

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 4, Issue 1, Winter 2006

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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

Vibrio vulnificus

Roberta Hammond, PhD

V*vibrio vulnificus* is a little-known bacterium that lives in the warm waters of the Gulf coast. It can cause mild gastroenteritis, wound infections or septicemia in high-risk groups. People in high-risk groups should avoid swimming or wading in Gulf coast waters when they have open wounds or scratches. They should also avoid the consumption of raw oysters. They can, however, consume thoroughly cooked oysters, or oysters that have been post-harvest treated to kill these bacteria.

High-risk groups include people with liver disease, especially those with any type of viral hepatitis or cirrhosis. Other groups also at increased risk are alcoholics, people with hemochromatosis, diabetes, other chronic gastrointestinal disorders or diseases such as leukemia, and people with HIV/AIDS or who are otherwise immunosuppressed. People who have liver disease constitute the majority of the cases and are at the highest risk. Of these high-risk patients, approximately 50% of those who get *Vibrio vulnificus* from the consumption of raw oysters die. In Florida from 1988-2003, there were 157 cases of *Vibrio vulnificus* from raw oyster consumption; of these, 71 (45%) died.



Editor's Note:

Dr. Hammond works in the DOH Division of Environmental Health, and is the Food & Waterborne Disease Coordinator for Florida.

The State of Florida, with the Interstate Shellfish Sanitation Conference (ISSC), is working to provide information about *Vibrio vulnificus* to high-risk groups, health care providers and to the general public.

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Disease Lockdown Goes to Electronic Version Only

Starting with the next issue of *Disease Lockdown*, this publication will only be available via e-mail subscription or via the internet. This was done for ease of publication, more timely articles and above all, cost savings. A typical issue with printing and mailing can cost up to \$1,500. With today's technology, electronic publishing is becoming the standard. Each issue will still be available on our web site at http://www.doh.state.fl.us/disease_ctrl/tb/Corrections/Disease-Lockdown/DiseaseLockdownMain.htm

Please provide us your e-mail address on the back cover of this newsletter or by sending an e-mail to Ginny_Grimsley@doh.state.fl.us. As soon as a new issue is released you will be notified with the link to that issue. Please feel free to share with all your staff. Thank you.

New S.E. National TB Center

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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 e-mail your material to Ginny Grimsley, Ph.D, Florida Department of Health. Electronic copies are preferable via e-mail to:
Ginny_Grimsley@doh.state.fl.us.

The Southeastern National Tuberculosis Center (SNTC) is one of four "regional training and medical consultation" centers funded by the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination to support the TB prevention and treatment efforts through training, educational product provision, technical assistance, and medical consultation. Funded through a cooperative agreement between the Florida Department of Health and the CDC, the SNTC provides services to the 13 southeastern states, including Puerto Rico, and the US Virgin Islands.

The Mission of the SNTC is simple yet complex: Share, learn, cure – connecting TB health care professionals with information, training and expertise. The purpose of the Center addresses the training, education, medical consultation, and technical assistance needs of healthcare providers and TB programs in the southeastern states towards our common goal of elimination of tuberculosis. The guiding principles provide direction for the planning and implementation of SNTC activities and include:

- ❖ Recognition of the ultimate aim of TB programs regarding the control and eventual elimination of tuberculosis;
- ❖ Inclusiveness, communication with, and accountability to our stakeholders;
- ❖ Programming based on state-of-the-art treatment and training methodologies;
- ❖ Appreciation of the diversity, history, and technical expertise of the TB providers in our region; and,
- ❖ Alignment with the National Strategic Plan for Tuberculosis Training and Education goals.

The Central Office at the University of Florida Health Science Center brings the capacity of one of the nation's largest health center complexes to the SNTC. With colleges of dentistry, medicine, nursing, public health and health professions, pharmacy, and veterinary medicine, the UF Health Science Center encompasses thousands of faculty, residents, Fellows and students with nearly \$300 million in research awards, and numerous clinical care options.

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Vibrio vulnificus health information resources and consumer education pamphlets are available from the following sources:

ISSC Consumer Education Pamphlet: http://www.issc.org/EDU/pamphlets/RISK_EATING_RAW_OYSTERS_CLAMS.html (this pamphlet can be downloaded or you can contact the ISSC for printed copies of the pamphlet)

FDA BadBug book technical information:
<http://www.cfsan.fda.gov/~mow/chap10.html>

CDC technical information: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/vibriovulnificus_g.htm

St. Johns County Jail Linkage Program

St. Johns County Health Department

In early 2002, the St. Johns County Health Department was awarded \$50,000 to provide testing and linkage services to inmates for HIV, STDs and hepatitis at the St. Johns County Jail. This grant has provided the opportunity to open a door to a population that rarely receives education and/or prevention information about infectious disease and how to avoid at risk behaviors that might result in contracting these diseases.

The St. Johns County Jail Linkage Project works in collaboration with the St. Johns County Sheriffs Office by providing counseling and testing for HIV, STDs and hepatitis A, B, and C; pre-release planning for inmates, linkage to the St. Johns County Health Department and follow-up services as needed. Each pre-release plan is structured to the current needs of each individual inmate. The service is provided on a volunteer basis. Each inmate that chooses to be a part of the program is made aware of their HIV, STD and hepatitis status, followed by a counseling and education segment to inform the inmates on how to protect themselves from contracting a disease or further transmission. Each inmate that demonstrates risky behaviors receives the hepatitis A and B series of vaccinations to protect them from contracting the illness. Inmates are then linked to appropriate support services prior to their release.

Since this program has been in existence, the St. Johns County Health Department has provided over 300 hepatitis vaccinations and over 500 inmates have received critical prevention information and facts about HIV, STDs, and hepatitis. As a result this growing population is slowly beginning to learn the hazards of HIV, STD's and hepatitis.

For more information on the St. Johns County Health Department Jail Linkage Project, please contact Jere' Morrow, St. Johns County Jail Linkage Project Coordinator/Health Services Representative, at (904) 825-5055, x112, or via email at Jere_Morrow@doh.state.fl.us.

Handouts/Brochures Distributed	
HIV/AIDS	449
Hepatitis	394
Nutrition	6
Substance Abuse	55
STD	364

St. Johns County Jail Linkage Project January 2003 through June 2005				
Disease Screening	Tested	Positive/Confirmed	% Positive	Vaccine Given
Syphilis	289	5	1.7%	
Gonorrhea	305	2	0.7%	
Chlamydia	308	19	6.2%	
HIV	336	5	1.5%	
Hepatitis A	293	9	3.1%	157
Hepatitis B	292	17	5.8%	227
Hepatitis C	292	55	18.8%	

Referrals Given	
CHD	69
CBO/ABO	9
Substance Abuse Treatment	60
ADAP	46
Private Provider	2
Regional Discharge Planner	27
Support Groups	6

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The SNTC Clinical Training Campus at A.G. Holley State Tuberculosis Hospital in Lantana, Florida, offers the unique opportunity for healthcare professionals from throughout the region to benefit from fifty years of unique TB experience. The Clinical Training Campus provides on-site clinical intensive courses, the SNTC mini-fellowship experience, and grand rounds lectures on-site and "broadcast" throughout the region, as well as serving as the hub for the Medical Consultation Service. A.G. Holley Hospital serves as Florida's only public health hospital dedicated to the cure of tuberculosis and is an integral part of the Department of Health, Division of Disease Control, TB Control Program. With a mission of "assure the cure," the vision of AGH invites excellence from the SNTC program as well. A. G. Holley Hospital will continue to be nationally recognized as a "center of excellence" in the treatment to cure persons with tuberculosis.

For more information, you may contact the SNTC Central Office via phone: 352-265-7682 of fax: 352-265-7683, or the Medical Consultation Hotline at 1-800-4TB-INFO. The mailing address is P.O. Box 103600, Gainesville FL 32610-3600, or the physical address, located at 1329 SW 16th Street, Gainesville, FL 32608.

A Case Manager's Story of Serving a Newly Released Inmate

Bureau of HIV/AIDS, Early Intervention—

*All names have been changed to ensure confidentiality

As I sat in my office, shuffling through files and waiting for calls to be returned from providers, I received a call from Kay, the pre-release planner at the Department of Corrections. Her current client, Joe, who was HIV infected, was scheduled to be released in several weeks. He was in need of case management services to link him with medical care and pharmaceutical assistance, but intended to move to Tallahassee with his mother who had no phone service, and we had no real means of contacting him. Joe intended to move to Tallahassee with his mother who had no phone service, which was hard to contact him. Joe was familiar with the agency's office location and Kay requested that I schedule an appointment at the time of the call. I was reluctant to schedule an appointment, due to stringent eligibility criteria, but the need to maintain Joe's medical compliance was overpowering. Kay and I discussed the eligibility information Joe needed such as residency, income and Medicaid application verification. Kay informed me that Joe's medical records would be sent prior to his release. I explained to Kay that an intake on the day of our appointment would be unlikely since he would need to meet all of the eligibility criteria before enrollment, but that I would do my best to point him in the right direction for care.

Several weeks passed and Joe was released. As promised, I received his medical records from the prison and retained that information as HIV verification. His medical records indicated that he had been adherent to medical care and medications while in prison. Upon arrival, Joe brought some of the information I had requested. Although, as anticipated, the requirements for eligibility are so stringent that it was unrealistic for him to have all the information ready upon his release. Regardless of the missing documentation, Joe and I discussed his background. As he and I talked, I learned that he had been in prison from the age of 18 to 31, nearly 13 years, excluding a 10-month period when he was released and then re-offended, sending him back to prison. Joe expressed great fear of adjusting back to normal life since he had been in prison for such a long period of time. He had a rap sheet that included everything from armed robbery to possession of narcotics with intent to distribute. We discussed ways in which he would be able to avoid re-incarceration and he explained that he had already been offered a position working with a local roofing company. He had plans to work as hard and as much as he could so that he would stay out of trouble. I foresaw that this could interfere with his willingness to continue with medical care since he would not leave himself much time to go to the doctor or get medications. I suggested that he take the rest of his day off to go to the Title 3 clinic to be enrolled for care and apply for Medicaid at the Department of Children and Families (as this would be a requirement for enrollment at both ADAP and our agency). I scheduled an appointment for an official intake several days later so that he could collect all of the necessary information.

Several days later Joe returned to my office with his paperwork in hand and his eligibility requirements met. He had already been linked with an HIV primary care doctor and was planning to enroll in ADAP following our appointment. I completed the intake and thanked him for being so proactive in his care. Joe reiterated that he was doing whatever he could to avoid re-incarceration and this was one thing to help with that.

After Joe's enrollment, he called frequently to let me know how he was doing. As time went on the calls decreased and I began calling him at work to make contact. Copies of his labs, which came across my desk, were beginning to look increasingly worse as his CD4 count dropped and his viral load increased significantly. Joe was no longer calling me and was not returning my phone calls. Eventually, I was no longer receiving copies of labs. I grew more and more worried that Joe had violated probation and was back in prison until I received a call from the social worker at the local hospital. Joe was in the hospital with PCP pneumonia, shingles and thrush. According to the social worker at the hospital, Joe had not been taking his HIV medications for months, almost as long as he had been out of prison. I agreed to visit Joe in the hospital to talk about his adherence.

When I walked into Joe's hospital room, I was shocked. The muscular man I once knew had shrunk to the image of a wasting AIDS patient. He looked awful and had tubes running all over his body. Joe confessed that he had begun using drugs again, with his co-workers, shortly after his release and had stopped taking his medications. Joe was admittedly scared about his fate as he lay in his hospital bed. As a case manager I took this opportunity to empower Joe to begin to take an active role in his care. I told Joe how lucky he was to have another chance and to have his mother there for support. Joe and I talked at length about what this experience could do for him. Following our conversation, he made a commitment to himself to begin taking his medications and seeing the doctor routinely.

Joe was eventually released from the hospital and his health began to improve. His CD4 count began to increase while his

Calendar of Events-2006

January 4-6: *HIV/AIDS Program Coordinators Meeting*, Destin, FL Hilton Sandestin Beach Resort. Contact Debbie Norberto at 850-245-4444, ext. 2515

January 11: *Hepatitis 101 Teleconference, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Teleconference with slides on web site.* To register, click on:

http://www.doh.state.fl.us/disease_ctrl/aids/hep/Hep101/101regform.htm

Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

January 27: *Florida Corrections TB Program*, Bay County Health Department, Panama City, FL. Contact Holly McPhail, Bureau of TB & Refugee Health at 850-245-4350.

March 6-10: *Comprehensive Clinical TB Course*, AG Holley State TB Hospital, Lantana. Contact Melody McIntosh at 561-582-5666 or Holly McPhail, Bureau of TB & Refugee Health at 850-245-4350.

March 13: *TB Skin Test Train-the-Trainer Course*, AG Holley State TB Hospital, Lantana. Contact Melody McIntosh at 561-582-5666 or Holly McPhail, Bureau of TB & Refugee Health at 850-245-4350.

March 29-30: *Ryan White C.A.R.E. Act All Titles Meeting* – Orlando, FL – for more information contact Lucretia Jones at (850) 245-4444 ext. 2535.

March 31-Apr.1: *15th Annual HIV Conference of the Florida/Caribbean AIDS Education and Training Center*-Orlando-Rosen Centre Hotel: For more information log on to <http://www.faetc.org/conference/>

April 12: *Hepatitis 101 Teleconference, a one-hour introductory course on hepatitis A, hepatitis B, and hepatitis C. Teleconference with slides on web site.* To register, click on:

http://www.doh.state.fl.us/disease_ctrl/aids/hep/Hep101/101regform.htm

Contact April Crowley, Bureau of HIV/AIDS, 850-245-4444, extension 2580.

May 8-11: *2006 National STD Prevention Conference*, Hyatt Regency, Jacksonville, FL. Contact Frank Meyers, (850) 245-4444, ext. 2353 or Lori Jordahl (305) 325-25-3048. For more information log on to <http://www.cdc.gov/stdconference>

June 5-9: *National Conference on Correctional Healthcare*, Denver, CO. Information on www.nchc.org website

June 12: *TB Skin Test Train-the-Trainer Course*, 2:00-3:00 pm. Contact April Crowley @ 850-245-4444, x2580

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.

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viral load dropped. He also began to call in regularly, and his doctor was impressed with his improvement. A few months after Joe's hospital stay, he had gained weight and his CD4 count was almost at the normal range. When Joe and I recently spoke he was happy and told me that he had learned that falling back into his "old ways" had not only caused a risk for his return to prison, but also caused extreme negative impacts on his health. Joe now focuses on both his work and his health. He knows that he must maintain a lifestyle that helps him maintain his health.

Florida Department of Health Comings and Goings

In October 2005, Philip E. Reichert was appointed as the new Program Administrator for the Hepatitis Prevention and Control Program within the Department of Health's Bureau of HIV/AIDS.

Reichert began his public health career in 1979, and has worked in HIV Early Intervention and Prevention since 1995. He can be reached at (850) 245-4426 or phil_reichert@doh.state.fl.us

Cheryl Urbas also joined the Hepatitis Program in October, as the new Field Services Coordinator. Urbas will be working closely with the Hepatitis 09 Program Coordinators and will oversee the tracking, logging and management of hepatitis vaccines through the 09 Program. She can be reached at: (850) 245-4444 x2589 or: cheryl_urbas@doh.state.fl.us.

Calendar

The Florida Department of Health will be saying goodbye to **Ellen Murray** and **Suzy Peters**, two corrections advocates from the Bureau of TB & Refugee Health. Suzy will be retiring after 35 years in education and training most recently as Health

Education Consultant for TB Control and Production Coordinator for Disease Lockdown. Ellen Murray, RN Consultant for Corrections with the Bureau will be accepting a position with the newly established Southeastern National TB Center (SNTC) at the University of Florida in Gainesville. Ellen will still do corrections training in Florida with the SNTC but will also expand her expertise throughout the Southeastern US. Ellen is also the Godmother of the Florida Corrections TB Program (FCTP). She and Mary Muench started FCTP back in 1998 to coordinate communication between the Florida Sheriff's Association, Department of Corrections and Department of Health, raising the awareness of TB in correctional facilities throughout Florida. This effort has now developed into semi-annual training meetings and a corrections infection workgroup that provides training and services in TB, HIV/AIDS, STD and Hepatitis. Thank you ladies, for getting corrections on the healthcare map in Florida.



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