

DISEASE LOCKDOWN

A 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

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Patient Education Resources For The Correctional Healthcare Provider

By: Chuck Bailey, RN, IDC

In our efforts to provide **written medical information** to our patient population, **cost of materials is a major factor.**

There are **many companies** that provide **colorful, easy-to-read, bilingual materials** that can be purchased, but they usually are expensive and in reality, they are not cost effective. What usually happens to handouts given to most patients? After being read, they probably end up in the trash.

Correctional medical budgets are usually **strained to the breaking point** and there are other ways to provide patient educational materials in English and Spanish for our patients to read and take with them:

- 1. Have internet access available** in the work environment for those medical staff involved in patient teaching, especially the nurses at the correctional facility. Major web-sites can then be easily accessed and materials located quickly.
- 2. Access toll-free numbers** for state and national organizations that may have materials available for free. Remember, even if they send you only one handout or one poster, that is one less you have to buy, which saves your budget money. At our institution, on those materials I do not have many of, I put a sticker on it that says "Please, do not remove this from the clinic so all patients can read it." My inmate population has seen the effort I have put into this area over the last six years and the materials do stay in our clinic.
- 3. Contact your local, county and state health departments** and ask if they have any patient education materials you can have. These sources in Florida have been wonderful providers for my institution.
- 4. Support your staff** in attending local health fairs that most community hospitals or medical organizations may be providing in your city. There is a wealth of free materials at these events.
- 5. Read the newspaper** to see if there is any health information that pertains to medical

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

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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

Florida's Jail Linkage Project

Early Intervention, Bureau of HIV/AIDS, Florida Department of Health

In early 2002, the Department of Health (DOH) funded seven counties in Florida to implement **transitional services in their local jails**. Broward, Indian River, Lee, St. Johns and St. Lucie counties were funded \$50,000 each, Pinellas County was funded \$80,000 and Pasco County was funded \$20,000 to begin implementation of the Jail Linkage Project through their county health departments.

The Jail Linkage Projects includes **counseling and testing** for HIV (Human Immunodeficiency Virus), tuberculosis, hepatitis and STDs (Sexually Transmitted Diseases); prevention education; pre-release planning for inmates; and **follow-up services** to ensure the releasees are still in care in the county. Each county's program varies according to specific needs of the individual inmates present in the jails and the specific service providers. To date, the seven counties continue to provide prevention and intervention services to jail inmates while gathering outcome data.

Future issues of Disease Lockdown will feature a more detailed overview of each of the seven Jail Linkage Programs in Florida. Our first overview comes from the Pinellas County Jail Linkage Program.

Make the Change — Pinellas County Jail Linkage Program

The Pinellas County Jail Linkage Program is an innovative program

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issues facing our patient population. Every national newspaper frequently carries the most current information on a variety of health issues: heart disease, HIV, TB, hepatitis, cancer, stroke, STDs, asthma, etc. They can be cut out and placed on inexpensive poster board and placed in a prominent place in your clinic.

At my facility, we have **not spent any money on patient educational materials** for four years now. By accessing the Internet, calling toll-free numbers to health organizations, going to community health fairs, establishing a rapport with our county and state health departments as well as national organizations such as the CDC, our clinic is well stocked with a large variety of posters, (those made by myself as well as those obtained from the mentioned sources) and handouts.

With a **small amount of time invested**, this is one area that can greatly benefit your medical department without adding a strain to your budget.

(Chuck Bailey is an RN and one of the Infectious Disease Coordinators at the Federal Correctional Complex in Coleman, Florida. FCC Coleman has four institutions: Penitentiary/Medium/Low/Camp, with a total inmate population of 5700.)

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inaugurated in **Pinellas County** by the **Pinellas County Health Department** in collaboration with the **Pinellas County Sheriff's Department**. The jail project conducts **risk assessments** of inmates to determine those at high risk of infection, and in need of **HIV, STD, tuberculosis, hepatitis testing, treatment and follow-up** services. This program is one of the first of its kind statewide and has served as a model for other areas hoping to develop similar projects. This program is able to provide **prevention education** and **testing** to individuals at high risk of infection who might otherwise "slip through the cracks" of the system. The inmates screened and tested through this program are made aware of their HIV, STD, tuberculosis and hepatitis status. A particular **emphasis** is placed upon **hepatitis A, B, and C** during the inmates screening process. Staff have experienced no difficulty in integrating this important health issue into the screening and testing procedures and anticipate that other locations would find it equally easy to include this in their jail protocols. In addition, patients at high risk for hepatitis receive vaccines and valuable education regarding this illness. They are linked to appropriate services, treatment and support upon their release.

The collaboration with the Pinellas County Sheriff's Office has been essential in overcoming barriers to service. Contact with other **disease prevention/intervention** agencies has been **greatly enhanced** during the period that this project has been in existence.

The Jail Linkage Project has been fine-tuned to provide **maximum efficiency** in the use of **prevention funds**, as well as a new and highly successful method of providing HIV, STD, tuberculosis and hepatitis services to a population in great need.

For more information on the Pinellas Jail Linkage Program, please contact: Lisa Cohen at (727) 824-6902 x11446, Lisa_Cohen@doh.state.fl.us. Data for this project may be accessed at the DOH website address indicated on the front cover, then go to *correctional data*.

Comings and Goings at the Department of Corrections

Retirements by Ellen Murray, RN Consultant, Bureau of TB and Refugee Health



Mary Muench

Those of you who have attended the Florida Corrections TB Program (FCTP) know the name Mary Muench very well. She began as the **coordinator of the FCTP** approximately five years ago and has taken it to where it is now. Twice a year, the FCTP holds

meetings for all the correctional facilities in the state of Florida and Mary has been the voice on the other end of the phone; the driving force for obtaining interesting speakers and supporters.

Mary has been with the **Florida Department of Corrections** for approximately **10 years** as **TB Program Coordinator** and, prior to that, she was with the Leon County Health Department, also in their TB Program. Over the 10 years with the Department of Corrections, she has taken the TB program from 22 cases identified in 1993 to 8 cases identified in 2003. Those of us who have worked with her appreciate her dedication and attention to detail and recognize that the FCTP and the Department of Corrections TB programs are what they are today because of Mary's diligence. **She will be missed. Enjoy your retirement Mary.**

Sara Straub

Also retiring is Sara Straub, **Registered Nurse Consultant**, Infection Control Program. She will be retiring in January 2004 after years of exceedingly competent, dedicated service to the department.

The New Team

Chanda G. Alford

Ms. Alford will also be part of the **TB program** team replacing **Robin Synder** as a **Registered Nurse Specialist**. Ms. Alford will be working in TB case management and contact investigation for the prison system and will be based in Tallahassee. She will share statewide responsibilities with Ms. Carol Clark, who has been with the program for a number of years. Ms. Alford brings a wealth of experience in public health, jail health services, infection control and legal nurse consulting. Of particular interest is her many years as the TB

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The Hepatitis Corner

HCV/HIV Co-Infection

By April Crowley

Hepatitis Program, Bureau of HIV/AIDS, Florida Department of Health

HCV/HIV co-infection refers to an infection with both the hepatitis C virus (HCV) and the human immunodeficiency virus (HIV). Nationally, approximately 4 million people are infected with HCV and about 1 million people are infected with HIV.

It is estimated that **20-30 percent of HIV positive clients are also infected with hepatitis C**. This rate of co-infection is highest (up to 80-90 percent) among those who acquired their HIV infection through sharing needles for injection drug use. HCV/HIV co-infection rates are particularly high in the incarcerated community, largely due to injection drug use.

In addition to HCV/HIV co-infection, consideration should be given to other co-infections. These might include hepatitis A and hepatitis B co-infection in men who have sex with men, especially with multiple partners. Other sexually transmitted diseases (e.g., syphilis) and blood-borne diseases should also be considered as possible co-infective pathogens.

Health care providers should think about the **possibility of increased illness, or even death**, in a co-infected individual. For example, studies have shown that although HIV/AIDS treatment in a person co-infected with hepatitis C may be successful, that person may then survive their HIV infection, only to experience liver cancer, liver failure, or even death due to hepatitis.

HIV infection tends to make hepatitis C infection progress more rapidly. Because **HIV diminishes the ability of the immune system** to fight off infection, it speeds up the rate of liver damage caused by HCV. This places the co-infected patient at a greater risk for cirrhosis, liver cancer and liver failure. Similarly, while relatively few people die due to hepatitis A infection, the risk of mortality in those with acute hepatitis A is increased for a person who is already infected with hepatitis C.

Many medications that are used to treat HIV are processed in the liver. Therefore, it is crucial for inmates and others to discuss **every medication they take** (prescription or over-the-counter) with their health care provider.

People who are infected with **HCV should be vaccinated for hepatitis A and hepatitis B**. Both of these liver diseases can be very serious in someone with hepatitis C, and especially someone who is co-infected with HCV and HIV.

To prevent the spread of HCV and HIV, anyone infected should: **avoid sharing needles, razors, toothbrushes, and other objects** that might be contaminated with blood; cover open wounds; and take precautions to ensure that others are not exposed to their blood or body fluids.

For more information on hepatitis, visit the **Florida Hepatitis and Liver Failure Prevention and Control Program** Web site at **www.myflorida.com**. Type "hepatitis" in the search screen.

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Nurse Case Manager in the Escambia County Health Department. Welcome to Ms. Alford.

Barbara J. Gossett

Ms. Gossett joined the Health Services team as a **Registered Nurse Consultant** to assume the duties and responsibilities of the Infection Control Program and will be taking Sara Straub's position. Ms. Gossett has more than 20 years experience as a Registered Nurse with background in infection control.

Calendar of Events-2004

January 28-30: *Florida's Multi-Cultural Conference on AIDS*, Orlando. Contact Towanna Bonnett, Bureau of HIV/AIDS, (850) 4444, extension 2452.

January 29-30: *Florida Corrections TB Program, Orange Park, Clay County Jail Tour and Meet & Greet on the 29th, FCTP Program on the 30th.* No registration fee. Contact Ellen Murray, Bureau of TB & Refugee Health at 850-245-4316.

February 11: *Hepatitis 101 Teleconference*, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

February 17-18: *Substance Abuse Consultation Meeting*, Tampa. Contact Nita Harrelle, Bureau of HIV/AIDS, 850-245-4444, extension 2565

March 1-5: *Comprehensive Clinical TB Course*, AG Holley State TB Hospital, Lantana. Contact: Melody McIntosh at 561-582-5666.

March 8: *TB Skin Test Train-the Trainer Course*, AG Holley State TB Hospital, Lantana. Contact: Melody McIntosh at 561-582-5666.

March 10: *Hepatitis 101 Teleconference*, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

March 10-12: *Tuberculosis in Corrections: Contact Investigation Course*. Betty Easley Center, Tallahassee. 8:00 am-5:00 pm. Limited enrollment, no charge. Contact Ellen Murray, RN. 850-245-4316

March 27-30: *16th AETC National HIV Update Conference and 13th Annual Florida HIV Conference-Southern Florida*. The conference will have five tracks: treatment and research, prevention and harm reduction, mental health and addictions, care and services, and public policy and funding. Contact: Michael D. Knox, Ph.D., Director Florida/Caribbean AIDS Education and Training Center at knox@fmhi.usf.edu or call 813-974-1925.

April 14: *Hepatitis 101 Teleconference*, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

May 12: *Hepatitis 101 Teleconference*, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

June 7-11: *Comprehensive Clinical TB Course*, AG Holley State TB Hospital, Lantana. Contact: Melody McIntosh at 561-582-5666.

June 9: *Hepatitis 101 Teleconference*, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

June 14: *TB Skin Test Train-the Trainer Course*, AG Holley State TB Hospital, Lantana. Contact: Melody McIntosh at 561-582-5666.

Prison vs. Work

Just in case you ever got the two mixed up. This should make things a bit more clear . . .

IN PRISON... you spend the majority of your time in an 8X10 cell.
AT WORK... you spend the majority of your time in a 6X8 cubicle.

IN PRISON... you get three meals a day.

AT WORK... you only get a break for one meal and you have to pay for it.

IN PRISON... you get time off for good behavior.

AT WORK... you get more work for good behavior.

IN PRISON... the guard locks and unlocks all the doors for you.

AT WORK... you must carry around a security card and open all the doors for yourself.

IN PRISON... you can watch TV and play games.

AT WORK... you get fired for watching TV and playing games.

IN PRISON... you get your own toilet.

AT WORK... you have to share with some idiot who pees on the seat.

IN PRISON... they allow your family and friends to visit.

AT WORK... you can't even speak to your family.

IN PRISON... all expenses are paid by the taxpayers with no work required.

AT WORK... you get to pay all the expenses to go to work and then they deduct taxes from your salary to pay for prisoners.

IN PRISON... you spend most of your life inside bars wanting to get out.

AT WORK... you spend most of your time wanting to get out and go inside bars.

IN PRISON... you must deal with sadistic wardens.

AT WORK... they are called managers.

So why is it again that we work?

Calendar

Publication Disclaimer

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