disease and latent TB infection, thereby decreasing transmission in the local community.

In conclusion, a comprehensive and effective Jail TB Control Plan is necessary to control tuberculosis in any community, as tuberculosis is not just about inmates, it is something that can cross many barriers, including those workers and visitors that "Breathe beyond the Bars."

## HIV & Incarcerated Women

By Early Intervention Section, Bureau of HIV/AIDS

Approximately 138,000 women in the United States are incarcerated. These women make up less than 10% of the prison and jail population but they are five times more likely to be infected with the Human Immunodeficiency Virus (HIV) than incarcerated men. In addition, the proportion of HIV-infected female inmates is much higher than the proportion of HIV-infected women in the general population (3.5% compared to 0.1% respectively). Although small in number, when compared to their male counterparts, incarcerated women who are HIV-positive are a distinctive group with unique needs.

Numerous studies have shown that the same behaviors that lead to incarceration put women at risk for HIV infection. The primary causes of incarceration among women are for nonviolent offenses, such as drug abuse or sex work. Nearly one-third of all AIDS cases among women in the United States have been directly or indirectly linked to injection drug use and 40% are associated with heterosexual contact. In 1999, Florida had the second highest number of

*Continues on next page*

HIV-infected inmates (2,633 or 3.8%), second only to New York; it had the third largest number of HIV-positive incarcerated women, with New York and Texas having the largest populations. Florida has four female-only prisons and the third largest population of HIV-positive women in the nation, with 194 infected inmates for a rate of 5.1% of the prison population. The rate of infected women in Florida jails is unknown but chances are that it's at least as high. In general, HIV has affected minority women disproportionately in the US and women of color make up approximately two-thirds of the female inmate population. This over representation of female minority inmates further magnifies the impact of HIV infection in prisons and jails.

Incarceration provides a unique opportunity to raise general awareness about HIV infection and other health issues and to encourage testing among inmates. Unfortunately, in this setting there are concerns about confidentiality and fear of stigma that can prevent female inmates from volunteering for HIV testing or STD screening. However, it has been documented that peer education programs that focus on women's health issues have a positive impact on the inmate's willingness to be tested. Correctional facilities with discharge planning programs play an important public health role. These programs help incarcerated women make smoother transitions back into the community by linking them to necessary services such as HIV medical care or substance abuse programs. Correctional management of HIV will benefit the woman and her community.

## Hepatitis in Correctional Facilities

Article contains information supplied by: **Corrections Healthcare Network** (<http://www.corrections.com/healthnetwork/index.html>) and **Florida Department of Health, Hepatitis and Liver Disease Prevention and Control Program** ([http://www.doh.state.fl.us/disease\\_ctrl/aids/hep/index.html](http://www.doh.state.fl.us/disease_ctrl/aids/hep/index.html))

Today, nearly 2 million inmates reside in federal prisons, state prisons, and jails, and many are at high risk for hepatitis A and hepatitis B infections. Despite immunization recommendations for those at risk, many are not vaccinated.

### Did you know?

The prevalence of chronic hepatitis B in inmates is estimated to be four times that of the general population (2.1% vs. < 0.5%). In a CDC study of persons with acute hepatitis B, approximately 30% reported a history of incarceration. In one state prison routinely testing all prisoners for hepatitis C virus (HCV), 39% of prisoners were seropositive. Persons with HCV are at increased risk for fulminant hepatitis A. According to a 1996 survey, 2.3% of all state and federal prisoners were known to be HIV-positive and the overall rate of confirmed AIDS cases in U.S. prisons was six times higher than in the general population (0.54% vs. 0.09%). Hepatitis A and hepatitis B immunizations are recommended for all HIV-infected adults by a number of public health and professional associations.

### What is hepatitis?

Hepatitis is a general term for different illnesses that cause a swollen or painful liver. Hepatitis can be caused by viruses, alcohol, certain drugs, or toxins. However, the most frequent causes of hepatitis are viruses, especially the hepatitis A, B, and C viruses. Hepatitis can cause serious illnesses like cirrhosis, cancer of the liver, or even death.

### What are the symptoms of hepatitis?

Adults with hepatitis A usually show symptoms including jaundice (yellow skin and eyes), fatigue (tiredness), abdominal pain, loss of appetite, nausea, and diarrhea. Adults infected with hepatitis B and/or C usually show no symptoms until 10 to 30 years later when they have liver damage.

### How is hepatitis transmitted?

Hepatitis A is transmitted by fecal—oral contact. Hepatitis B is transmitted by blood or body fluids. Hepatitis C is transmitted by blood.

### Who is at risk for hepatitis?

Anyone can get hepatitis, but some people are at higher risk than others for infection or serious disease outcome.

#### For hepatitis A:

- Household or other close personal contacts of infected persons
- Men who have sex with men
- Injecting and non-injecting drug users

#### For hepatitis B:

- Persons with multiple sex partners
- Persons with a history of a sexually transmitted disease
- Men who have sex with men
- Sex contacts of infected persons
- Person who share needles
- Household contacts of chronically infected persons
- Infants born to infected mothers
- Health care and public safety workers
- Long-term hemodialysis patients

#### For hepatitis C:

- Persons who share needles
- Clotting factors recipients before 1987
- Long-term hemodialysis patients
- Blood and/or solid organs recipients before 1992
- People with liver problems or other chronic illnesses
- Infants born to infected mothers

### Is there a vaccine for hepatitis?

There are safe and effective hepatitis A and hepatitis B vaccines. You can consult with the county health department for additional information about the availability of hepatitis testing and vaccination. There is no vaccine for hepatitis C.

### Why should everyone care about inmates with hepatitis?

Because 97% of all incarcerated adults rejoin society.

## Free Hepatitis Video “Silent Killer” for Correctional Facilities

**Educates inmates about 2 serious diseases—hepatitis B & hepatitis C and how to prevent them. Includes first-hand interviews with infected inmates.**

Produced by the American Corrections Association and distributed with permission. Order via: <http://www.corrections.com/hepatitis/register.asp>

Disclaimer: Content provided by the Florida Department of Health presented herein is for informational purposes only. The appearance of an individual or organization's web site in this publication is not intended as or in any manner serves as an endorsement of that individual or organization or any products or services identified on the individual's or organization's site.

*{Syphilis from cover}*

of detainees screened as well as to increase the number of detainees screened at initial intake.

A significant amount of work went into the TGK Project prior to the February 6 start date. In addition to the planning meetings held between the MDCHD and CHS to develop necessary procedures and protocols, a committee was formed to address the need for more infectious disease testing throughout Miami-Dade's correctional facilities. This committee is on going, and will continue its efforts to expand corrections and public health collaborations. Additionally, a Memorandum of Agreement detailed the many specific responsibilities of project participants.

Several smaller projects were also completed prior to screening start. Health Support Technician candidates were interviewed and hired by the MDCHD, and an extensive reorganization of

**"It is hoped that the TGK Project will serve as a model for corrections and public health collaboration at other CHDs throughout Florida and the U.S."**

the MDCHD STD Program resulted in establishing a "Jail Team," with a supervisor position funded by the CDC. Finally, three Disease Intervention Specialist workers were assigned to full-time jail activity. In April, a Data Entry Operator (DEO) position was added just to keep up with the large amount of data entry required by the screening project.

In the near future, more data will be available regarding data collection, numbers

tested, seropositivity, and new cases identified. The Data Reporting Unit of the Bureau of STD Prevention has developed computer software specifically for this jail screening project so that data may be collected and presented in report format identifying the number of people tested, number of positives, and the number of new syphilis cases. In addition, socioeconomic information and information regarding STD history are also collected. Other infectious disease screenings can be tracked by this software as well. It is hoped that the TGK Project will serve as a model for corrections and public health collaboration at other CHDs throughout Florida and the U.S. A presentation for the corrections community is already being developed for the July 25/26th Florida Corrections TB Program Workshop, which will be held in Cocoa Beach, Florida, at the University of Central Florida.

Many thanks go out to all the individuals and organizations for being project mentors and gracious hosts to out-of-state visitors. Those that have contributed to this project include: the Miami-Dade County Health Department, Corrections Health Services, the Miami-Dade County Corrections and Rehabilitation Department, Jackson Medical Center Public Health Trust, the Florida Department of Health Bureau of STD Prevention and Control, the Tennessee Department of Health and the Nashville Jail Screening Project, and the Davidson County Criminal Justice Center, Nashville, Tennessee.

# The Reading Corner

## The Booking Nurse Screening Sheet Blues

By: Eileen E. Hufnagel December 4, 1991  
(Eileen worked at Broward County Jail when she wrote this and is now with the TB program at the Broward County Health Department)

Do you have any medical problems that we should know about?

My sugar is high, I need a snack  
And oh my dear, my aching back  
The pills I take, I take at night  
The color I think might be white  
Two years ago my migraines came  
Because of that, now I'm lame  
I've got chronic cough and asthma too  
The pills I take - I think they're blue  
There's history of hepatitis, bubonic plague  
And tonsillitis  
I have a rash behind my ears  
I've only had it seven years  
The gunshot wound was to my head  
The pills I take, I think they're red  
A triple bypass I just had  
My hands are numb, my feet are bad  
There is an itch in parts unseen  
I remember now, the pills are green  
There is a cold sore on my lip  
Did I mention...I have a drip?

WHAT'S THAT YOU SAY?

**N.T.A.!!!!!!!  
A Miracle!  
I'm cured you know  
Thank you nurse  
I gotta go!!**

*N.T.A means "Notice To Appear" A term used when someone is arrested but doesn't go to jail, and must appear in court on a specific date ( generally a small crime, or misdemeanor.)*

## Deputy's Corner

By Alex Whitbeck, Lt., Highlands County Sheriffs Office

Over the last four years or so that I have been attending the Florida Corrections TB Program, I have actually gotten something out of it. I just want to relate a story to you that happened. About two months ago, myself and one of our detention deputies were asked to transport seven (7) inmates to the U.S. Marshal's office down in the southern part of the State. The inmates had been in our jail for about one week. A few days after we transported them to the U.S. Marshal's, we received a call saying that two of the inmates had tested positive for TB. I advised the administration that I did not feel that we had anything to worry about, as I had remembered the two inmates and did not feel they had demonstrated any of the symptoms of tuberculosis. About two weeks later, we received a call stating that everything was O.K. So you see, I did learn something from attending the FCTP program.

July 24, 2002

Florida Corrections TB Program (FCTP)

Pre-Workshop Tours

Brevard County Jail Tour

Brevard Correctional Institution Tour

1:00-4:30 p.m.

FCTP Pre-Workshop Meet and Greet

Holiday Inn-Captain's Grill Cocoa Beach, FL

6:00-8:00 p.m.

July 25-26, 2002

Florida Corrections TB Program Workshop

Florida Solar Energy Center

University of Central Florida

Cocoa, FL

August 27-29, 2002

Tuberculosis in Corrections: Contact

Investigation Course

Hillsborough County Jail

Tampa, FL

September 9-13, 2002

Comprehensive Clinical TB Course

AG Holley State Hospital

Lantana, FL

October 17, 2002

Department of Corrections

Annual Case Conference (Video-conference)

10 am-4 pm (dc.state.fl.us)

"Health Services meeting announcement" link  
for details and to register.

For additional information on these  
events, please contact  
Suzy\_Peters@doh.state.fl.us or  
call 850-245-4350

### Interesting Web Sites

CDC-National Prevention Network

(AIDS, STD and TB)

<http://www.cdcnpi.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](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](http://www.cdc.gov/niosh/homepage.html)

Medscape Infectious Diseases

<http://www.medscape.com/infectiousdiseaseshome>

## Tuberculosis in Corrections: Contact Investigation Course

August 27-29, 2002 8 am-5 pm

Hillsborough County Jail, Tampa, FL

Limited enrollment-no charge

Sponsored by the Florida Department  
of Health and the Hillsborough 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

# Florida Corrections Tuberculosis Program Workshop

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

Have you registered for the Florida Corrections Tuberculosis Program (FCTP)—  
Workshop?

If not, then hurry to do so while there is still time. This is an opportunity for you to learn and you will leave with a new perspective about TB and other diseases in a correctional setting. The workshop will feature a great group of speakers from varied backgrounds. They will cover variety topics—all related to the correctional setting. The agenda includes: World Health Organization (WHO)—Strategy for Tuberculosis Control in Prisons, [come hear why this will help you]; Treatment Protocol; Case Management; Corrections—Special Issues; Massachusetts Department of Corrections, [Are they doing something which may work in your program?]; Do you know about Health Fraud?; Communications within facilities, [If this is not a problem for you, then we need your suggestions] and Communication between facilities and offices [your way may be just the idea someone else needs] and there is more.

If you have never been to a FCTP Workshop (meeting) then be sure to attend the Meet & Greet. This is a time when we don't have an agenda and no one is in charge. The most important part of this time is the opportunity to sit and talk to each other. We share talents (bring your guitar, banjo, whatever—we will sing along as you play), contact information, ideas and in general "network."

On Wednesday afternoon we have tours scheduled at the Brevard County Jail and Brevard Correctional Institution (across the road from each other). The staff at Brevard Correctional Institution is preparing refreshments for the break between the two tours. I have sampled brownies made by "the Brownie Queen" and they were great.

The deadline for the special rate at the Holiday Inn, Cocoa Beach has been extended to July 10, 2002. For those who plan to bring family members the hotel has a "water park" area for the children and a "sand" yard, tennis courts, shuffle board, and "arcade" game room. The hotel is also located on the beach. For reservations call 1-321-783-2271 and ask for the Florida Department of Corrections rate (\$69.00 plus tax per night).

The complete packet of information, including the agenda and registration form is located on the DC Web Pages at <http://www.dc.state.fl.us> (under "Health Services Meeting Announcements") and the DOH web site at [http://www.doh.state.fl.us/disease\\_ctrl/tb](http://www.doh.state.fl.us/disease_ctrl/tb) (under "Calendar").

If all this is not enough to stimulate your interest, we have T-shirts, baseball hats, golf balls, etc. for drawing prizes plus there is no registration fee. What can be better than free TB education, free professional credits, and lots of fun in a "beach" setting.

Do you still have questions about the workshop? 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, DC 850-410-4618**

**Ellen Murray, RN, DOH 850-245-4316**

**Lt. Alex Whitbeck, Highlands County Sheriff's Office 863-402-7226**

**Don't miss this chance to be a part of a Win/Win activity  
See you in Cocoa Beach/Cocoa, FL**

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.