

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

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PREVENTION AND TREATMENT SERVICES FOR INJECTION DRUG USERS IN THE CORRECTIONAL SYSTEM

Injection drug users (IDUs) remain at high risk for HIV and hepatitis C (HCV) infection. The Bureau of HIV/AIDS estimates that there are as many as 100,000 IDUs in Florida (as of 2006), many of whom encounter the corrections system. Linking this group to appropriate services is key to preventing new infections. To monitor risk behaviors and access to services among IDUs and other high risk populations, the bureau is collaborating with the Centers for Disease Control and Prevention (CDC) and the University of Miami to conduct the National HIV Behavioral Surveillance (NHBS) study in South Florida. Regardless of your location, we hope that the following NHBS findings will be useful to your facility when considering the provision of health services such as substance abuse treatment, HIV testing, and hepatitis testing and vaccination.

Study staff completed 934 interviews with IDUs in Miami-Dade and Broward counties from May 2005 through February 2006. Participants were recruited through respondent-driven sampling (respondents refer others to participate). Individuals who agreed to participate completed an anonymous interview and received a small stipend for their time.

Nearly half (48%) of the sample reported being incarcerated within the 12 months prior to their interviews, making the corrections system an effective venue for providing services to IDUs in South Florida. However, this potential has yet to be fully realized. Only one-third (35%) of respondents participated in drug treatment in the past 12 months, and of these participants, only 6% reported receiving drug treatment in a correctional facility. IDUs who had not been incarcerated in the past 12 months were actually more likely than IDUs who had been incarcerated in the past 12 months to have participated in a drug treatment program during this period. Furthermore, one-third (31%) of the sample reported never participating in drug treatment in their lifetimes. This finding identified a major service gap, considering most participants were long-term injectors. The median length of injection reported was 20 years.

Approximately 16% of the sample self-reported an HIV-positive diagnosis. Similarly, the Bureau of HIV/AIDS estimates that approximately 17% of IDUs in Florida are HIV infected (as of 2006). These similar infection rates, along with high rates of HIV testing among the sample, suggest that the majority of participants were aware of their HIV status. Of the participants who reported being incarcerated in the past 12 months, nearly one-third (31%) were tested for HIV the last time they were in a correctional facility. *Correctional facilities were among the sample's most frequently reported HIV testing locations. Only 15% of participants who were incarcerated in the past 12 months were tested for HCV the last time they were in a correctional facility. * Furthermore, only 32% of participants reported

http://www.CopiesofDiseaseLockdown@doh.state.fl.us/disease_crl/aids/corrections/corrections_data.html

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SPOTLIGHT ON A. G. HOLLEY HOSPITAL

Tuberculosis (TB) continues to kill 1.6 million people annually worldwide. The United States has seen steady declines in TB over the last several decades, mainly due to effective contact investigation and proper treatment – sound public health practice. However, TB has not disappeared in the U.S. and remains a leading killer in developing countries. Tuberculosis is preventable, treatable, and curable. The majority of people who get TB in the United States can be treated on an out-patient basis, once they are no longer contagious. The contagious period can be two to three weeks, depending upon the strain of TB.

Amongst the nearly 13,000 cases of TB reported in the U.S. each year, a percentage of these cases are atypical and difficult to manage. For example, drug-resistant strains such as multi-drug and extensive-drug (MDR and XDR) TB, do not respond to first line or even second line drugs, and require more monitoring and longer-term treatment. Many patients have other health and/or mental issues, which contribute to their contracting TB, which can include HIV, liver disease, kidney and pancreatic illness, as well as drug and alcohol dependence, homelessness, and malnutrition. For these reasons, many patients have difficulty complying with their prescribed treatment and are non-compliant. Non-compliance can also occur because of side effects from the medicine, or other social barriers, such as migratory employment, and lack of access to life's necessities – like food and shelter. Non-compliance is viewed as a public health threat, because the untreated patient can spread TB to others and develop drug resistance. In fact, one infectious person can spread the disease to at least 25 to 35 others.

A.G. Holley State Hospital exists to treat the most medically and behaviorally complex cases of TB; cases that have failed treatment in the community. The hospital opened in 1950 with 500 beds and 1,000 employees. A.G. Holley State Hospital exists to treat the most medically and behaviorally complex cases of TB; cases that have failed treatment in the community. The hospital opened in 1950 with 500 beds and 1,000 employees. It was literally a city unto itself, with a water plant, boiler room, generators, and residential facilities for staff. Today, A.G. Holley is one of just a few hospitals in the United States that strictly treats TB. The hospital treats and cures an average of 100 patients each year, including those with drug resistant strains of TB. The average cost per patient day is approximately \$750, compared to a minimum of \$1,000 a day, in a community hospital. All of A.G. Holley's patients require specialized treatment and extended hospital stays averaging 157 days. Sixty percent are uninsured, and those with Medicaid usually have already exhausted their allocated 45 days before coming to the hospital. In addition to medical management of TB, the hospital provides support services that the patients need in order to complete therapy, including psychiatric care for mental health diagnoses and drug and alcohol abuse treatment.

The county health department petitions the courts to commit patients to A.G. Holley who are either medically/psychosocially complex and cannot be treated in a regular community setting, or are non-compliant with their treatment, thereby endangering the health of the public. The initial commitment is for approximately six months. Florida Statutes give the Florida Department of Health the ability to ensure the public's health is protected. A.G. Holley serves as a safety net for the 67 counties, treating these patients. However, many other states are not so fortunate as to have a hospital that specializes in tuberculosis and has the facilities and staff to concentrate on the treatment and cure of these patients. In these states, the options are minimal and often extremely expensive. For example, court-ordered patients might be ordered to remain in their homes or hotel, with a 24 hour security guard provided by the local health department. The other option is detention in a correctional facility, which presents a definite risk to the facility's population.

When patients are court ordered to A.G. Holley, they often come with feelings of resentment and attempt to remain non-compliant. However, as the medicine takes effect and they start to feel better, they begin to see the world and the hospital in a whole new light. As one patient put it several years ago, "When I came here, I was in a severe state of denial. Now I have nothing but accolades to give this hospital. This is the best thing that could have happened to me." For many, A.G. Holley is a place of refuge, a place to get well and perhaps turn one's life around.

The entire staff at A.G. Holley is passionately dedicated to treating and curing TB. Because people get TB for a number of reasons, the hospital provides a holistic approach to their treatment. Dr. David Ashkin, the Medical Executive Director of A.G. Holley and the State Health Officer, has been treating the most difficult cases of TB in

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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 Kelly Browne, Florida Department of Health. Electronic copies are preferable via e-mail to: Kelly_Browne@doh.state.fl.us.

Florida since 1992. He has treated over one hundred MDR cases, and has consulted on hundreds of such cases in the U.S. and abroad. Additionally, he has successfully treated two cases of XDR-TB. Dr. Joanne Julien is a pulmonologist and medical consultant for challenging cases in the central and southeastern region of the United States, as part of the Southeastern National TB Center (SNTC). Dr. Elena Hollender, the hospital's Clinical Director, is an infectious disease specialist who also speaks three languages; this comes in handy with the diverse population of patients at A.G. Holley. Another valuable asset is Dr. Jesus Ortiz, a Board Certified Psychiatrist who directs the Behavioral Medicine Department. Karen Farrell, the Executive Nursing Director, has been with the hospital since 1992, and has formed a stellar group of nursing professionals who care for the patients seven days a week, 24 hours a day.

The hospital also has a full staff, in addition to the medical and nursing departments, consisting of a risk manager; a quality improvement/utilization review department; legal counsel, who works with all of the county health departments on legal issues involving TB; a nutritional department, with a licensed dietician, who serves meals to the patients three times a day; an engineering department, that serves the hospital and keeps the patient floor and its 16 isolation rooms in excellent condition; and a security department. Employees in infection control, employee health, safety, IT, medical records and billing, finance and accounting, public relations, and staff development and training round out the team at A.G. Holley.

The concentration of TB expertise at this hospital also allows for excellent clinical education and training of physicians, nurses, and public health professionals across the state of Florida and throughout the country. The Southeastern National TB Center (SNTC) is located on the A.G. Holley Campus and is one of four Regional Training and Medical Consultation Centers in the United States. The SNTC provides expert medical consultation for healthcare providers caring for TB patients throughout the southeast. Any medical provider can call 1-800-4TBINFO and speak to a TB physician for consultation. In addition, the hospital is a major sponsor and facilitator, in partnership with the Florida Public Health Institute, of "A Master Course – An Introduction to Applied Public Health", which is a two-week course presented every summer at the hospital.

Eight major universities in Florida present modules, which are designed to increase and enhance the public health workforce in Florida. The course offers three credits through the universities, as well as credits for healthcare professionals.

Unfortunately, times have not changed when it comes to TB. Although it is not an epidemic in this country, it is an epidemic in other areas of the world (e.g., Russia, South Africa, the Caribbean and South America). Every ten seconds, someone dies of TB somewhere in the world. The United States does not face that kind of attrition because of its public health programs.

Tuberculosis is an ancient, yet modern disease. In the Bible, it was referenced as consumption. This is because TB literally consumes the body. Many TB patients are extremely thin. This is why nutrition is vitally important in treating and curing the disease.

Many famous artists had TB, like John Keats, Robert Louis Stevenson, and the Brontë sisters – thus there was a tendency to associate it with creativity and artistic talent. It was also thought to be a romantic disease because of how those afflicted with it were thin and had pale complexion.

Today, this is not the picture of the characteristic TB patient. Tuberculosis is an opportunistic disease, preying upon those who are vulnerable from a compromised immune systems: the HIV infected, the medically complex, the impoverished, and those battling addiction and mental diagnoses. In prisons and homeless shelters, TB is a primary concern.

Sir William Osler (1849-1919) said, "Tuberculosis is a social disease with a medical aspect." This statement could not be more relevant today. The distinctiveness of A.G. Holley is its uncompromising commitment to curing the most difficult, complicated, and dangerous cases of tuberculosis, without exception.

¹ In Florida, there is a TB Physicians Network which includes Dr. Michael Lauzardo, Dr. David Ashkin, Dr. Elena Hollender, and Dr. Joanne Julien.

being diagnosed with HCV. In previous studies have shown HCV seroprevalence among IDUs to be between 70% and 80%, suggesting limited knowledge of HCV status among the sample.

IDUs are an underground population and may avoid seeking services or disclosing their risk behaviors. Correctional facilities who have partnered with the Bureau of HIV/AIDS to provide health services to inmates have proven successful reaching IDUs and other high risk persons. These partnerships are valuable in our efforts to prevent new infections. If interested in bringing HIV testing to your facility, please contact Kelly Browne at (850) 245-4336. If interested in bringing HIV testing to your facility, please contact Kelly Browne at (850) 245-4336. If interested in hepatitis testing and vaccination services, please contact your county health department. For more information about National HIV Behavioral Surveillance in Florida, please contact Dano Beck, MSW, at (850) 245-4336.

**Percentages are artificially low; the analysis includes all persons who previously received a positive diagnosis and, therefore, may not have needed to be tested during the given period.*

HEPATITIS PREVENTION PROGRAM PARTNERS WITH NINE FLORIDA JAILS

The Florida Department of Health, Hepatitis Prevention Program (HPP) applied for and received funding from the Centers for Disease Control and Prevention (CDC) to advance the initiative to eliminate hepatitis B in adults at risk. The "317 Vaccine Initiative," as this project is known, will provide nearly 26,000 doses of hepatitis B vaccine to at-risk adult inmates in nine county jails around Florida.

CDC offered a little over \$20 million in "317" vaccine funding for which state hepatitis programs could apply. Florida's HPP wrote a plan to collaborate with Armor Correctional Health Care, a provider that oversees the health care in eight Florida jails, and with Jackson Health System, which oversees health care in the Miami-Dade County jail. Florida received nearly \$786,000 to purchase hepatitis B vaccines. The HPP developed memorandums of agreement so that county jails in Broward, Miami-Dade, Palm Beach, Hillsborough, Brevard, Escambia, Martin, Glades, and Sarasota counties would each be able to provide the hepatitis B vaccine to at-risk adult inmates at no charge to the jail. Dr. John May, the Chief Medical Officer

for Armor, was enthusiastic about the ability of his medical staff to provide the vaccines during 2008.

Men who have sex with men, persons who have ever injected drugs, and heterosexuals with multiple sex partners are all at increased risk for hepatitis B. Persons who share needles for tattoos can also be at risk. Individuals who participate in those behaviors and who are incarcerated have an even greater risk of infection, according to CDC.

In December 2006, CDC released a guidance document titled, A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. In this document, CDC outlined the best venues in which to vaccinate adults at risk of infection with hepatitis B. The best places to target for providing vaccines are: sexually transmitted disease and HIV clinics in county health departments, substance abuse treatment centers, and correctional facilities. The HPP hopes to expand into other counties as well as provide the hepatitis A vaccine to at-risk incarcerated populations in the future.

CDC ANNOUNCES CHANGES IN THE RECOMMENDED TREATMENT OF GONORRHEA

Shortly after the Centers for Disease Control and Prevention (CDC) published its Sexually Transmitted Disease Guidelines in 2006, it published updates in the treatment of uncomplicated gonorrhea infections of the cervix, urethra, and rectum ("Updated recommended treatment regimens for gonococcal infections and associated conditions – United States, April 2007"). CDC determined that fluoroquinolones (ciprofloxacin, ofloxacin and levofloxacin) are no longer adequate for the treatment of gonorrhea, based on data indicating widespread drug resistance in the United States.

To add to the challenge of access to adequate treatments for gonorrhea, two of CDC's recommended treatments were eliminated by manufacturers. Trobicin® (spectinomycin) and Suprax® discontinued production after trademark expirations. Ceftriaxone, an injectable cephalosporin, remained the only available treatment option in CDC's list of recommended gonorrhea treatments.

Gonorrhea is the second most commonly reported notifiable disease in the United States. Infections due to *Neisseria gonorrhoeae*, like those resulting from *Chlamydia trachomatis*, are a major cause of Pelvic Inflammatory Disease (PID) in the United States. PID can lead to serious outcomes in women such as tubal infertility, ectopic pregnancy, and chronic pelvic pain. In addition, epidemiologic and biologic studies provide strong evidence that gonococcal infections facilitate the transmission of HIV infection.

In the STD News Notes, 2007 fall edition, the Bureau of STD published the updated Florida recommendations as follows:

In Florida the following recommendations will apply:

Ceftriaxone 125 mg. IM is recommended for all clients, except,
Ceftriaxone 250 mg. IM is recommended for the following clients:

- a returning client with symptoms after treatment within 60 days,
- a commercial sex worker,
- those who have had sex with sex workers, and
- men who have sex with men.

All women who are pregnant are to have a test of cure 30 days post treatment (except in individual situations when the provider deems it unnecessary).

In cases where follow-up treatment is necessary, retreat with ceftriaxone 125 mg. IM (except when the client needs 250 mg, as stated above). If chlamydia has not been previously treated or ruled out by nucleic acid amplified technology, then treat simultaneously with azithromycin 1 gram for presumptive chlamydia.

With limited treatment options available, providers anxiously awaited US Food and Drug Administration (FDA) approval of an oral treatment for gonorrhea, cefixime. During the FDA approval process, which took more than a year, gonorrhea rates increased. In 2006, the number of gonorrhea cases reported was 5% higher than the previous year, with 358,366 cases reported in the United States. The case rate for reported gonorrhea in the United States was 120.9 cases per 100,000 in 2006.

For the same time period in Florida, the reported case rate was 129.9 cases per 100,000.

In April 2008, CDC released a “Dear Colleague” letter from Dr. John M. Douglas, Director, Division of STD Prevention, announcing the availability of cefixime in 400 mg tablets. Cefixime, better known by the trade name Suprax®, is the only recommended oral treatment for gonorrhea that treats cervical, urethral, and rectal infection. In spite of antibiotic resistance noted in quinolone treatments, this drug has maintained its efficacy, with a documented cure rate of 97.4% in uncomplicated urogenital and anorectal gonococcal infections. Because cefixime is an oral treatment, it is a convenient choice in busy clinics and correctional settings.

For a complete update on the status of medications available for gonorrhea, please visit the CDC website at:
<http://www.cdc.gov/std/>.

WOMEN IN PRISON: FLORIDA'S HISTORY

The purpose of the Correctional Medical Authority (CMA) is to monitor and evaluate the quality of physical and mental healthcare services provided to inmates in Florida's state and privately operated correctional institutions, including six female facilities. CMA completes evaluations through both on-site visits (surveys) and off-site documentation reviews. Through this process, CMA ensures health services provided by the Department of Corrections meet minimum standards of care as defined by state and federal law and levels of care are consistent with generally accepted community standards.

Historically, prisons have been predominantly inhabited by men and healthcare has been geared towards male offenders. In the 1870s, separate prison facilities were created for women. Although the need for separate facilities was identified early on, it was not until the 1970s that the issue of women's access to healthcare in correctional institutions was challenged. As the percentage of female inmates in prison systems across the country continues to increase, the unique physical and mental health needs of these women are being recognized.

Female inmates generally have different health care needs than male inmates and present different challenges to the correctional system. Incarcerated women, particularly those from lower socioeconomic backgrounds, rarely receive adequate health care prior to coming to prison. These women are often the primary caretaker for young children or elderly parents. They have fewer job skills, shorter work histories, and are less educated. Many struggle to make ends meet, working in low-paying jobs with inflexible work hours and no opportunity to purchase affordable health insurance. Lack of transportation and available healthcare are often deterrents for seeking adequate healthcare. Health care and health education are not priorities for women who struggle to provide food and shelter for themselves and their children. Many of these women turn to prostitution, drug dealing, or other criminal activity as a means of income or to support a drug habit. Many women who abuse substances may purposefully avoid seeking health care services for fear that their drug use may be discovered. This fear is compounded by the consequences of such drug use, which could lead to the loss of custody of their children, public housing, and/or any financial assistance they may be receiving.

Women also represent the fastest growing population with HIV/AIDS. The percentage of women with HIV/AIDS increased 15% from 1999 to 2003 while it only increased 1% for males. Women in general have higher rates of morbidity from acute conditions, nonfatal chronic disease, and short-term disability than men. They have higher rates of chronic conditions such as varicose veins, constipation, gallbladder and thyroid conditions, chronic enteritis and colitis, anemia, migraine, and chronic urinary disease. They are more likely to suffer from depression and anxiety related disorders, often associated with trauma from physical or sexual abuse. According to a 2006 Bureau of Justice Statistics (BOJ) report, female inmates have higher rates of mental health problems than male inmates, 73% for females and 55% for males.

Incarcerated women also have higher rates of substance abuse and chemical dependency compared to their male counterparts. A study of women in several state prisons, including Florida, found that 80% had used substances regularly during their lifetime and 71% reported regular substance abuse during the month prior to their most recent arrest. Compared to their male counterparts, women with substance use disorders have more mental disorders (depression, anxiety, eating disorders and posttraumatic stress disorder [PTSD]) and lower self esteem. Conversely, it is estimated that nearly 75% of incarcerated women with mental illness have a co-occurring substance abuse problem. Women also have higher rates of intravenous drug use, which puts them at a higher risk for HIV and hepatitis. These women enter the prison system with a host of untreated medical and mental health problems.

Between 2005 and 2006, the percentage increase in female offenders in state or federal prisons was almost double the increase for male offenders. The female population increased by 4.6%, while the male population increased by 2.7%. In June 2006, women made up 7.2% of state and federal prison populations. Many attribute the increase in the female population to harsher sentencing laws or those convicted of drug related crimes.



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DEPARTMENT OF CORRECTIONS AND DEPARTMENT OF HEALTH WIN DAVIS PRODUCTIVITY AWARD

More than 40 Department of Corrections (DC) employees won 16 individual or team awards in 2008, including a \$500 cash award to Lowell Correctional Institution’s Tuberculosis Deployment Team, who combined forces to put a quick stop to the spread of TB in their facility, saving \$332,791 and possibly some lives. Prudential-Davis Productivity Awards are given to recognize and reward state employees whose work increases productivity, promotes innovation, and saves money for Florida taxpayers and businesses.

This 34-member statewide team combined the resources of the DC and the Department of Health to identify an undiagnosed inmate with highly contagious tuberculosis. This germ was very virulent; its transmission rate was fast and growing in one-third the normal time in the laboratory. Working almost around the clock for three weeks, the team screened 2,729 inmates and prison employees. The team developed an interagency electronic data sharing method,

eliminating the need for searching paper medical records and saving approximately 500 person-hours for a cost savings of \$5,000. They ultimately found one undiagnosed case and prevented further tuberculosis spread, for a total cost avoidance of \$332,791.

“Prisons are a perfect breeding ground for this airborne disease, and this was a particularly virulent strain of TB,” said OHS’s Mary Hackney, who helped oversee the project. “This was a great example of how state government should work when you have this kind of interagency cooperation.”

Recipients of the Davis Productivity Award, individually or as team members are: Jimmy Keller (DOH), Kathy McLaughlin (DOH), Jim Cobb (DOH), Raymond Trainor (DC), Walt Edwards(DC), John Agliato (DC), Mary Hackney (DC), Carlos Echeverri (DC), Toni Johns (DC), Sevim Ahmedov (DOH), Joy Cross-Smith (DOH), Laura Bedard (DC).

Women In Prison: Florida’s History *Continued from page 5*

Incarcerated female offenders are more likely to report drugs as a problem in their lives, and be sentenced for drug related offenses than their male counterparts. As of March 30, 2008, there were 96,529 people incarcerated in Florida prisons; 6,742 (7%) of the incarcerated population were women.

Please visit:
www.dohs.state.fl.us.cma/reports for the complete 2006-2007 report.